



Music Therapy  
New Zealand

TE ROOPU PUORO WHAKAORA O AOTEAROA

# The New Zealand Journal of Music Therapy

**New Zealand Journal  
of Music Therapy  
Number 19, 2021**

# **New Zealand Journal of Music Therapy**

## **Number 19, 2021**

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# New Zealand Journal of Music Therapy

## Number 19, 2021

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## Journal Policy

The *New Zealand Journal of Music Therapy* (NZJMT) is a peer-reviewed, online, open access, scholarly journal, published annually by Music Therapy New Zealand (MThNZ) for music therapists, students, allied professionals, and others interested in music therapy. The journal's purpose is to raise awareness of music therapy and related approaches in the wider community, and to extend the knowledge and understanding of music therapists. The journal was established in 2003, and replaced the previous (non-peer reviewed) *Annual Journal of the New Zealand Society of Music Therapy*.

The journal promotes the values of Music Therapy New Zealand:

- Life / Ora;
- Reciprocity / Whanaungatanga;
- Creativity / Auahatanga: and
- Professionalism / Te Taumata

Authors and reviewers are asked to consider the relevance of their work to contemporary music therapy practice in Aotearoa New Zealand. The journal publishes only original material, except where reprint rights have been sought for an article of particular relevance to music therapy practice here. Articles declined by the journal may be recommended for publication elsewhere, e.g. Music Therapy New Zealand's *MusT* newsletter.

No payment is made to or by authors or reviewers. Music Therapy New Zealand offers an honorarium to members of the editorial team and some advisers.

The journal will consider a wide variety of submissions, including (but not limited to): practice-based, research, theoretical or case study articles about music therapy; less formal, practice-based or autobiographical articles for the Community Voices section; interviews; arts-based elements; Morva Croxson Prize winning articles; student contributions; relevant articles about related fields or allied professions, if clearly relevant to music therapy practice; book and resource reviews; and other items at the discretion of the editorial team.

## Disclaimer

Statements of fact and opinion in articles published by NZJMT are those of the respective authors and contributors to the journal, and not those of NZJMT or Music Therapy New Zealand. Neither NZJMT nor MThNZ can accept legal responsibility or liability for errors or omissions that may be made. Readers should make their own evaluation of the appropriateness of any research and practice methods described.

## **New Zealand Journal of Music Therapy, Issue 20 (2022)**

### **Call for Submissions**

2022 marks the twentieth issue of the peer reviewed NZJMT. Submissions celebrating this milestone are particularly welcome – whether sharing professional experience and reminiscence, or drawing on the work of pioneering music therapists in reports of contemporary music therapy in Aotearoa New Zealand.

The editorial team welcome submissions focusing on research, professional practice, music therapy theory, and personal reflections. Articles may be submitted to the Research & Practice section (anonymous peer review) or Community Voices (open review). First person writing in a wide variety of genres and styles will be considered for review and potential publication.

Authors are encouraged to read past issues of the journal and the submission guidelines, from: <https://www.musictherapy.org.nz/journal>.

The editorial team welcome early inquiries from potential authors, particularly new authors who have not published previously in the journal. We are happy to discuss your initial ideas and answer any questions about the submission, review, revision and publication process.

Submission by April 1<sup>st</sup> ensures that accepted articles can be included in the annual journal, published in December. Please contact the editorial team to discuss submission at other times – as an online journal, NZJMT can offer *early online* publication during the year, prior to inclusion in the annual publication.



## Editorial

### Reading, Writing, Reviewing, Reflexivity

#### Alison Talmage

Editor, NZJMT

#### May Bee Choo Clulee 吳美珠

Assistant Editor, NZJMT

Kia ora koutou katoa.

Welcome to the 2021 issue of the New Zealand Journal of Music Therapy.

#### Citation

Talmage, A., & Clulee, M.B.C. (2021). Reading, writing, reviewing, reflexivity [Editorial]. *New Zealand Journal of Music Therapy*, 19, 1-6.  
<https://www.musictherapy.org.nz/journal/2021-2>

#### Date published

December 2021

Note on visual formatting: This editorial is presented as a sequence of speech bubbles, to suggest dialogue and reflection. Download a text-only version, as a Word docx<sup>1</sup> or pdf.<sup>2</sup>

As 2021 draws to a close, we reflect on another rollercoaster year in Aotearoa and worldwide.

Another year of taking one day at a time – whether together or apart; whether feeling safe, unsafe, stuck, or in limbo; considering our tech skills and access challenges; individual preoccupations, collective priorities, and equity issues.

What themes and significant events have emerged this year for music therapy in Aotearoa New Zealand?

The Symposium with its theme of collaboration ... followed by another lockdown.

Music Therapy Week's theme of kotahitanga, unity.

<sup>1</sup> <https://www.musictherapy.org.nz/wp-content/uploads/2022/04/NZJMT19-2021-Editorial-Text-Only-Version.docx>

<sup>2</sup> <https://www.musictherapy.org.nz/wp-content/uploads/2022/04/NZJMT19-2021-Editorial-Text-Only-Version.pdf>

We hope that what is curated between the covers of this year's journal reflects a commitment to be reflexive in professional practice contexts, as we respond creatively to the all the changes brought about by covid.

This year the journal opens with two reviews reflecting diverse expressions of creativity in our community.

May Clulee provides a tauwiwi response to *Tōku Pāpā*, a collection of poems by Ruby Solly about the intergenerational ties that bind:

"In the context of intergenerational trauma in te ao Māori, Ruby's healing spaces of safety and security are evident. The groundedness that comes from a deep intimate ancestral knowing shines through. I also felt a strong sense of the aroha afforded by her relationships with tupuna, Pāpā, and whānau, amidst all the challenges, complexities, and contradictions of life."

Fiona Hearn reviews *We Can Play*, a music resource featuring original material by music therapist Megan Spragg, a Melbourne-based New Zealander.

"The collection provides fresh ideas for those needing new inspiration and encompasses a good range of musical styles and suggested goals [...] We have limited resources written specifically for our Aotearoa New Zealand context. Music therapists improvise and create songs, but we do not often publish! I hope that more music therapists, both local and international, will be inspired to produce similar publications to benefit their communities."

*These publications and reviews invite us to explore how creativity enables us to reframe our contexts, shift perspectives, and discover new insights.*

In our first article Alvaro Saura Moreno reports on a group songwriting process with people living with early stage dementia:

“Singing to humanity with affection and friendship... Listening to their voices made me realise the importance of our work as music therapists.”

Angela Jeong (music therapist) and Becky Darroch (participant) share their experience of Becky’s music therapy:

“Becky’s journey did not begin as she wanted, but unfolded through her desire to speak via the letter board. [...] I (Angela) learned that there is more to be discovered between my clients and me...”

Alison Talmage and Suzanne Purdy present research interviews with current and potential neurological choir leaders:

“Consideration needs to be given to how a manualised protocol can also allow for flexibility, such as improvisation or song choice.”

Sophie Sabri writes about Musicking Together, a community music therapy group:

“Our goals of connection, inclusion and self-expression are needed more than ever while we continue to cope with the pandemic.”

Daphne Rickson encourages collaboration with the work of the World Federation of Music Therapy:

“... connect, stay informed, contribute, participate, and make a difference.”

*The richness and diversity of our music therapy practice in Aotearoa New Zealand is evident!*



Rebecca Travaglia reflects on the use of archetypal themes and cultural identity in Marion Gordon-Flower's book, *Arts Therapies with People with Physical Disabilities*:

"This book offers a clear explanation of an *archetypal* approach, and how this is used as a therapeutic doorway for liberating unconscious creative processes in multicultural contexts. She draws on Jungian psychology to list archetypal concepts, including symbolic objects and shapes, mythological stories and creatures, narrative patterns, rituals, and spiritual notions. The universality of many of these symbols suggests that archetypal modes can be found across cultures."

We highlight a new edition of counsellor Simon Faulkner's book on drum circles, previously reviewed by Heather Fletcher.

This book "shines a light on the many applications and benefits of drum circle work, in the light of evidence-based, ethical and safe practice."

Don't miss the Proceedings of Music Therapy New Zealand's 2021 Symposium: Collaboration – an outstanding event squeezed in just before the sudden lockdown in August.

The annual Theses and Publications Alert celebrates Master of Music Therapy student theses – congratulations to all new graduates and graduands. This year we particularly congratulate Hyunah Cho on her PhD from the University of Otago, the fourth doctoral study in music therapy in Aotearoa New Zealand. The Alert also highlights professional writing by New Zealand Registered Music Therapists beyond this journal.

The creativity, collaboration and resilience celebrated in last year's journal has been evident as music therapists navigated another year of living with covid.

Congratulations to all authors and book/resource reviewers. The process of writing, submission, review and revision can be daunting.

We thank you for your sharing your work and for the privilege of supporting you to publish and disseminate your ideas.

Our thanks too to all peer reviewers, our te reo adviser, image accessibility adviser, journal advisory panel, and proofreaders. We appreciate your time and commitment.

*Read and reflect!  
Professional reading  
supports safe, ethical  
practice.*

*Read, then write!  
We aim to support  
people to develop  
reflexivity as writers.*

*We welcome genre  
experimentation and  
offer a choice of open  
or anonymous review.*

*We aim to prioritise  
collaboration and equity  
in the submission,  
review and editorial  
process. We encourage  
constructive peer review  
and offer support, such  
as video conferencing.*

*Read and share!  
The journal contributes  
to the evidence base  
for music therapy, so  
do cite NZJMT articles  
when advocating for  
music therapy service  
provision.*

In 2022 we will publish a landmark twentieth issue of the New Zealand Journal of Music Therapy. The editorial team have some preliminary ideas for a celebratory issue and welcome your suggestions.

Submissions to the journal are welcome at any time. For publication within the calendar year, we request submissions by April 1<sup>st</sup>, to allow sufficient time for reviews, revisions, and editorial tasks. However, we maximise the advantages of a digital journal by offering an early online option the following year, once any accepted content is ready for publication.

We also welcome expressions of interest from potential new peer reviewers able to offer constructive feedback to our authors, and book/resource reviewers willing to evaluate new publications.

But first... summer is here once again in Aotearoa New Zealand, and brings with it an invitation to reflect, relax and recharge. Whatever the year ahead holds for you, may it be filled with music!

*Our pōhutukawa trees in flower remind me to rest and unwind - dod yn ôl at fy nghoed - literally, to come back to my trees.*

平安是福

*May you have an abundance of peace.*

## Book Review

**Solly, R. (2021). *Tōku Pāpā*. Victoria University Press**

**Reviewer: May Bee Choo Clulee** 吳美珠

MA (Music Therapy), BSc, NZ RMTh  
Southern Music Therapy and private practice (Canterbury)

### Citation

Clulee, M.B.C. (2021). [Review of *Tōku Pāpā*, by R. Solly.] New Zealand Journal of Music Therapy, 19, 7-10.  
<https://www.musictherapy.org.nz/journal/2021-2>

### Date published

November 2021 (Early Online); December 2021 (NZJMT, 19)

Ruby Solly (Kāi Tahu, Waitaha, Kāti Māmoe) is an accomplished writer, musician, and taonga puoro practitioner. She holds a Master of Music Therapy (Solly, 2019) and currently works in the tangata whaiora space. Ruby has performed and recorded widely, including releasing her album *Pōneke*, a holistic soundscape journey of Te Whanganui-a-Tara, Wellington (Solly, 2020). Ruby has published on a number of platforms, including the *New Zealand Journal of Music Therapy* (Sabri et al., 2020) I was delighted to have the opportunity to review her first book, *Tōku Pāpā*.<sup>1</sup>

This collection has already been well received in other reviews, and readers would do well to refer to them (Green, 2020; Latham, 2020). I was particularly struck by Arihia Latham's words:

I don't know how you, a stranger to us, will read this book. I can only tell you how it is, as whānauka to consume these words like she has translated the braille of clay on rock from our tupuna. (Latham, 2020, para. 2)

I acknowledge that I, a tauīwi South East Asian woman practising music therapy in Aotearoa New Zealand, will not be able to plumb the depths of this

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<sup>1</sup> Readers unfamiliar with te reo Māori are advised to consult the online Māori dictionary, <https://maoridictionary.co.nz>

collection. Nor should I be expected to, as I believe this book was really written for tangata whenua. As one trying to appreciate stained glass windows from the outside, I cannot see the full beauty and richness of the design. I trust though that whatever I see will draw me inside, to perceive it with greater clarity and perspective. I hope this review compels you to do the same.

Enriched extensively by kupu Māori, the deeply autobiographical narratives recounted in these poems are often told in part, but hint at something far deeper, and sometimes ambiguous and unfathomable. This reminds me of Te Pō in Māori cosmology, when the *night* is framed as nurturing and full of creative potential, as in the maternal womb (Royal 2009). It also brings to mind similar spaces that inhabit Western understandings of music therapy, when we sit in the not knowing with those we work with, but trust in the process all the same (Cozolino, 2004).

Ruby's first book, as a poet, complements her practice as a taonga puoro practitioner. The collection features several mentions of playing taonga puoro. In her Master's thesis Ruby describes the healing nature of the taonga to process and release emotions and refers to Richard Nunns, who likens "taonga puoro to sung poetry that heightens the voice " (Solly, 2020, p.10). The instruments are deeply evocative and have an ability to potentially draw out emotional responses, and this was my experience of her poetry collection. Just as the taonga have a grounding, centring, and healing effect, so too are these poems rooted in Ruby's identity

In a recent article about the importance of community for staying safe in the arts industry, Ruby mentions her music therapy work with tangata whai ora living with trauma. She says:

Do you know the secret to a fast recovery, or avoiding PTSD all together? Telling someone you love and trust as soon after the event as you can and being in a space where you feel safe. The prevention, and the cure is community. (Solly, 2021)

In the context of intergenerational trauma in te ao Māori, Ruby's healing spaces of safety and security are evident. The groundedness that comes from a deep intimate ancestral knowing shines through. I also felt a strong sense of the aroha afforded by her relationships with tupuna, Pāpā, and whānau, amidst all the challenges, complexities, and contradictions of life.

I feel that prose does not serve this review well, and so I offer the following personal response.

## **Tōku Pāpā - A Response**

I struggled to find a modality:  
how do I review this collection of  
beautiful rangi, kupu sounds on paper -  
how to do this justice?

Proud in the strong identity  
of tangata whenua,  
filled with familiar  
themes that resonate with me,

you first called out to me  
from the beautiful monochrome cover,  
a formal traditional pose:  
is it about past, present, or future?  
Yes.

Ruby invites me into her lived  
experiences and values,  
invites me to wonder and search  
for context and meaning:

her meaning, my meaning  
the meaning in the kupu  
digging deeper.

Rangahau. Deconstruction. Enlightenment.  
A worldview not too far removed  
from my own South East Asian life:  
I fill in the gaps and  
construct my own meaning and truth.

Some poems are lavish, luxurious:  
I want to read them over and over;  
others disturb, unsettle:  
I sit in the not understanding space and ponder.

Tōku Pāpā: My Father.  
Whakapapa. Identity. Memory.  
Framed in circular concepts of time,  
experiencing repeating themes.

We often read to understand:  
now read to not understand;  
in te pō an insight may come:  
and with it mauri ora.

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## Link to Publisher's Webpage

<https://teherengawakapress.co.nz>



## Resource Review

### **Spragg, M. (2019). *We Can Play: Resource Book and Album*. Sounding Board Music Therapy.**

#### **Reviewer: Fiona Hearn**

MMusTher (Hons), BMus, NZ RMTh  
Wellington Early Intervention Trust, The Swan Nest, and private practice

#### **Citation**

Hearn, F. (2021). [Review of *We Can Play*, by M. Spragg.] *New Zealand Journal of Music Therapy*, 19, 11-15.  
<https://www.musictherapy.org.nz/journal/2021-2>

#### **Date Published**

November 2021 (Early Online); December 2021 (NZJMT, 19)

*We Can Play* is an album and resource book written by New Zealand trained Registered Music Therapist Megan Spragg, now based in Melbourne, Australia. She is the founder and Director of Sounding Board Music Therapy Services.<sup>1</sup> I was excited to review this new resource, as I am a music therapist who trained in Wellington at a similar time, and we both work predominantly with children.

The resource's 13 songs and activities were developed from material inspired by work with clients over several years. They encompass a range of goals, such as greeting others, sensory regulation, joint music-making, turn-taking, movement, vocalisation, and relaxation. Although no age range is specified, the illustrations and content suggest that it is primarily for young children.

The album's spiral bound resource book is brightly illustrated, visually appealing, and easy to use. Lyrics and chords are provided for each song, along with the key, time signature, and suggested tempo. The book is well presented and includes descriptive material alongside each song, including

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<sup>1</sup> <https://www.soundingboardmusictherapy.com>



intended goals and ways of using the songs in groups or individual settings. A list of “Points to Notice” supports practitioners to anticipate how children may respond during an activity. Some of the songs have “Questions for your group members”, designed to help clients reflect on their emotional responses to the experience.

The accompanying audio recordings offer a wide range of musical styles, tempi, keys, and moods. The songs range from happy upbeat songs designed to engage and stimulate, to more gentle tracks with aims of relaxation and reducing anxiety. A variety of instruments and vocal harmonies feature on the professionally recorded tracks, providing a strong accompaniment for people who may not have the musical skills or confidence to play the songs live.

Although the digital tracks could be played immediately as a ready-to-use activity, I have found the fullest therapeutic value is gained when the songs are sung and played live with instruments, and adapted to the culture and context of the clients I work with. The songs are easy to learn, memorise and adapt to different contexts, due to their simple yet effective chord progressions and use of repetition. I adapted some of the songs for use in early intervention with preschool children with learning support needs and their whānau. The simple melody lines offered opportunities for easy lyric substitution and adaptation to include greetings in te reo Māori, reflecting our Aotearoa New Zealand context.

The songs I have introduced to my group and individual sessions have been positively received by clients, whānau, and the transdisciplinary team. My favourite songs from the album include *Let's Say Hello Today*, *Squeeze My Hands*, and *Drumming Blues*. *Squeeze My Hands* and *Drumming Blues* have a timeless feel and would also be suitable for older children, adolescents, or adults with learning support needs. I have found *Squeeze My Hands* to be beneficial both as a warm-up activity and as a means of facilitating sensory regulation for clients who seek proprioceptive input. *Drumming Blues* uses a 12-bar blues structure and is a fun group activity – I have adapted this to encourage individuals to have a solo turn before handing their drum sticks to another child. The song provides a predictable musical format for clients to develop skills for self-expression. The structure of the song offers flexibility to match the tempo, dynamics, and style of each child's individual improvisation. I have found this song useful when supporting children whose playing may be either loud and expressive, or tentative and needing gentle encouragement.

*We Can Play* is available to purchase either digitally or as a CD and hard copy resource book from Sounding Board Music Therapy. The website offers options to purchase and download individual songs, which come with a one-page pdf chord and lyric chart and notes on how to use the song. The songs are also available on Google Play, iTunes, YouTube, and Amazon Music.

The book contains minor editorial errors: a typo in the introduction, some overcapitalisation of text, and inconsistent punctuation of bulleted lists. However, these are minor details that do not detract from the overall high quality of the resource. A useful addition to the album would have been a song targeting identification and expression of emotions, as I find this to be an important area of focus when working with young children.

I recommend this resource to Registered Music Therapists, music therapy students, early childhood and school teachers, carers, whānau, and anyone working with children. People working with older children, adolescents, or adults with learning support needs would also find it helpful as a general resource. The collection provides fresh ideas for those needing new inspiration and encompasses a good range of musical styles and suggested goals. I hope that Megan Spragg continues to produce such high quality albums and resources for therapeutic and whānau use.

Megan Spragg's album adds to a growing collection of resources by New Zealand Registered Music Therapists. Other publications include *Music Therapy Songs for Special Kids* (Stelino, 2015, reviewed by Churchill, 2016); *Joan's Songs: A Collection of Music Therapy Songs* (Webster, 2015, reviewed by Willis, 2016); and *Songs from NZ Music Therapy* (Talmage, 2013, reviewed by Hoskyns 2015). Several songs by New Zealand Registered Music Therapists have also been published over the years (Johnson & Rickson, 2018; Krout, 2003; Music Therapy New Zealand, Auckland Regional Group, 2016; Scoones, 2012, 2014, 2019; Talmage et al., 2013; Talmage et al, 2020). Several music therapists – Heather Fletcher, Sidharth Pagad, Andrea Robinson, Alison Talmage, and John-Paul Young – also contributed to an anthology published by the Song Leaders Network Aotearoa (Shortis & Raphael, 2018). Another song of particular significance to the music therapy community is Te Manaaroha Rollo's waiata, *Āio Maurītau Āio*, gifted to Te Kōkī – New Zealand School of Music (Rollo, 2013a, 2013b) and recorded by a virtual choir of New Zealand music therapists to celebrate Music Therapy Week 2020 (Rollo, 2020).

Music therapists improvise and create songs in our practice, but we publish less often! I hope that more music therapists, both local and international, will

be inspired to explore this resource and to produce further publications specifically for our Aotearoa New Zealand context.

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## **“Today we Sing for a Different Future”: Therapeutic Songwriting in Early Stage Dementia in Spain, A Group Case Study**

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### **Abstract**

This paper describes a music therapy experience from Terrassa, Spain. A group of 18 participants living with dementia, led by the music therapist, used songwriting during the ending process of a two-year music therapy programme. Two songwriting protocols were combined and adapted to suit the participants. By following step-by-step guidelines, they wrote their first song, creating a meaningful artefact full of their thoughts, feelings, and emotions. Interviews with the participants were conducted four weeks after the experience, to obtain information about the significance of the process. The results suggest a positive impact on participants' wellbeing, as interview

data revealed feelings of joy and happiness. This paper also contributes to the body of literature in this field. I recommend further research into the effectiveness of songwriting to support people in the early stages of dementia.

## Introduction

This paper documents a songwriting<sup>1</sup> experience that was originally proposed as closure for a music therapy programme that I was leading from 2017 to mid-2019 in a day centre for elderly people living with dementia in Terrassa, Spain. Inspired by the work of Baker and Wigram, I decided to use some of the strategies that are described in their seminal (2005) book, *Songwriting*. A further music therapy literature review revealed that songwriting with people in the early stages of dementia has not been widely reported.

I am a music therapist following a Creative Music Therapy approach: I share the belief that each individual possesses a capability for music that can be used for personal development (Nordoff-Robbins UK, 2021). My focus is on the musical experience, whether playing, composing, or listening to music. At the same time, I combine this perspective with ideas from Ansdell's (2002) model of Community Music Therapy (CoMT). CoMT promotes individual and group participation while reflecting on the environment and its influence on the music therapy process (Barrett, 2020). I also have a background in music education. My dual qualifications help me to think of ways to adapt the process, making it accessible and enjoyable for participants.

When I first approached songwriting, it appeared to require a deep knowledge of music theory, making it unsuitable for some populations. After two years working with elderly people, I recognised that one of the activities that they enjoyed most was singing songs. However, I realised that this particular group had never written a song. This inspired me to explore ways to make songwriting a reality. I decided that crafting a song together might be a good means of closure before I left Spain and my music therapy groups to move to New Zealand.

The objective of this paper is to compare the theory and literature available in songwriting with an actual application of parody songwriting adapted for people in the early stages of dementia. I will discuss two methods and

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<sup>1</sup> Therapeutic songwriting or just songwriting is used in text with the same meaning: the use of the technique of songwriting in a music therapy setting.

procedures adapted from O'Callaghan (1996) and Baker (2015) before describing the specific steps the group followed to create a song.

## **Literature review**

Globally, there are 703 million adults aged 65 or over. The estimated proportion of the population aged 60 plus, living with dementia at any given time is 5-8% (United Nations, 2019; World Health Organization, 2020). Dementia is a chronic, progressive neurological condition in which there is deterioration in cognitive function beyond the process of normal ageing (Jones, 2016). Dementia affects each person in a different way, depending on the impact of the disease and the individual's personality before disease onset. The signs and symptoms linked to dementia can be categorised into three stages: early, middle, and late. The early stage often passes unnoticed, because of the gradual onset of the condition (World Health Organization, 2020). Common symptoms in this early stage may include forgetfulness, losing track of the time, and becoming lost in familiar places (World Health Organization, 2020). Residential care and home based programs are common models when supporting individuals living with dementia.

In recent years, the model of care for people living with dementia has changed as a result of Kitwood's (1997) person-centred theory. The new model enhances "the wellbeing of the client through quality of care" (Allan, 2012, p.10). Kitwood's ideas, including a theory of personhood and Model of Needs, have influenced subsequent studies about music therapy for people living with dementia (Allan, 2012). Further evidence suggests that people living with this condition can benefit from music therapy, either at home or in their residential care homes (Allan, 2018; Baker & Stretton-Smith, 2018; Cambridge Institute for Music Therapy Research, 2021; McDermott et al., 2013; Molyneux et al., 2020).

Scholars have tried to define the function, effects and goals of music therapy for elderly people living with dementia, concluding that music therapy creates environments where those individuals can feel secure and stimulated (Baker & Ballantyne, 2013; Baker & Stretton-Smith, 2018). These environments play a significant role in meeting the social and emotional needs of people with early stage dementia, when it is usual for them to experience a shift from their strengths to deficits (Baker & Stretton-Smith, 2018; McDermott et al., 2013; Molyneux et al., 2020). These studies have revealed that music therapy groups may especially promote feelings of belonging and inclusion among participants who have dementia, and that music interventions could

have a positive effect on challenging behaviour and psychological disturbance (Baker & Ballantyne, 2013; Baker & Stretton-Smith, 2018).

The importance of investigating a range of approaches to music therapy for people living with dementia is also highlighted by both small-scale pilot studies (Allan, 2018) and the large-scale, international Homeside study (Cambridge Institute for Music Therapy Research, 2021). Frequent techniques in these particular settings may include listening to preferred music, guessing song titles, playing instruments, and moving to music (Ledger & Baker, 2006). In the group work described in this paper, I focused on one specific music therapy technique, therapeutic songwriting, and its specific application in the closing stages of a group for people in the early stages of dementia.

Therapeutic songwriting has been defined as “the process of creating, notating, and/or recording lyrics and music by the clients and therapist within a therapeutic relationship to address psychosocial, emotional, cognitive and communication needs of the client” (Baker, 2015, p.14). It is therapeutic only if it is directed towards meeting a songwriter’s specific needs. Baker (2015) also highlights that songwriting in music therapy can provide cultural and social connections, a focus on both music and language, and a means of self-expression. Songwriting encourages collaboration within a therapeutic relationship, the creation of artefacts (songs), and has a positive impact on the client and their environment.

Therapeutic songwriting is practised around the world, particularly in English-speaking countries. Baker et al. (2008) found that music therapists in New Zealand and Australia used songwriting an average of once or twice per week. However, songwriting with clients has made only few appearances in the music therapy literature in New Zealand, including a review of techniques (Williamson, 2006) and two case studies (Johnson & Dickson, 2018; Talmage, 2020). I found no studies on this subject in the Spanish music therapy literature, although the Spanish government has published a guide to help organisations that work with people with dementia implementing music therapy programmes (Garcia, 2014). Furthermore, studies on the use of therapeutic songwriting determine that it was employed less frequently within the aged care/dementia populations when compared with other diagnostic groups (Baker et al., 2008). This low endorsement arises again in the literature, with only a few studies published (Baker et al., 2008; Baker & Ballantyne, 2013; Baker & Stretton-Smith, 2017; Clark et al., 2020). Common goals address enabling choice and decision making, enhancing quality of life, allowing life review, and telling the client’s story (Baker et al., 2008).



Some authors have tried to standardise the therapeutic songwriting process. O'Callaghan's (1996) 11-step protocol has been used in palliative care and other settings for many years. This protocol aimed to make the songwriting workflow accessible for people with different cognitive ability. This was the first attempt towards a clinical standardisation of songwriting with clients (Aasgaard & Blichfeldt, 2015). More recently, therapeutic songwriting has been categorised systematically by Baker (2015). Her work is of great value for music therapists interested in using songwriting in their sessions. From the myriad categories found in her book, *song parody* is the songwriting method that I chose for this experience. Song parody emphasises lyric creation, inviting songwriters to rewrite large portions of the lyrics whilst retaining the melody and song structure of the original song (Baker, 2015).

Song parody has been used with older adults with dementia and elderly people with communication difficulties resulting from dementia or another neurological condition (Molyneux et al., 2020; Silber & Hes, 1995; Talmage et al., 2020). This is a method that supports participants to create a meaningful group song. Members may use this opportunity to craft lyrics that reflect their own experiences and feelings, offering each person the chance to have a voice and to be heard. Then all the voices join together in the chorus of the song, expressing shared feelings. This is important to enhance the sense of group support and inclusion, and all the flow-on effects of this experience (Baker, 2015). Clinicians may choose this approach when: (1) the pre-existing song expresses an emotion, situation, issue, or story that resonates with the songwriter; (2) the songwriter's cognitive or communication skills are more suited to song parody, rather than original songs; or (3) the time available to create songs is limited (Baker, 2015).

## **Music Therapy Method**

### **Participants**

The participants attended La Llar Fundació, a multi-service centre for elderly people, located in Terrassa, Barcelona, Spain. More than 250 people benefit from the centre's diverse services, including residential care, a physiotherapy clinic, and day service activities. A multidisciplinary team (MDT), composed of caregivers, social educators, physiotherapist, nurse and music therapist, work together to create, design and apply goals to improve the quality of life of service users. The MDT meets on a monthly basis to discuss directions and procedures to achieve the common goals. Permission has been obtained from the organisation and the group participants to publish all of the information in this article.

A group of 18 music therapy participants at this day centre were invited to create a song as a closure for a music therapy process that had been ongoing for more than two years. Participants' ages ranged between 65 and 94 years, and all were assessed with grades 1-3 (early dementia) on the Global Deterioration Scale (GDS) (Reisberg et al., 1982). The GDS is used at La Llar for quick assessments when referring people to a particular group or activity. Three participants had also had a stroke.

This group was selected because the MDT was concerned about some attendees not participating in activities and becoming isolated, with an excessive focus on their disabilities. This is a common occurrence in early stage dementia, when the person is still aware of his progressive loss of functioning (Baker & Ballantyne, 2013). Music therapy sessions were held weekly, for a duration of one hour. The approach and philosophy of music therapy at La Llar follows a community music therapy model. This is a *third wave* of music therapy practice that, combined with community music approaches, allows opportunities for participation, development of personal strengths and other reflective practices (Barrett, 2020). My role as music therapist at the day service was to provide those opportunities to experience and perform music, with the aim of empowering individuals living with disabilities.

## **Goals and Objectives**

A goal can be defined as the direction followed when designing a method, but also the accomplishment of the change of a problem and its cause that remains over time. An objective instead would be the purpose of an action, it is the step-by-step to achieve the goal (Berger, 2009).

Significant goals for this particular group were to prevent the isolation of some members of the group, to create an environment in which ideas and feelings could be freely expressed, and to prioritise the focus on potential formulated by the MDT and addressed by all the professionals working at the facility. The option of writing a song was proposed as an objective to achieve the main goals for the group. This objective had two dimensions: the step-by-step process of creating an artefact (the song) and a means of closure for the music therapy group. Crafting a song, and being able to finish, sing, and record it, can lead to a sense of achievement (Kirkland & Nesbitt, 2019). I anticipated that this would help focus on the potential of the group, reduce social isolation, and create a setting in which a range of feelings could be expressed.

## Step-by-Step Songwriting Process

Two main protocols were integrated to design this experience: O'Callaghan's (1996) 11-step songwriting protocol and Baker's (2015) song parody method. I reviewed, adapted and synthesised elements of the two protocols into six steps for the specific setting at La Llar (Table 1). Both methods shared: (1) an initial song to introduce the process, (2) decision-making about the theme or topic, (3) exploring the topic, (4) writing the lyrics, (5) refining and polishing, and (6) a final performance or recording. These similarities assisted with planning the task.

**Table 1**

### *Songwriting Procedures and Objectives*

Step	Task	Procedures	Objectives per session
1	Motivation	To introduce the song and different versions. Asking for their participation.	The group will decide whether or not to engage in songwriting.
2	Theme & Structure	To listen to the recording and to read the lyrics Group discussion about the new theme and structure.	The group will identify the theme and structure of the original song. The group will choose a theme and structure for the song parody.
3	Brainstorming	Directed brainstorming	The group will do a brainstorming exercise to create material for the lyrics.
4	Writing the lyrics	Use of the material from previous brainstorming to write the lyrics through connections between ideas, words, sentences.	The group will write the lyrics for the song facilitated and directed by the music therapist.
5	Musical Arrangement	Music therapist helps with the arrangement and final details, i.e. orchestration, fine details in the lyrics (prosodic stress)	The group complete the song lyrics and musical arrangement of the song.
6	Performance	To perform and video record the song	The group will perform the song and it will be video recorded.

### Step 1: Motivation

I introduced the activity and briefly explained the songwriting process to the group. I selected a song beforehand to accelerate the process as time was limited. I chose a song that had been introduced recently in the group's songbook, to keep the process fresh. The music is a version of the fourth movement of Beethoven's *Symphony No. 9* ("Choral"), performed in Spanish. It became very popular in the 1980s during the Spanish Transition,<sup>2</sup> as the lyrics and the musical arrangement included messages of peace, union, and camaraderie. The song is called *Himno a la Alegría* (*Ode to Joy*). The group listened to different versions and discussed whether or not this was a good song to parody, then agreed that the song was perfect for the experience. An online contest for the best cover version of that specific song provided just the extra motivation the group needed. (However, in the end we did not meet the criteria to participate in the contest, since the organisers were asking for a semi-professional recording of the song.)

### Step 2: Topic and Structure

The topics and structures of the original version were identified by the group with my help. The group listened to the recording several times whilst reading the lyrics and were asked to identify the main topic. We then counted how many times each particular element was repeated during the song, to gain an understanding of the structure of the song. Once this analysis was complete, new themes for the song parody were decided by the group, concurring in keeping the same *rondo* structure, with a repeated chorus, Section A, and contrasting verses in Sections B, C, and D (Table 2).

**Table 2**

*Comparison of the Original Song and Song Parody*

Comparison	Himno a la Alegría (Ode to Joy)	Song Parody: <i>La Canción del Centro de Día</i> (The Day Centre's Song)
Topics/Themes	Joy and friendship	Happiness, brotherhood, and justice
Structure	A-B-A-C-A-D	A-B-A-C-A-D

<sup>2</sup> Spanish transition to democracy (1975-1982): Spain shifted from its dictatorial regime (after the dictator passed away) to a Parliamentary monarchy system. However, not everybody was pleased with this, some because they would prefer the old regime, others because they saw in the transition an establishment and perpetuation of the same old regime.

### Step 3: Brainstorming

A directed brainstorming session took place to obtain material in the form of words, ideas and sentences that they could use for lyric creation. The group started by thinking of synonyms for some of the main themes and key words in the original song. This particular approach is very useful for people living with early or mild dementia, as it is very specific and does not require a huge amount of abstract reasoning like other techniques for lyric creation. When there were a good number of words, I suggested creating connections between them in order to form sentences. Complex and deep ideas merged during this step that were included in final lyrics, e.g. “Singing to humanity with affection and friendship”. Figure 1 shows an example of this process.

**Figure 1**

*Example of directed brainstorming during songwriting*

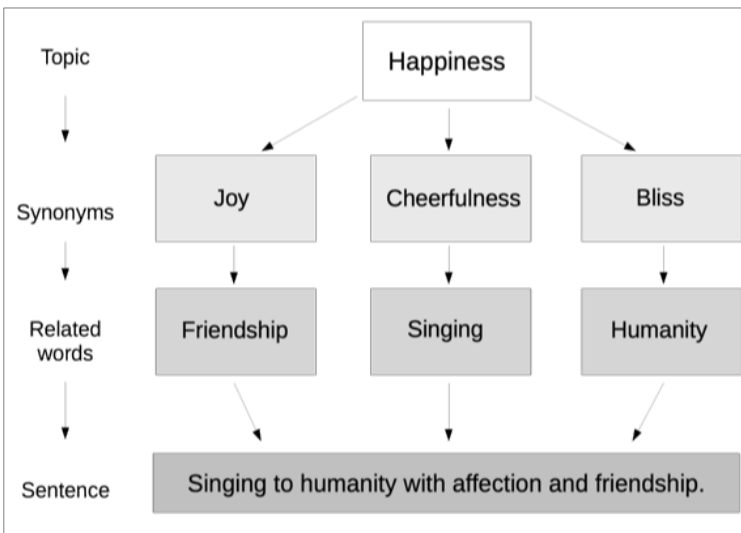


Image description:

Flow chart shows a series of steps in a directed brainstorming framework. These are outlined below and an example is given for each.

- Topic: Happiness
- Synonyms: joy, cheerfulness, bliss
- Related words: friendship, singing, humanity
- Phrase combining these related words: Singing to humanity with affection and friendship

#### ***Step 4: Writing the Lyrics***

Immediately after the brainstorming process, I encouraged the group to start making connections and to form sentences and verses. I used several approaches to facilitate the process: (1) asking questions about relationships between words and phrases from the brainstorm and asking questions about feelings that resonated when reading those words; (2) allowing and encouraging spontaneity; and (3) using the *fill the gap* technique when people felt stuck in the creative process. I maintained the creative flow by asking the clients questions, using familiar language, and commenting on specific words. I noticed that they created connections and links between the lyrics, their environment and local current events, such as the independence of Catalonia from Spain and the waves of immigrants arriving in small boats on the coast of Spain.

#### ***Step 5: Musical Arrangement***

In this session the group worked together to edit their song lyrics. I addressed four elements: rhythm, melody, lyrical structure, and instrumentation. Firstly, I addressed the prosodic stress of words and sentences, correcting the rhythm by adding monosyllabic words or adding *melisma*<sup>3</sup> to the melody. Secondly, minor melodic changes were required to fit the new lyrics to the melody. I proposed options for each specific change and the group decided which they preferred. The lyrics were then reorganised to improve the song structure.

The lyrics were written by the group over two sessions and using mixed techniques, therefore they did not follow any rule of story-telling. The final lyrics resembled a manifesto of ideas that emerged through the brainstorming. Below are the original Spanish lyrics with a parallel English translation. To conclude, the group selected the instruments that would accompany our performance of the song.

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<sup>3</sup> Melisma: A group of many notes sung melodically to a single syllable (<https://dictionary.onmusic.org/terms/2130-melisma>)

### ***La Canción del Centro de Día***

*Ven, vamos juntos a escribir la antología  
de todo aquello que nos llena de alegría.*

*Cantando a la humanidad  
con cariño y amistad.  
Desde Terrassa  
reclamamos más justicia.*

*Recogerás, amigo mío, esperanza,  
después de un día duro y largo de labranza.*

*Cantando a la humanidad  
con cariño y amistad.  
Desde Terrassa  
reclamamos más hermandad.*

*Si desde el Nilo hasta el Peñón  
se ahoga gente,  
hoy cantaremos por un futuro diferente.*

*Cantando a la humanidad  
con cariño y amistad.  
Desde Terrassa  
reclamamos más amistad.*

### **Day Centre Song**

Come, let's write together the anthology  
of everything that fill us with joy.

Singing to humanity  
with affection and friendship.  
From Terrassa  
we claim more justice

You will collect hope, my friend,  
after harvesting hard all day.

Singing to humanity  
with affection and friendship.  
From Terrassa  
We claim brotherhood.

From the River Nile to the Rock of Gibraltar  
people drown in the sea,  
today we sing for a different future.

Singing to humanity  
with affection and friendship  
From Terrassa  
we claim friendship.

### ***Step 6: Performance***

The final session was dedicated to practising the song in preparation for a performance and video recording. Musical performance is a key step for either creative and community approaches in music therapy, as the focus shifts from people's disabilities to possibilities and participants usually receive great support and appreciation from the community (Ansdell, 2002). Recent research also suggests the benefits of video recording as a reminder of success and a tangible legacy of a completed task (Kirkland & Nesbitt, 2019). For this reason the day centre's social workers kept a copy of the video for future use with the clients.

### **Evaluation**

My approach to evaluation was inspired by Smith's (2003) Interpretative Phenomenological Analysis (IPA). This qualitative research approach assumes a connection between what a person says and their thoughts and emotional state. People sometimes struggle to effectively communicate their emotions and feelings, and the researcher has the task of interpreting their words to understand their emotional state. At the same time, IPA allows the researcher to listen to what people living with dementia have to say regarding songwriting and music therapy – filling a notable absence of their voices in the music therapy literature (Baker & Stretton-Smith, 2017).

The participants were interviewed about their feelings and thoughts about this songwriting experience. I prepared the questions and the interview was conducted by another music therapist. The interviews were video recorded, with consent from both individuals and the organisation.

Four participants were interviewed four weeks after the performance. The interviews took place in the main room with the rest of the group present. Before the interviews the group sang their song again to recall it.

The participants were asked about the process: "Could you explain what you did [songwriting]? Can you explain the process you did follow to make it?" Participants responded readily, with nuances in what they each highlighted about the experience. For example, some focused on the collaboration between group members to craft the song, while others emphasised the difficulties and problem solving.

The second part of the interview focused on participants' feelings during and after the activity. I prepared the questions to encourage the person to speak



with minimal prompting from the interviewer (following Smith, 2003): “How did you feel while doing the activity? How do you feel now, after the performance?” I paid special attention to these questions, as the answers would reveal the connection with participant's emotional state. The answers (translated here) revealed excitement, joy, and happiness:

After this I don't feel so old anymore. I put my head to work a little bit, that was good. I feel happy, more useful.  
(Participant J)

We did it with so much love. We were very excited to make the song.  
(Participant C)

I feel very good and happy singing my own song. We all contributed to make it work. (Participant S)

## Discussion

When completing the evaluation, my main interests were to understand if the experience had been significant for the participants and if the songwriting was an experience the participants would appreciate and remember. My impression was that the group members were very motivated to create the song. They were aware of the collaborative process and, despite some moments of difficulty, succeeded in finishing the song by following the steps with support. I was surprised at how easily they understood the songwriting process, created the lyrics through brainstorming, and then connected their ideas. The level of engagement increased after the completion of each step. Finally, even individuals who had contributed less to the songwriting process also participated in the performance.

I was interested to see how the themes in the song parody connected closely with current events in Catalonia. The movement for regional independence from Spain was so strong that messages of brotherhood and unification were clearly conveyed in the song. For example, the words “peace and justice” are repeated in the chorus. This connection with the environment is present in other recent examples of therapeutic songwriting, such the songs written by the CeleBRation choir during the lockdown in New Zealand in 2020, with lyrics referring to the outside world while people were asked to stay at home (Talmage, 2020). One could infer that these people, even in early stage of dementia or living with a neurological condition, were still aware of external events. Music therapy and songwriting played an important role in their lives, enabling a channel for communication otherwise silenced.

The interview findings and my own experience in the songwriting process have shown therapeutic songwriting to be a powerful music therapy tool for people living with dementia. The participants' active involvement, excitement and happiness were present during all the steps of the process. The result is a well crafted song parody, full of feelings and emotions that the participants translated into lyrics. They seemed to enjoy the process as well as the product. This project provides evidence that elderly people in the early stages of dementia can still live their lives with dignity, participate in group activities, and craft something new.

As a music therapist, I also learned new skills, especially in how to use songwriting in a different setting. I now feel more confident to continue using songwriting. This experience also opened my imagination to new ideas for creative uses of music therapy techniques.

Finally, this project supports suggestions in the literature that people in early stages of dementia can benefit from music therapy and particularly from songwriting (Clark et al., 2020; Molyneux et al., 2020). The interviews revealed a high level of satisfaction with the results, that can be translated into feelings of achievement and completion, suggesting a focus on strengths rather than obstacles. The participants enjoyed both the process and the outcome (the song). In accordance with Smith's (2003) IPA, I can interpret these findings as revealing positive outcomes from the group songwriting experience.

## **Limitations**

Time and resources were limited during this case study, especially for the evaluation. As I was leaving my position at the centre, I had to ask a colleague to record the interviews and send them to me for analysis, rather than interviewing participants myself. Holding the interviews in the presence of other participants might have influenced the interviewees' responses. This was a small-scale project and a case study, not an experimental design. However, the results add to the growing body of literature demonstrating the impact of music therapy on people living with dementia.

## **Conclusions and Recommendations**

Therapeutic songwriting protocols and methods are an invaluable resource when working with people living with dementia, who may have no musical training or experience. With the music therapist's support, these participants were able to follow the process and accomplish the task. However, my

recommendation when using a protocol is to always to check how it would fit in a particular setting and to adapt the methods to the specific context.

Although therapeutic songwriting techniques and approaches are common and well explained in the music therapy literature (Baker, 2015), I found a an absence of personal experiences from the client's perspective. This is particularly evident in my home country, where music therapy is still developing.

The interviews revealed a positive outcome that suggested a positive impact on individual participants' wellbeing. I hope this article inspires other colleagues to include songwriting when working with participants who have dementia and other neurodegenerative conditions. I recommend further qualitative research, especially using IPA, to provide more evidence about the outcomes of therapeutic songwriting with people living with early onset or early stage dementia.

Our songwriting journey was exciting, with many positive moments. The benefits of music participation could be seen in participants' faces and interview responses. Listening to their voices made me realise the importance of our work as music therapists.

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## **Using Letter Boards in Client-Centred Music Therapy:**

### **“Autistics can teach if some are ready to listen”**

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### **Abstract**

Observing behaviour and listening to clients are essential tasks in many clinical practices, including music therapy. The size, quality, and intensity of clients’ actions, affect, and sounds are closely observed, heard, and analysed by the music therapist. The music therapy literature has documented diverse clinical approaches for people with autism. This case study – co-authored by Becky, an autistic client who uses letter boards as her main means of communication – illustrates the challenge of responding therapeutically to the physical and verbal expressions of individuals on the autism spectrum. Becky’s voice has been crucial in her own goal-oriented therapy and in giving the music therapist new insights. In this paper, we

(music therapist and music therapy participant) provide vignettes illustrating the story of our work together.

## Background

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*Angela:* I would like to include you as a co-author.

*Becky:* Angela, so nice of you to include me as co-author.

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This article is written by the first author, Angela, a music therapist, in collaboration with the second author, Becky, a music therapy client<sup>1</sup> at the Raukatauri Music Therapy Centre. (Different parts of the article are written in the first person singular/plural or third person, according to context.)

Becky is a 15-year-old girl with autism spectrum disorder,<sup>2</sup> who has received music therapy for four years. She has high anxiety and, like some other autistic people, scripts phrases from books or television shows, finds safety in routines and structure in her daily life, and gets anxious when situations become inconsistent.

### Figure 1

*Greyscale Image of Becky's Letter Board, her Main Communication Strategy*



Image description: Becky's letter board is a large, red rectangular board, shown here in greyscale. Capital letters are arranged in five rows: A to E, F to J, K to O, P to T and U to Z. An additional column on the far right of the board lists the letter X and punctuation marks (comma, exclamation mark, question mark, and full stop).

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<sup>1</sup> This article uses the terms *client* and *participant* interchangeably.

<sup>2</sup> This article uses the terms *autistic*, *with autism*, and *with autistic spectrum disorder* interchangeably, as Becky and others vary in their preference.



Becky uses a letter board (Figure 1) as her main means of communication. The letter board is a communication tool that requires a facilitator to hold the board for the user, to support independent pointing, attention and self-regulation (Jaswal et al., 2020; Vosseller & Nordling, 2021).

Music therapists closely observe clients' actions, affect, and movements, and listen to the sounds they make on instruments, with their body, and with their voice. These expressions are translated into musical elements – melody, rhythms, tempo, style, phrases, and metre – as the basis for clinical music-making (Nordoff & Robbins, 2004). In this case study I (Angela) will discuss the clinical experience of playing music solely based on the musical and physical expression of a client with autism, and compare this with the experience and impact of hearing Becky's words via the letter board. Through session descriptions, reflections, Becky's own comments, and reference to the literature, this article will show how this client-centred music therapy unfolded.

**Hear My Voice I: *Twinkle, Twinkle, Little Star***

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Andrea:	<i>Playing Twinkle, Twinkle, Little Star in the session, is it a help or a hindrance, and why?</i>
Becky:	<i>It is a hindrance. It is a hindrance because it stops [me] learning some interesting new things.</i>

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In our early sessions, Becky would come into the music therapy centre talking to herself in a soliloquy. In the music therapy room, she would request, “*Twinkle, Twinkle, Little Star!*” in a loud, chirpy voice and skilfully play the melody on the xylophone that she always chose to play. Hoping to meet Becky through music and build a rapport, I would match her playing harmonically on the piano or ukulele. Then Becky would lead me to play “Faster!” and to play “One more time!”

Becky's active vocal, musical, and verbal gestures assured me that we were making a great start to her therapy. She demonstrated joint attention, engagement, and collaboration. However, as our playing became repetitive, I started to feel the music was locking us into one way of playing and being in therapy. I therefore, encouraged little changes by leading Becky to play at a slower tempo, and by using substitute chords. A part of me regarded the concise playing as our achievement of social reciprocity through the use of music. Becky clapped, smiled, applauded, and spoke excitedly about playing *Twinkle, Twinkle, Little Star*. However, I questioned the intentions of her exaggerated playing. This seemed to allude to other possible difficulties that she was trying to manage through this style of musical play.

After several similar sessions, I received an email from Becky's mother. This contained Becky's responses to questions her mother had asked about her music therapy. Becky's answers revealed that playing *Twinkle, Twinkle, Little Star* was "a hindrance [...] because it stops [me] learning some interesting new things." I was glad to hear Becky's thoughts, but shocked at such a stark difference between these words and how she appeared in the session.

In the subsequent session, Becky trudged silently into the music room. She did not come in with her usual self-chatter, but kept staring at the floor and seemed very serious. Although Becky had described *Twinkle, Twinkle, Little Star* as "a hindrance", she played this tune again. She picked up the xylophone sticks, struck the first few notes of the song, and screamed! Then she said, "Try again!" and repeated the song. It was as if she was acting under someone else's control, not her own. She seemed unable to stop herself from playing this song although it appeared to escalate her frustration.

As Becky experienced such difficulty – playing the song, but actually not wanting to play it – I decided to accompany her. I wanted to let her know it was okay for her to play this song, if she needed to. She would not be judged, and it was okay to take little steps. I harmonised the melody, hoping to slip into improvising together. This attempt to meet Becky in the music did not elicit a positive response. Becky screamed louder and longer, then stormed out. She appeared to have become a captive of her own body and to have lost control. She could neither stop herself playing, nor allow herself to continue. My response, which had been to face and tackle the problem, had exacerbated the situation. The tune itself seemed unbearable to her.

### **Reflection: Autism and Intellectual Ability**

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*Angela:*     *What do you think all music therapists need to know when working with people with autism?*

*Becky:*     *Many people you will meet will be able to think but stuck in a body that won't listen to the inside reasoning of their mind.*

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Individuals with autism, who do not also have an intellectual disability, are similar to neurotypical individuals in their social cognition skills and in their abilities to perform multi-step tasks (Barendse et al., 2018). However, recognising cognitive abilities is difficult when they are expressed inconsistently in different settings (Assimakopoulos, 2019; Vosseller & Nordling, 2021).

About 60% of people with autism have apraxia, a motor and sensory disorder that causes difficulties in planning and executing movements (Tierney et al.,

2015). Apraxia is sometimes referred to as a “brain-body disconnect” (I-ASC, 2020), because the person’s body struggles to make the movements that the brain signals. Consequently, intelligence tests that require motor skills (such as speaking, writing, or pointing) may pose challenges for people with autism (Vosseller, 2015). Moreover, people’s responses may not be consistent in different social environments. Having different sensory and movement feedback pathways disrupt self-management and self-regulation of “perception, action, posture, language, speech, thought, emotion, and/or memory” (Donnellan, Leary & Robledo, 2006). This affects the capacity to adjust and modify behaviour and self-expression, and dysregulated motor skills may then give the false impression of having limited intellectual ability.

Becky’s comments illustrate this challenge. Communicating via the letter board, she has expressed that people with autism “can understand over and above what you think [but are] stuck in a body that won’t listen” (B. Darroch & A. Darroch, personal communication, July 18, 2021). The disconnect between Becky’s body and speech limit the expression of her intelligence through speech and actions. As a result, some people assume that she (and other autistic people) have low intelligence. However, Becky was able to recognise the incongruence of her actions and words, and to convey that the song was “a hindrance”.

### **Reflection: Response to *Twinkle, Twinkle, Little Star***

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<i>Angela:</i>	<i>How did you feel when we played Twinkle, Twinkle, Little Star in the sessions?</i>
<i>Becky:</i>	<i>History of Twinkle Twinkle Little Star is a musical upside down inside out confusion. Musical notes can be soothing to the soul but this kind of tune so often wings a strong-hold into your brain so you want to escape.</i>

---

I became unsure whether the music Becky and I had played really represented an interpersonal connection. On the surface, our musical synchrony appeared to be successful interaction. However, rather than the music enabling us to build rapport, as I had expected, Becky might have been using the song as a way of blocking interactions through systemising patterns – i.e. attempting to cope with an overwhelming situation by forming predictable structures and routines (Overskeid, 2016).

In an unpredictable environment, reassuring mathematical structure can be found in the predictable qualities of music, such as melody, harmony, structure, metre, rhythm and tempo (Gulec-Aslan, et al., 2013; Toigo, 1992). In this case, Becky was attempting to use a familiar song to cope with intense

external stimuli. Therefore, the apparent synchrony achieved with *Twinkle, Twinkle, Little Star* may have not been a genuine connection. I had believed that this song could lead into improvisation, if Becky could slip away from the original tune. However, she seems to have had no intention of using the song to create interactions. The song that had provided a sense of safety had become a source of frustration that she wanted to escape from.

Becky's response suggests the complexity of understanding the repetitive behaviours, which may be understood as the artefacts of the person's attempts to cope with the sensory environment (Donnellan et al., 2013). Autistic people themselves have described that preoccupation with one repetitive movement helps to shut out external noise (Grandin, 1992) and that lining up objects helps to organise the mind (Endow, 2006). Confusingly, the need to process sensory information can lead to ways of self-regulating that are contrary to the person's actual intentions (Donnellan et al., 2013).

As music therapists, we play in response to hearing and seeing how clients express themselves. However, I have learned that our clients' musical expressions may have quite different meanings and connotations. This raised questions for my continuing work with Becky.

## Hear My Voice II

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Angela: *What would you like to play before we finish the session today?*

Becky: *I want to play the harp.*

---

Becky continued to struggle not to play *Twinkle, Twinkle, Little Star*. She rejected all other musical interventions and instruments, responding by screaming and anxiously wandering around, in and out of the room.

Andrea suggested using the letter board during the session, so that Becky could share her thoughts. In our first session with the letter board, Becky did not seem to have the physical and emotional capacity to focus on spelling. She screamed and walked off when Andrea offered the letter board. However, towards the end of the session, she tried to communicate. This response suggested to me that Becky did not want to end the session without making some progress.

Becky spelled, "I want to play the harp." I brought the autoharp towards her, and she immediately leaned towards it. She started strumming the strings, and I pressed the chords to create a harmonic progression. I improvised vocal melodies, following the tempo of her strumming. I wanted to help Becky to feel safe and in control. I gradually led into our good-bye song. Becky

remained in close proximity and continued strumming until she could hear our music arriving at the tonic chord.

I felt that this was our first genuine musical encounter. Although Becky's strumming was irregular, the rhythms uneven, and our harmony imperfect, she allowed me to enter her world through this shared musical space and time – to meet her. Her unsteady playing seemed to communicate nervousness – feeling edgy about playing outside her familiar song. However, her reliance on my musical contributions, which steered her away from her usual patterns of playing, and her trust in me to make a step forward, seemed heartfelt and genuine. This brief moment of out-of-sync shared play sounded more real than long musical encounters of accuracy and precision. We ended the session clapping and applauding, having tried something that had seemed daunting at first, but that brought connection.

### Hear My Voice III

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Angela:     *How did you feel about today's session?*

Becky:     *I enjoyed the session.*

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In one of our weekly telephone meetings, Andrea gave me a list of popular songs that Becky had enjoyed listening to at home, which she suggested we might use in music therapy. In our next session, in the hope of creating another meeting point, I started to sing the words of the songs. However, every time I started to sing, I received a sharp reply: “No singing,” “No playing,” or just “No!”

Wondering whether Becky was feeling pressured to sing the lyrics, I used a piece of instrumental music that I knew she enjoyed – *Dance of the Sugar Plum Fairy* from Tchaikovsky's (1892) *The Nutcracker*. As I started playing, Becky unsurprisingly said, “No.” However, her tone of voice was warmer, and I could hear the softness of her voice behind the verbal rejection. My intuition sensed she was thinking, “Yes,” and letting me know that continuing to play the song would make her feel heard rather than ignored. As I continued playing, Becky watched me with a startled look, as if surprised that I had heard her unspoken thoughts. As I continued playing, I heard her starting to join in, playing the maracas – an intentional attempt to connect.

Our music-making began to follow a pattern. I would begin to play, and Becky would follow and match my tempo by taking on the role of playing rhythms to my steady beats. Then she would speed up to lead me to increase the dynamics, and I would follow her lead. At times she gently slowed down to a stop. However, instead of stopping with her, I avoided the final tonic chord,

playing 7<sup>th</sup> or 9<sup>th</sup> chords. This conveyed a feeling of incompleteness, an invitation to Becky to play more. She would then choose a different instrument and resume playing.

Becky and I were once again playing together. However, in contrast to our experience of *Twinkle, Twinkle, Little Star*, this experience of improvisation felt genuine and intimate. Moments of change in the music happened spontaneously, without any plans or prior agreements. We both seemed committed to expressing ourselves in the moment. Whenever I heard a new musical idea from Becky, and whenever she heard me play something new, we continued to play. We welcomed, accepted, and appreciated each other by connecting in the music. While our individual sounds stated our co-existence in a shared place, our mutual musical responsiveness highlighted Becky's sense of safety and her willingness to connect and explore. The session ended with Becky spelling, "I enjoyed the session."

### Hear My Voice IV

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Becky:      *Let it shine.*

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In our next session, I tried to engage Becky again in improvisation. I planned to expand our musical motifs and ideas as a means of furthering our musical interactions.

However, Becky's response to my instrumental playing was to scream and to sing *Twinkle, Twinkle Little Star* and other nursery rhymes. She also found the kalimba<sup>3</sup> in the Centre's storage area and played repetitive melodies again and again, while stamping her feet to make repetitive rhythms. I understood these actions to be systemising patterns. This gave me the impression that Becky was feeling overwhelmed by the unpredictable and spontaneous qualities of musical improvisation.

As Becky seemed too tense either to improvise or to spell her thoughts, I offered her the opportunity to listen to music. She sat comfortably on the bean bag with her mum, as she did at the concerts that she enjoyed attending. This concert-like atmosphere helped Becky to engage in a familiar role as an audience member. I began to sing, accompanying myself on the piano. I chose *This Little Light of Mine*, aiming to establish a sense of predictability with the repetitive lyrical and melodic structure. Metaphorically, this song also acknowledged that Becky had great potential and deep

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<sup>3</sup> A *kalimba* is a Zimbabwean instrument, sometimes called a *thumb piano*. See <https://dictionary.onmusic.org/terms/1842-kalimba>

thoughts, and that her mother and I recognised that a bright light shone in her.

Becky listened quietly. Her calmness suggested a lessening of her anxiety. In her silence, I felt her connecting with me, by accepting my singing and actively listening. Although she remained silent, I was aware of her intense active listening. I wondered whether Becky's aim might not have been to improvise again, but to try new ways of engaging. This thought came to me when she joined in with the last three words of the song – “let it shine” – in a sweet, gentle tone that I had not heard from her before. This seemed to be the first time that she had sung words voluntarily, without feeling compelled, in music therapy.

### **Collaborative Assessment and Goal-Setting**

At the Raukatauri Music Therapy Centre, most clients participate in a nine-week assessment period. Becky's assessment period was exceptionally long – 23 weeks. Becky's high level of anxiety meant that participation, engagement, self-expression, and communication were difficult tasks for her. I allowed much more time than usual for us to develop a rapport, for Becky to become comfortable in music therapy, and for me to get to know her. It was important to the assessment process to gain a clearer understanding of who Becky was, her musical and behavioural tendencies, sensory needs, interests, and ways of relating.

When Becky started to engage more promptly and to communicate herself more openly using the letter board, I invited her and her mother to a collaborative assessment review meeting. I wanted to hear Becky's thoughts about the sessions and her ideas for the future. I gave her a few questions to answer prior to the meeting, and we discussed these together.

Question 1: Has music therapy been an enjoyable experience for you?

Answer 1: It has been fun to keep trying new instruments.

Question 2: What do you think the biggest change you've gained in music therapy is?

Answer 2: I think one of the biggest changes I gained is having the belief in my musical abilities.

Question 3: What else would you like to try in music therapy?

Answer 3: One of the things would give me some interest is to play the violin.

[She later changed that to the keyboard.]

Question 4: What do you think we need to do together to keep going forward?

Answer 4: I think willing to make reading my words part of the routine.

We agreed on three goals for Becky's ongoing music therapy, in response to Becky's own interests and desires, Andrea's wish for Becky to continue interacting, and my professional evaluation of the assessment sessions: (1) to improve Becky's self-expression; (2) to facilitate music and playful collaboration; and (3) to increase flexibility and spontaneity.

### Hear My Voice V

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Angela: *Could you please tell me if singing your choice of songs in therapy meant anything?*

Becky: *Being able to articulate feelings also using pre written song is sometimes the way for life to be expressed for me.*

---

In the sessions following this assessment meeting, we began by singing our greetings song. Then Becky always moved herself to the keyboard that I had been playing and she played *Twinkle, Twinkle, Little Star*. Her choice to play this song no longer seemed like the earlier systemisation response, but her wish to hear the sound of the keyboard through a song that she could play. She pressed different buttons to discover how they changed the sound of the keyboard. To support Becky's progress in playing the keyboard, I introduced chord sheets. Becky followed these scores to play the chord progressions of different songs. She also found a keyboard function that automatically filled in the harmony, intro and outro, in response to the note she played.

The sounds of the full musical structure, rich harmonies, and instrumental accompaniment inspired Becky to sing. She started to sing the lyrics while depressing one note to sound each chord, and played me several songs that she enjoyed on YouTube and wanted to try herself. I prepared scores for her favourite songs, with simplified chord progressions as the keyboard only played major and minor chords.

As Becky started to sing and accompany herself, the session was becoming her stage for performance. One song that she chose to perform for Andrea was *Mother's Day*, which included the words "I love you so" (PlayKids, 2017). This song was especially meaningful as it felt as if Becky was communicating her true feelings for her mother.



Forming trust and a relationship was important in my therapeutic work with Becky. Instead of systemising structures and patterns, Becky started to step into a new way of being, playing, and interacting through improvising, listening, and singing. She was no longer locked into *Twinkle, Twinkle, Little Star*. Becky started to empathetically perceive our shared music, and our therapeutic relationship and interpersonal interaction continued to evolve.

### Reflection: Neurodiversity

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Angela:	<i>Would you like to tell your story about living with autism to others?</i>
Becky:	<i>So happy for people to be aware what autistics can teach if some are ready to listen.</i>

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The biggest struggle I faced in developing trust and a relationship with Becky was being able to hear and look beneath the surface of her musical, verbal, and behavioural expressions. Becky had asked me to do this: “When interacting with me, just ignore all silly phrases [that] hide [my] true personality” (B. Darroch & A. Darroch, personal communication, June 12, 2021). She also spelled out, “Only 20% of what I say is true.” Andrea helped me to understand Becky by further sharing with me that Becky “has the mind of a typical 11-year-old.” I felt Becky’s desire for others to see the parts of her which were often unexpressed.

The neurodiversity movement has shifted the ontological and epistemological viewpoints on autism. Contemporary thinking now accepts and embraces autism as an integral part of an autistic person (Pickard et al., 2020). This challenged my ethical thinking in working with Becky. The notion of whether to consider her as an autistic person or a person with autism – in other words, whether to see autism as an integral identity or as a separate entity – was not clear-cut. While I knew that Becky wanted her autistic tendencies to be ignored, to enable her to show and tell what she could not express with her body and words, it was also true that Becky’s autistic tendencies were an inseparable part of her. I believed that my understanding of autism needed to change, to enable me to look at Becky personally, and to help her feel understood, seen, accepted and embraced. Becky was a girl with autism and/or an autistic girl with her own personality, ethos, goals, culture and thoughts, just like every other person. My role was to see the broader aspects of her, and it was for Becky to decide how she wanted to be seen. What I could do was to provide a safe and accepting place for her to express herself as she was a girl who had so much to “teach if some are ready to listen”.

A relevant therapeutic approach was found through my openness, listening to Becky, and giving her the chance to speak about and to define her own lived experience of both autism and music therapy. Hearing how Becky described her experience enabled me to help her move towards her full potential with her own “valid identity” (Pickard et al., 2020).

## Hear My Voice VI

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*Angela: I do envision Becky playing music in a wider community. Music therapy will be a stepping stone that will get her there.*

*Andrea: Becky had said I would like to be a performer with autism on stage.*

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Becky’s beautiful singing voice filled the room. I accompanied her on the keyboard while she focused on singing and keeping the beat on the drum. Her mother enjoyed watching her sing and play, with a smile. Week by week, I saw Becky’s singing confidence grow. She projected louder vocal sounds, sat tall and independently without leaning on her mother, and quickly settled to sing when she heard me play an introduction.

As Becky continued bringing in songs to sing and play each week, I sensed that she had a specific plan and motivation for coming to music therapy. I reflected to Andrea that Becky seemed to be considering her therapy as a space to perform. The following week, Andrea told me that Becky had communicated, “I want to become a performer with autism on stage.” This was Becky’s ultimate goal and her motivation for participating in music therapy.

In Becky’s case, addressing performance-related goals could not be separated from her therapeutic goals (Jeong, 2020). Within Wood’s (2016) *matrix* system, performance and therapy are of equal value. The shared knowledge between performance and therapy, which is to self-express, connect with others and be adaptable and negotiable, is relevant to both ways of making music. Making progress in one way of playing music ultimately complemented the progress of the other.

I have previously reported on Becky’s debut performance on Raukatauri Quarantunes – a closed Facebook group page, streaming music sessions led by Raukatauri music therapists for clients, families, and other facilities that work closely with them (Jeong, 2020). In May 2020, we recorded a session on Zoom and uploaded to Raukatauri Quarantunes a video of Becky singing. This in-house space ensured that Becky felt safe to share her first performance and that she received encouragement from a supportive audience. The lag on Zoom and the reduced audio quality created challenges

in singing together. However, Becky's accomplishment emphasised her increased acceptance of change and her determination to not be affected by external forces beyond our control.

After this online performance, Becky performed in the Raukatauri Spring Client Concert in November. The concert was established to create a community among the families of Raukatauri Music Therapy Centre, for the clients whose therapy goals would be complemented by performing opportunities, and for those who wanted to share specific songs they enjoyed playing in their sessions. In preparation for the concert, Becky rehearsed in front of one or two Raukatauri staff members, to increase her familiarity with the setting and the stage. On the performance day, Becky successfully sang three songs of her choice for an audience of twenty – *The Rainbow Song* (Hamilton, 1963), *Whenever There's a Rainbow* (Watters & Sampson, 2006b), and *Here in Unicornia* (Watters & Sampson, 2006a). The audience gave Becky a round of applause. Becky bowed, with a big smile on her face, having made her dream come true.

### **Preparation for the Music Therapy Symposium**

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*Angela: Would you like to perform and share about our work at music therapy symposium in Christchurch with me?*

*Becky: To go to Christchurch together would be absolutely fantastic.*

---

I had an opportunity to present with Becky at the Music Therapy New Zealand symposium (Jeong & Darroch, 2021). I asked Becky whether she would like to perform for the symposium audience. I thought this would be a further step towards Becky's own performance goals, as well as an opportunity for her to share her lived experience of autism and music therapy. Becky answered positively, and when I asked what she would like to perform, she responded that she would "like to write some lovely songs".

For three months leading up to the symposium, Becky engaged in writing lyrics to her song, *Please Believe*, supported by her Mum. Becky brought the words to music therapy to create the music for her song. She had intuitively used a traditional song structure. I assume that she gained this skill easily, due to her highly attuned musical ear. When I shared with Andrea that Becky already knew about song structure, she was astonished as she thought she was only writing a poem. Andrea had not guided Becky in how to write a song – the lyrics were solely from Becky, with her own choice of words, timing and pace (Jaswal et al., 2021).

In our music therapy sessions, I offered Becky incomplete melodic phrases for her words. She listened to me sing and hummed to complete each line of verse 1, chorus 1, verse 2, and chorus 2.

### **Hear My Voice VII**

---

*Angela:*      *Could you give one last closing remark for the audience please?*

*Becky:*      *Can you believe?*

---

In the symposium presentation I showed how a client-centred music therapy approach for Becky was supported by the potential for a letter board to promote self-expression. I then invited Becky, as an honoured guest, to sing her words and to deliver a brief message to the audience. When we reached the outro, Becky sang spontaneously, and I harmonised her melodies. My fingers carefully slid in search of chords that would support Becky's tune and hold this moment, which elicited tears from the audience and showed Becky's determination, courage, and transformation.

Becky sang at the end of each phrase, after me, and she sang the outro independently. Through her lyrics, she told her audience that people with autism have words, that they would feel grateful to be understood by others, and that she envisions a bright future for herself and for others who cannot speak.

Becky's song of insight, hope, joy, and advocacy for the disabled community brought tears to many at the symposium. After the audience heard her song, she questioned them, "Can you believe?"

### **Reflection: Progress in Music Therapy**

Becky's music therapy has branched out in a new direction, affecting the goals and focus areas for this work. The agreed goals of self-expression, interaction, and increased flexibility were met through her own performance goal. Becky communicated her story by singing her song. In every rehearsal and performance, she matched my tempo. Even when we happened to sing a different verse, Becky heard our mismatched words and followed me. Similarly, when the melodies she was singing did not fit with my harmonies, Becky adjusted the pitch of her vocalisation up or down, vocalised to find the notes of the chord I was playing.

Becky was not explicitly taught strategies for self-regulation, self-expression, collaboration, and flexibility, but she developed these skills as she internalised our musical interactions, week by week. As a person-centred

music therapist, I was guided by Becky's words. I hope Becky's story will remind both therapists and clients of the importance of allowing everyone to have a voice.

## **Discussion**

Hearing Becky's voice through use of the letter board formed an essential part of her music therapy. This process gave me an insight into the finding that the verbal, vocal, musical, and physical expressions of people with autism can be a reflection of their difficulties with self-regulation, due to different motor and sensory feedback (Donnellan, Hill & Leary, 2013; Overskeid, 2016; Tierney et al., 2015).

I explored the challenges of providing therapy based on a client's external expressions (Vosseller, 2018; Vosseller & Nordling, 2021). Autistic clients may have difficulty with purposeful, planned movements and speech because of their sensory needs. Becky's own lived experience of autism, communicated via the letter board, not only added to the body of knowledge about autism, but also signposted the direction she wanted her therapy and her life to take. This case study has shown that client-centred therapy, particularly following Becky's own purpose, intentions, and goals, has supported her to take steps towards her performance dream.

I needed to consider different aspects of Becky's engagement in music therapy in order to practise ethically and in line with contemporary thinking about neurodiversity. Therapists are called to accept and embrace those with disabilities as individuals (Pickard, 2020). I recognised the need to evaluate experiences from her standpoint. Becky was on the cusp of adolescence and further identity formation, a time when others' opinions take on a new importance. During adolescence, teenagers need someone to just "go with it" and offer acceptance (McFerran, 2010, p.188). As Becky's music therapist, my responsibility was to listen. She was a competent and capable girl, with the desire for her words to be heard. Ethically, I needed to allow her to speak for herself and not to make decisions on her behalf.

Not everyone who has minimal or inconsistent speech uses a letter board as a means of communicating as explicitly as Becky. However, communication involves not only speech, but also facial expressions, voice quality, and the use of eyes, gestures, and proximity (Silverman, 2008). If therapists can be attuned to feelings during non-verbal interactions with their clients, they may deepen their awareness of the clinical situation and the client's needs (Silvestre & Vandenberghe, 2008). Recalling the early sessions, even if the letter board had not been an option for Becky, my feeling of being locked into

playing *Twinkle, Twinkle, Little Star* would have hinted at Becky's difficulty with sensory regulation and her coping strategy of making highly repetitive patterns (Donnellan et al., 2013). In that situation, I would have responded by giving Becky more time to settle and suggested other song choices once she started to feel more relaxed about being in music therapy.

In Becky's music therapy, my usual way of playing music to support a client's verbal, musical, and bodily expressions was fundamentally challenged. Becky suggested that music therapists need to develop a different way of hearing, seeing, and understanding a person with autism. With the use of the letter boards, Becky revealed that her self-expression was often incongruent with her own motives and thoughts. This was a hard concept for me to grasp – learning to hear but disregard Becky's words, and see but disregard her actions. I needed to consider which therapeutic approaches would enable me to form a relationship with Becky and to provide a meaningful experience for her.

One size does not fit all, and Becky's words cannot speak for all those with autism. However, what Becky made clear was that other non-speaking people may also want to "teach if some are ready to listen." Becky's insight and comments on her own lived experience of autism and music therapy suggest that more remains to be heard from the disability community. Further research is needed to improve clinical approaches for people with developmental, neurological, and/or intellectual disabilities. Current therapeutic modalities may be just the tip of the iceberg of potentially helpful approaches.

Shore suggested that "if you've met one person with autism, you've met one person with autism" (International Board of Credentialing and Continuing Education Standard, 2020). Experiences of music therapy are highly subjective, and each story of music therapy is unique to the client and the therapist (Rickson, 2020). The new autism and music therapy guidelines recommend music therapy to enhance social communication skills (Ministry of Health, 2021), but an individualised approach is essential. Finding the meeting point between the therapist and the client is a discovery that is to be made collaboratively, by both parties together.

## **Conclusion**

Becky's journey did not begin as she wanted, but unfolded through her desire to speak via the letter board. By centring Becky's dream as the main goal, her determination as the drive, and my support as impetus, music therapy as an opportunity, and the therapeutic relationship as the vehicle, Becky

accepted help to meet her therapeutic goals and her personal musical goals. I learned that there is more to be discovered between my clients and me – and for you to discover between your clients and you.

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**Leading Choirs and Singing Groups for Adults  
Living with Neurogenic Communication Difficulties:  
Semi-structured Interviews with Current and Potential  
Facilitators in New Zealand**

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## Abstract

Community singing offers an enjoyable form of social engagement and has also been applied in therapeutic contexts for people with a range of health needs. Internationally and in New Zealand, practitioners and researchers have shown considerable interest in the potential of singing to support people with communication difficulties resulting from a range of acquired neurological conditions. The terminology and approaches of *aphasia choirs*, *Parkinson's choirs*, and *dementia (or memory) choirs* are well established internationally. However, in New Zealand many choirs are not diagnosis-specific, but cater for people with a range of conditions, and are often described as *neurological choirs*. Neurological choir protocols are often termed *choral singing therapy*, although the practices of individual choirs vary. This research aimed to analyse interview data collected from current and potential leaders of choirs and singing groups for people with communication difficulties. Participants were Registered Music Therapists, speech-language therapists and community musicians who facilitated neurological choirs or were interested in doing so, and other representatives of organisations providing or considering choral singing therapy. The purpose was to gauge the availability, interest and training needs of facilitators for future research, such as a multi-site randomised controlled trial. Thirty-three participants took part in individual or (when requested by participants who worked together) small group interviews, either in person or via Skype. Interviews were transcribed by the interviewer and sent to interviewees for participant checking. As the research aimed to answer specific questions, thematic analysis of the interview transcripts predominantly used deductive coding, based on the themes of the interview questions. Many participants expressed interest in future research opportunities, but current practitioners' investment in existing approaches, including co-facilitation, highlighted the need for further exploration of current practice before considering a trial requiring facilitator training and protocol fidelity.

## Context

In recent years, choirs and singing groups have had a resurgence as a popular community activity (Lee et al., 2018). Therapeutic applications of singing for people living with neurological conditions have also been widely investigated. The interview research presented in this article builds on our professional practice and prior multidisciplinary research with a therapeutic choir (established in 2009) for adults who have communication difficulties resulting from an acquired neurological condition (Fogg-Rogers et al., 2016;

Jenkins et al., 2017; Talmage et al., 2013). We developed a proposal for a multi-site randomised controlled trial (RCT). However, the availability of potential choir leaders was uncertain. This interview research therefore aimed to gauge the interest, knowledge and availability of current and potential choir leaders across New Zealand, as a basis for potential future research.

## **Literature Review**

Group singing is a worldwide human phenomenon and choral singing features prominently in New Zealand musical life (Jansen, 2020). Research in this field considers potential benefits for people with specific health conditions, as well the broader impact on Quality of Life, defined by the World Health Organization (2012) as “an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns”. Overlapping communication, health, and wellbeing issues suggest the value of a holistic, person-centred framework, such as Engel's (1977) biopsychosocial model (Gick, 2011), later expanded to include spirituality (Hatala, 2013) or, in our bicultural New Zealand context, the related indigenous framework, *Te Whare Tapa Whā* (Durie, 1985; Purdy, 2020).

In this diverse field, positive outcomes of group singing have been reported for the general population (Bento-Allpress, 2013; Clift et al., 2008; Einarsdottir & Gudmundsdottir, 2016; Livesey et al., 2012; Moss et al., 2018), and for people living with aphasia (Fogg-Rogers et al., 2016; Hurkmans et al., 2012; Merrett, Tailby et al., 2019; Merrett, Zumbansen et al., 2019; Tamplin, et al., 2013; Thompson et al., 2016; Wan et al., 2010; Zumbansen et al., 2017), Parkinson's disease (Di Benedetto et al., 2009; Elefant et al., 2012; Fogg-Rogers et al., 2016; Irons et al., 2020; Irons et al., 2021; Matthews, 2018; Tamplin, Morris et al., 2019; Yinger & Lapointe, 2012), or dementia (Osman et al., 2016; Unadkat et al., 2017). A finding that choir participation may also improve outcomes for people with chronic mental illness (Dingle et al., 2013) is also relevant, as many people living with a neurological condition experience mental health issues (Prisnie et al., 2018; Rubin, 2018)

In New Zealand, an inclusive, holistic approach has emerged with *neurological choirs* bringing together adults with a range of neurogenic communication difficulties (Fogg-Rogers et al., 2016; Talmage et al., 2013; Talmage & Purdy, 2018). Facilitated predominantly by music therapists, and occasionally by speech-language therapists or community musicians, mixed

neurological choirs draw on the open group practices and emphasis on performance approaches of Community Music Therapy (Ansdell, 1995; Pavlicevic & Ansdell, 2004; Stige, et al., 2017; Stige & Aarø, 2012) that have much in common with community music practices (Lee et al., 2018). Although Matthews' (2018) research focused on Parkinson's disease, his usual practice is a mixed neurological choir (Matthews, 2016). While diagnosis-specific choirs offer participants a tailored programme with a supportive peer group, mixed neurological choirs also offer a sense of community but may need to plan more carefully to cater for all. Further research is needed to investigate the inclusive approach in comparison with choirs designed for people with a specific medical condition.

For researchers, robust methodology and protocol fidelity are essential considerations (Baker et al., 2019; Coulton et al., 2015; Erkkilä et al., 2019; Gold et al., 2019; Janus et al., 2021; Tamplin et al., 2019; van Bruggen-Rufi et al., 2016; Wiens & Gordon, 2018). Manualised protocols have been reported in several choir and group singing studies, with sometimes detailed timings for notices, exercises, songs, and social breaks (Clark et al., 2018; Irons et al., 2021; Matthews, 2018; Skingley et al., 2016; Tamplin et al., 2018; Tamplin et al., 2019). In these studies, protocol fidelity was ensured through facilitator training, meetings, and impromptu manager visits.

Group singing is commonly an element in multi-component music therapy approaches (Allan, 2018; Robinson, 2019). Percussion instruments are sometimes used in the UK's Singing for the Brain groups (Osman et al., 2016), and movement in Sing To Beat Parkinson's programmes (Irons et al., 2021). However, multi-component programmes might confound the results of singing-focused research (Clift et al., 2010). Some protocols include flexible elements – e.g. participants' song requests (Clark et al., 2018; Tamplin et al., 2018) – but it is unclear how this was managed within the context of a standardised research protocol and research analysis. Future studies could investigate participants' preferred activities in preliminary sessions in which the protocol is negotiated, or compare single- and multi-component approaches.

A further challenge of RCTs is the possibility of participants' reluctance to accept non-preferred control activities. To counter this, Skingley et al. (2016) offered singing opportunities at the end of the study to participants randomised to non-singing groups. The researchers recommended a replication study with a longer time frame, and post-study sustainability plans to maximise the long-term benefits of choirs formed specifically for research. It was not clear whether this extended to the relationship with the choir leader

or how a change of personnel would be managed in a context that emphasises facilitator-participant relationships.

While many studies emphasise the role of a credentialed expert or trained facilitator, or have been published by practitioner-researchers, the role of the choir facilitator has not yet been well researched (Dingle et al., 2019). Clift et al.'s (2010) view that dementia group facilitators need not be music therapists seems to be an acknowledgement of practice in England, rather than a detailed analysis of skills or training. Dingle et al. (2019) suggested that the choice and effectiveness of the leader may depend on the purpose of the group, with different knowledge and expertise required for therapy and for expert choir performance. They highlighted the value of constructive musician-therapist and musician-volunteer collaborations, as well as the strengths of facilitators with dual qualifications in music and therapy – which would include most music therapists. They highlighted community musicians' self-awareness and careful performance preparation with music therapists' focus on allowing the process to unfold. However, self-awareness and attunement to self and clients are core requirements for music therapists and group facilitation (Hanser, 2016; Stige et al., 2017). Music therapists may have greater expertise in supporting participants across a spectrum of individual, group and performance contexts (Stige & Aarø, 2012; Wood, 2016).

Published research protocols do not include detailed methods of leading exercises and songs, these being skills that are expected of music therapists and community musicians and may be included in facilitator training. Dingle et al. (2019) also suggested choir leaders consider how to apply vocal pedagogy (for example, Wenk, 2014): this has implications for facilitator experience, prior qualifications, and training to implement specific protocols. Robb et al. (2018) highlighted the importance of detailing facilitator qualifications and training, and they noted a similar emphasis in Cochrane Reviews. Future research could further explore the strengths and training needs of facilitators with different professional backgrounds, and how prior training enabled or challenged them in implementing a manualised protocol.

## **Choral Singing Therapy Protocol**

New Zealand's neurological choirs draw on the research literature, but are also practice-led. Choir leaders aim to be responsive to participants' strengths, needs, cultural identity, and musical preferences. The CeleBRation Choir's *choral singing therapy (CST)* protocol was used in the SPICCATO feasibility study, Stroke and Parkinson's: Investigating

Community Choirs and Therapeutic Outcomes (SPICCATO) feasibility study (Fogg & Talmage, 2011; Fogg-Rogers et al., 2016; Talmage et al., 2013). Matthews chose the term *Voice and Choral Singing Therapy (V-CST)* for his similar approach, but had a strong emphasis on voice measures in his Parkinson's research (Matthews, 2018) and following the completion of the research participants engaged in ongoing practice with a mixed diagnosis choir.

The CST protocol – like the studies discussed above – includes physical, respiratory and vocal warm-ups, and a varied repertoire, including popular music (mainly 1950s-1970s), cultural and traditional songs, showtunes, Christmas music, songs with positive or humorous lyrics, and originally composed lyrics (Talmage et al., 2013). Songs are predominantly sung in unison, but also include rounds, echo songs, and simple harmonisations, with guitar, piano or drum accompaniment. The significant difference between CST and other protocols is the intentional inclusion of participants with different neurological conditions. At the heart of the protocol is the choir leader's ability to provide a successful aesthetic as well as rehabilitative experience by considering and controlling the musical elements, such as pitch range, tempo, metre and rhythmic complexity (Buetow et al., 2014; Matthews et al., 2019; Talmage et al., 2013).

## **Songwriting**

The research question reflected our focus on a potential future RCT of the CST approach and dissemination of findings:

What are the availability and training needs of existing and potential (neurological) choir leaders in New Zealand?

## **Study Design**

### **Methodology and Methods**

Qualitative methodology and semi-structured interviews were selected as the most appropriate means of gathering in-depth knowledge about current and potential choir leaders with an interest in future research. Ethical approval for this study was obtained from the University of Auckland Human Participants Ethics Committee (reference 016891).

The research method selected for this study was in-depth semi-structured interviews, providing opportunities to learn about participants' experiences, values and perspectives. Interviews were considered more helpful than a



survey, because the rapport established between interviewer and interviewee provides opportunities to clarify the meaning of questions and responses, to encourage reflection, and to discuss unexpected information in participants' responses (Galletta, 2013). We aimed to interview participants in person or via Skype in their work, home or chosen environment, where they would feel relaxed for the interview.

Interview research has previously been used successfully in music therapy research in New Zealand. In a study of professional identity, nine music therapists were interviewed about their training and professional experiences (Warren & Rickson, 2016). Rickson's investigation of a music therapy consultation protocol for schools also included preliminary interviews with music therapists and participant interviews in each cycle of the study (Rickson, 2010).

## Participants

The participants were a purposive sample of practitioners interested in leading community and/or therapeutic choirs (Table 1).

**Table 1**

### *Research Participants*

<b>Participants' Professional Identity</b>	<b>Number of Participants</b>
Registered music therapists	13
Speech-language therapists	7
Community musicians	8
Other professionals	4
Person with a neurological diagnosis (singing group founder)	1
Total	33

An administrator emailed a research invitation to people who had a prior connection with the organisation and who met these inclusion criteria, and to the Administrator of Music Therapy New Zealand<sup>1</sup> for circulation to members. Additional participants were identified through snowball sampling, whereby participants suggested other potential interviewees (Atkinson & Flint, 2004).

<sup>1</sup> Music Therapy New Zealand (<https://www.musictherapy.org.nz>) is a membership organisation that advocates for and governs professional music therapy in New Zealand.

All participants received an information sheet and provided prior written consent to participate and for the interview to be audio recorded. Most participants were female. The gender and ethnicity of individual participants has been excluded from this article, because of the likelihood of identification of people in a small professional community.

The study included a total of 24 interviews, involving 33 participants. Most interviews were individual. At the request of participants who worked together, five group interviews were included, each with two to four participants. In-person interviews were held in a variety of settings, including participants' homes, workplaces, and a café; and one person requested to be interviewed at the university. Nine interviews took place via Skype (one pair and eight individuals) and one by telephone; one group interview included both in-person and Skype participants concurrently. Participants represented a wide geographical spread, including rural and urban communities in both the North and South Islands. Three singing groups were observed in conjunction with the interviews. These sessions were not recorded or analysed, but the interviews provided opportunities to ask about leadership style, repertoire and inclusion criteria for group members.

## **Data Collection**

The interviews were conducted, transcribed and analysed by the first author (Alison). The analysis was completed by Alison in consultation with the second author (Suzanne). Funding for the research was provided by the Centre for Brain Research and the Maurice and Phyllis Paykel Trust.

An interview schedule was prepared as a flexible, guiding document for the research. A set of grand tour (main) questions and additional probe (supplementary) questions was prepared, using a funnel design, i.e. beginning with broad, easy questions and narrowing to ask more specific questions (Appendix A, Table A1). The questions were designed to put participants at ease and understand their professional and musical interests (question 1); to determine participants' awareness, knowledge and views about current neurological choirs in New Zealand (questions 2, 3, 4, 5); to reveal participants' interest, availability and training needs if invited to participate in a future multi-site RCT (questions 5b and 6a); to inquire about openness towards implementing and disseminating the findings and practice guidelines of future research (question 6b); and to gather suggestions related to sustainable practice, such as organisational contacts and sources of funding. These questions were broad enough to encourage participants to draw on their own experiences (Galletta, 2013).

The interviewer recognised the need for a flexible approach and willingness to improvise as the interviews unfolded (Vogt et al., 2014). The interviews were conducted in an informal, conversational style that encouraged the interviewee to talk freely, and allowed topics and questions to emerge in a different order or to be omitted if the topics had been covered in previous answers or did not seem applicable. Particular issues were the researcher's familiarity with some but not all participants, and the interviewees' varied depth of knowledge of the researcher's work. However, interviewees were encouraged to ask questions about the research and the choir protocol, both at the start and for clarification during the interview.

## Data Analysis

The interviews were transcribed by the researcher and emailed to interviewees for participant checking (with the exception of participants who declined this opportunity). Both individual and group interviews were transcribed, with speakers clearly identified by code names in the transcript. Some participants responded with requests for the removal of organisation-specific information, or clarified words that were incorrectly transcribed. Thematic coding was also completed by the interviewer-transcriber, although some transcripts were shared and discussed with co-researchers. Ethical issues, including the potential bias of these multiple roles, are discussed below.

**Table 2**

### *Deductive Themes*

Theme	Description
Professional identity and singing experiences	Professional training, practice and approach, and singing experience
Perceptions of choirs	Values, terminology and community perspectives
Benefits of choir participation	Knowledge of research and practice, and own values
Barriers to choir participation	Understanding of the CeleBRation Choir, population and accommodations needed
Do we need neurological choirs?	Awareness of the CeleBRation Choir, other neurological choirs, and the CST protocol
Future research	Interest and training needs as a choir leader in possible future research and dissemination
Sustainable practice	Ideas about community and District Health Board (DHB) provision and funding.

Thematic analysis of the transcripts used deductive coding, a theory-driven approach that is more limited in scope than inductive (open) coding, but may be helpful in answering specific questions (Braun & Clarke, 2006). In this study, the questions were carefully worded in order to answer the question of the availability and skills of choir leaders for a potential RCT, and the future dissemination of practice. The themes for the analysis were selected in advance, based on these questions (Table 2). The coding process was completed using NVivo, software for computer-assisted qualitative data analysis that assists researchers in the systematic coding of large data sets (Gibbs, 2014). As in manual coding, the researcher reads the interview transcripts, highlights and thematically codes sections of text, and produces a list of text extracts related to each theme.

## **Ethical Considerations**

The ethical issues in this study relate to (1) the researcher's familiarity with some participants, (2) the researcher's multiple roles, and (3) matters of confidentiality.

Several interview participants were well known to the interviewer. This is one of the limitations. In such circumstances the authors should address what was done to reduce any potential bias during data collection and analysis. Traditionally, researchers have been cautious about the potential for bias through their pre-conceived ideas and personal, demographic characteristics (Roller & Lavrakas, 2015). However, in qualitative research, the researcher not only gathers information, but actively contributes to the research process, and their subjectivity and reflexivity are regarded as helpful resources (Clarke & Braun, 2018, p. 107).

Prior relationships were acknowledged in the interviews and specific steps contributed to the trustworthiness of the research: voluntary participation with informed consent, member checking of transcripts, supervision of the research by the principal investigator, and circulation of a summary of findings to participants. Publication adds another layer of openness about the purpose, process and findings of the research.

The first author's multiple roles – interviewing, transcribing and thematic analysis – were supervised by the second author. In this study, the interviewer's close familiarity with the interview transcripts was considered helpful in the subsequent analysis, and the use of deductive codes made the analysis more straightforward. The summary of findings was discussed with the lead researcher prior to circulation, and this article has been co-authored, with additional feedback from other experienced researchers.

Anonymity cannot be guaranteed in a small professional community. However, the study design offers participant confidentiality, and withholding geographical locations and demographic details reduces the likelihood that participants will be identified.

## Findings

The thematic analysis focused on seven interrelated themes (Table 2), illustrated with representative quotations from participants. Table 3 shows the abbreviations used for the participants' professions. As described above, the thematic analysis used a process of deductive coding with themes drawn explicitly from questions designed to identify potential RCT choir leaders.

### 1. Professional Identity and Singing Experience

Community singing is a shared field of practice for music therapists, community musicians, some speech-language therapists, and others. Several broad differences emerged between these professionals, although much depends on individual interests and opportunities.

**Table 3**

*Abbreviations for Participants' Professional Identities*

Abbreviation	Profession
CM	Community Musician
RMTh	Registered Music Therapist
SLT	Speech-Language Therapist
OP	Other Participants (including other professionals and one participant / choir founder with a neurological diagnosis)

#### *Music Therapists*

In New Zealand, Registered Music Therapists (RMTh) are qualified professionals who have voluntary registration with the New Zealand Music Therapy Registration Board<sup>2</sup>. As a group, the music therapist participants worked across the lifespan with people with diverse needs, or in research and music therapist training. Some were already leading choirs or groups for people with a neurological condition; others were interested in CST, but lacked time to expand into this field.

<sup>2</sup> <https://www.musictherapy.org.nz/about-mthnz/registration-board>

The innovative and collaborative approach of the New Zealand profession was emphasised. This enthusiasm was reflected in music therapist participants' support for the inclusive model of neurological choirs in New Zealand. Music therapists often received referrals on the basis of a diagnosis, but adopted holistic and increasingly collaborative frameworks:

I think that music therapy as a profession has evolved [...] and it's a lot more collaborative and participatory. [...] It's not that boundaries have lessened. Theoretical underpinnings and principles and values have changed, and therefore the boundaries have shifted with that. (RMTh)

Flexible clinical protocols were preferred, such as principles underpinning exercise and repertoire choice. Some recommended co-facilitation and had reservations about a sole facilitator research protocol.

### ***Speech-Language Therapists***

Speech-language therapists (SLTs) described acquired communication difficulties in detail, and were most likely to use terminology such as “disorders”, “intervention” and “treatment”, but seemed able to bridge medical and social models of disability.

I was thrilled [to be involved with a neurological choir] but I don't think a lot of people would be! [...] There's nothing in my training that says, “Use a music therapy choir to assist people with communication disorders!” (SLT)

### ***Community Musicians***

Community music is a relatively new field in New Zealand, but is developing, particularly through the Song Leaders Network New Zealand (SLNA).<sup>3</sup>

The premise was that it was a choir for anybody who wanted to sing at any time, so there were no rules and no regulations. [...] [My current work] is designed as social singing, or informal group singing, and this is because of the approach and it's not to do with the results. (CM)

### ***Others***

The specific roles of other participants have been withheld because of the increased likelihood of identification. As anticipated, these participants were highly supportive of CST and their colleagues, and offered helpful insights, including reflection on their own experience of singing:

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<sup>3</sup> <http://www.songleaders.org.nz>

I used to be part of the community choir last year. [...] I think what these types of [neurological] singing groups do is that they provide a safer environment for experimentation, so that people can give it a go. (OP)

### ***Singing Experience Across Professions***

Participants in all groups represented a range of singing experience and expertise. Music therapists typically had a long association with singing, whether informal or through studying performance voice. For example:

I have a degree in performance in singing and have always had a keen interest in singing, in groups and kapa haka and choirs. [...] There is always singing and always music in my house, and it was from very early on a way of communicating, even within the family. (RMTh)

However, some reported difficult experiences stemming from negative feedback about their voice, common in the general population:

I couldn't sing in front of people, from anxiety. I just found this too exposing, and one of my main challenges throughout my training actually was to embrace my voice and to move through that, and I discovered how much I liked it. (RMTh)

Speech-language therapist participants encompassed a range of confidence with singing and group facilitation, and most anticipated collaboration with a music therapist or community musician. However, a few speech-language therapists reported singing expertise:

Singing is my life! [...] I really enjoy the physical sensation of singing, but on top of that I also enjoy the social aspects of the choir. (SLT)

Community musicians included both professionally trained musicians and some with informal musical skills who had developed choir leading skills through community participation, a pathway now encouraged by the SLNA:

I'd never sung in a choir till a friend took me along to [Choir] one evening. [...] I made an arrangement for the choir, and they said, "Well, it's your arrangement, so you conduct it!" I'd never stood in front of a choir and waggled my arms, but as soon as you do that in a community choir, you're immediately made an assistant conductor! (CM)

The role of volunteers was highlighted by several participants, and one speech-language therapist noted greater sensitivity to participants' needs from long-term volunteers who had observed therapists and received some training. No one suggested that this work could be led independently by volunteers, although one raised the concept of self-help groups, such as singers with Parkinson's, who could perhaps function independently.

## 2. Perceptions of Choirs

In this article we have chosen to retain the term “choir” rather than “singing group”. One participant emphasised that language evolves, that contemporary choirs encompass diverse genres, and that we could reclaim and expand the meaning of the word “choir” beyond traditional perceptions:

Words change, because of whatever is happening within them.  
[“Choir”] is a simple word. It’s a worldwide word. (RMTh)

As in the SPICCATO study (Fogg-Rogers et al., 2016; Talmage et al., 2013), interviewees expressed a range of views about this term – some were cautious, others supportive:

The common conception of a choir amongst the public was something that’s very rigid, and you have someone that’s very stern out front. [...] So when I opened up [my community choir], it’s all about the joy of singing together. [...] and it’s only just recently that I’ve changed my mindset [...] my choirs being choirs, to them actually being singing communities. (CM)

[Choir] is a perfectly good word, and I don’t think it has negative connotations. I think there are people who have had bad experiences with singing [but] a choir is a well understood word! It does imply for me, I suppose, a certain level of commitment to the task, commitment to the process of learning something. (CM)

Several participants mentioned collaboratively choosing a name empowered participants to decide whether they regarded themselves as choirs and wished to perform or not.

They came up with the name themselves, and they were adamant that they were the [...] Singers, not the [...] Choir! So they were a community singing group, people getting together to sing together, but they didn’t want to perform. They didn’t want to be seen as a choir. (RMTh)

Asking people about their singing interests, rather than naming the choir, was recommended:

I don’t usually start with the word “choir”. I usually start with the question, “Do you like singing? Do you ever sing by yourself?” And then I let them know that there’s a singing group. (SLT)



### 3. Benefits of Choir Participation

Participants' responses echoed international research and everyday contemporary understanding of the psychosocial benefits of community singing and the shared focus on music rather than treatment:

One of the main reasons why they actually turn up every week is because this is their main social time. They get to be with other people that have similar illnesses as them. (RMTh)

Many highlighted physiological benefits, particularly for respiration. Their knowledge about specific methods to support people with communication (voice, speech, language or memory) issues varied between and within professional subgroups.

Music therapists who had not led choirs emphasised a music-centred approach, selection of preferred repertoire, and the assumed value of adapted mainstream choir approaches:

It would have to be songs that interest the choir - there's no point singing classical pieces when all they want to do is sing showtunes. [...] Singing seems to bypass the conscious motor functions and it just happens! [...] Obviously there is a whole lot going on in the brain. (RMTh)

Those experienced in neurological choir work described a more structured approach. While aware of individual needs, they focused on exercises beneficial for everyone:

Our warm-ups are probably a good half-hour – 15 minutes of body warm-up and vocal, and then 15 minutes of singing, musical and connecting that all together. And then when you connect on that level of making beautiful music together, it's amazing! (RMTh)

Speech-language therapists also emphasised song choice, and recognised that song structures offered a more meaningful and enjoyable context for sometimes necessary speech drills:

The repetition that singing provides was a really important thing. I don't know of any other way to repeat, repeatedly practise things. [...] It's just so beneficial to do it with a group and in a fun way. (SLT)

Community musicians and other professionals emphasised the musical and psychosocial benefits of community singing, but commented little on specific communication outcomes or overcoming real reluctance to voice, unless they had prior connections in a rehabilitation setting:

One particular client, I've assisted him with a presentation to Rotary, and they could see that he was struggling [...] and they said, "Can you really sing?" And he just burst into "Pōkarekare ana" and he had the whole room singing. (OP)

#### **4. Barriers to Choir Participation**

In addition to singing confidence, interviewees conveyed a general understanding of the barriers to participation in either community or neurological choirs. Their knowledge of barriers to participation included awareness singing confidence, communication difficulties, social inclusion, transport issues, accessible venues, timing, and fatigue.

Some community musicians and music therapists said that they chose not to focus overtly on the specific communication challenges for this population. They focused on the psychosocial benefits of community group participation, emphasising either the value of distraction from dwelling on communication difficulties, or anticipating improvement through a general singing programme:

You'd also hope that you'd have more than [a focus on communication needs] – that people actually would enjoy the music they're singing and enjoy each other's company. And it gives them a focus for the week and they like the fact that they're actually engaged in something, and maybe they forget about [their difficulties]. (CM)

#### **5. Do we Need Specialist Choirs for this Population?**

The concept of choir for this population was welcomed by the music therapist and speech-language therapist participants. One well established music therapist, who had witnessed the development of music therapy in New Zealand over several decades, commented on the significance of this new model of practice for New Zealand, as well as the importance of collaboration and communication in establishing this new initiative.

Speech-language therapists placed greater emphasis than many music therapists on specific communication challenges for people with neurological conditions, but also valued social participation and professional collaboration:

I've stolen tricks from music therapists! Yes, and I've felt much more confident about singing song[s] and music in my work, because [...] there are protocols for using music and singing in speech therapy, but we didn't ever spend much time on them, and a lot of people don't use

them widely, so it's hard to learn about them. [...] [The music therapist] would say that she has [learned from me too]. (SLT)

Community musicians varied in their views about specialist choirs, and fell into three groups. Some supported (and in some cases were leading) specialist therapeutic choirs, while some focused on musical and social engagement through community singing, without attending overtly to individual difficulties. Most advocated a “natural voice” rather than vocal technique. One believed that explicitly teaching vocal technique to all would enable an expert choir leader to include diverse participants. They also highlighted the challenge of observing a choir conductor teaching incorrect (and potentially damaging) technique, but feeling that they could not challenge this in the moment without diminishing the status of the conductor:

I don't think there's a need for specialist groups – I think there's a need for specialist choir takers. There's been so many times when I've wanted to go up and say to the choir, to the person taking the choir, “That's wrong!” Now if they were standing there jumping on a violin, I could go and stop them, but instead they're jumping on everybody's voices. And I couldn't do that because it would actually take their kudos down with the people that they're taking. (CM)

As discussed in theme 1, a range of singing experience, training, knowledge and confidence was described across all professional groups.

## **6. Research**

Most participants supported the importance of research, and several expressed interest in participating in future multi-site choir research. However, some music therapists highlighted perceived tensions between flexible professional practice and restrictive research protocols or best practice models. Their concerns focused on the issues of collaborative research design and the relationship between research and practice.

### ***Collaborative Research Design***

Most participants valued the initiative of university researchers in studying CST. However, views were also expressed advocating local involvement in research design and clinical approach, rather than these being decided by the university researchers. For example, one music therapist asked:

What is in fact the clear purpose of this research project? What are the long-term objectives of this research [...] and what is actually meant by the “roll-out” term that is used? [...] My concern is, from what I'm

hearing you say, is: has the autonomy of the people that are in [other places] been considered? (RMTh)

One interviewee stressed the importance of designing research meaningful to the community and partnering with local people:

[Partnering with local people or organisations] – I think it might be an idea. [...] I do know that people have struggled, breaking into any kind of jobs [here]. I don't know whether research would have as much of an impact, but we'll find out maybe! (RMTh)

### ***Relationship between Research and Practice***

The interviews uncovered interesting views about the relationship between research and practice, and assumptions about professional autonomy:

If there's research that's NZ evidence-based, this is going to benefit, in theory and hopefully the work that other people are doing, because you've got work to back it up. (RMTh)

Most participants expected that a facilitator in a research study would be provided with training in the choir protocol. Some practitioners emphasised strategies that they would expect a research protocol to allow, such as co-facilitation, enriching the singing programme by incorporating other music therapy methods, and flexible programme content.

I remember turning up one day, and this man had photocopied 25 copies of [the song] *76 Trombones!* And I said, "Oh, you wanna do that one? OK, let's do it!" [...] I think music therapists are more likely to tailor the songs to the group. (RMTh)

While choir leaders were aware of research findings, they expected to adapt the protocol within their own practice. In some cases this represented exaggeration of preliminary research findings, such as an assumption of equivalent outcomes from choir and speech-language therapy. Some also mentioned the role of volunteers within existing music therapy groups and choirs, including providing accompaniment and/or singing in the group.

## **7. Sustainable Practice**

Funding for existing groups was provided by participant fees, grants, fundraising, and sometimes donations in kind, such as refreshments and free venues. Some participants acknowledged the financial stress experienced by people living with a disability and hoped that free services could be provided.

Very few practitioners received District Health Board (DHB) funding or had realistic expectations that this would change in the near future, due to financial pressures on health services, even if there were further research evidence. However, one speech-language therapist received significant DHB support:

Professor [Name] came up and was really complimentary. And he said to me [...] “The more I hear about this, the more I like it! The more I hear, the more I like!” So if you’ve got that type of people behind you, then it – it makes life a lot easier! (SLT)

This offers hope, but community and private funding appear more likely in the foreseeable future.

## Discussion

The interview data demonstrated interprofessional support for community singing from interviewees, who reported a range of singing experience and reflections about choir terminology and practices. Differences in the interviewees’ professional training and experience underline the importance of facilitator training in agreed research protocols. Current approaches shared many common features: physical (sometimes specifically oromotor), respiratory, vocal and sometimes speech exercises; song repertoire that was responsive to participant preferences, but sometimes fixed, sometimes flexible; and usually a social time with refreshments.

Music therapists and speech-language therapist interviewees all supported the concept of neurological choirs and CST, and recognised the challenges that community choir participation posed for people with more severe or specific communication needs and goals. The participants most interested in choir leader roles in future research were, not unexpectedly, music therapists. Music therapists valued professional autonomy and emphasised flexible, client-centred programmes rather than a manualised approach. Their assumption that client outcomes would match those in published research, without adhering strictly to the same protocols, would need to be tested. Music therapists varied in their knowledge of specific neurological conditions, depending on their chosen areas of specialisation, but felt that they could adapt to this work. This knowledge gap was compounded by a reported lack of access to recent research and lack of awareness of open access journals.

The preference of several music therapists for flexible, multi-component approaches might challenge the importance of protocol fidelity in an RCT, which depends on consistent methodology, methods and facilitator training

(Baker et al., 2019; Coulton et al., 2015; Erkkilä et al., 2019; Gold et al., 2019; Janus et al., 2021; Tamplin et al., 2019; van Bruggen-Rufi et al., 2016; Wiens & Gordon, 2018). Several interviewees expressed the expectation that future research would investigate current approaches (such as co-facilitation, multi-component protocols, and in the moment repertoire choices) rather than require a strict choir programme. Rickson faced a similar challenge when designing research into music therapy for children who have autism spectrum conditions, and designed a research protocol in which ten “usual practice” case studies were evaluated by people familiar to each child and a team of outside expert evaluators (Rickson, 2020). Choir research could adopt a similar approach, with common core elements, such as guidelines for selecting warm-ups, exercises and repertoire, and suggestions for song-leading approaches, accompaniment and group management, while allowing some flexibility in content. Alternatively, case-study research could focus on outcomes and experiences of new choir participants joining existing groups, rather than recruitment to new research choirs.

Speech-language therapist interviewees reported that few of their colleagues possessed sufficient confidence to facilitate singing groups independently, although a multi-facilitator research protocol could provide the required training. They identified communication-specific skills and knowledge from their own training, and one music therapist interviewed expressed a strong preference for an integrated music therapy / speech-language therapy approach.

Community musicians described clear rationales and approaches to their work, but a range of positive and critical views about traditional choirs. Some emphasised a “natural voice” philosophy, while some advocated vocal coaching. All asserted an interrelationship between musical participation, psychosocial wellbeing, and community. Community musicians varied in their attitudes to CST and their interest in directly addressing participants’ communication goals. Some were open to the suggestion of individual singers in their groups opting into a research study, with a researcher assessing outcomes.

Some participants advocated volunteer-led or potential self-help groups. Volunteer-led music groups have previously been proposed for New Zealanders living with dementia (Jones, 2016), and trained facilitators (whose professional experiences are not publicised) facilitate Singing for the Brain in the UK (Osman et al., 2016) and Sing To Beat Parkinson’s (Irons et al., 2021). Further research is needed to gauge the acceptability to

participants, volunteers, and service providers, and the efficacy of these approaches in New Zealand.

These interviews suggested that many potential choir leaders in multi-site, multi-facilitator research would expect to be involved in the development of a research protocol. Preferences for co-facilitation or multi-component approaches (where singing is not the only activity) would need to be consistent in the study, or included as a study variable, and might make it difficult to evaluate the role of singing. Dingle et al. (2019) have recommended that researchers also consider community and cultural approaches to singing that incorporate elements such as movement. Research design would need to take account of these additional variables. This tension between treatment fidelity and ecological issues also raises questions about whether the gains reported in RCTs would be replicated beyond the research setting.

### **Limitations of the Study**

The methods and findings of this study relate specifically to the purpose of potential choir leader recruitment for future outcomes research, and may not be generalisable to other research settings or to communities beyond New Zealand. Participants were a purposive sample of practitioners already aware of this field of practice and research in New Zealand. Potential bias arises from existing relationships between the researchers and participants; however, the range of views expressed suggests that responses were genuine and not influenced by the interviewer. Wider advertising might have increased the sample size and identified other potential choir leaders unknown to the researchers, particularly as the participants included little cultural diversity and only one New Zealand Māori. However, the scale of the study was limited by the available funding, and the range and responses of the participants are valuable in identifying the next steps in our research.

A further potential limitation was the mix of individual and group interviews. We recognise that group interviews enabled discussion and agreement/disagreement among participants, which was not possible in individual interviews. However, the choice of individual or group interview was a pragmatic decision based on existing collaborative practice and participant preference. The only problem we observed was the greater challenge for one interviewee participating remotely (by Skype, with an unreliable connection) in a group interview, who found it more difficult to follow and contribute to parts of the conversation. It might have been possible

to arrange group interviews for other participants, but one participant specifically asked for an individual interview.

## **Conclusions and Recommendations**

This study set out to gauge the availability and training needs of choir leaders for a proposed RCT of our CST protocol. Based on the findings of this study, we recommend more detailed documentation of the current choir protocols, and feedback from practitioners and current choir members before developing a RCT of CST for mixed diagnosis neurological choirs. These will need to be revised further, on the basis of research findings. Consideration needs to be given to how a manualised protocol can also allow for flexibility, such as improvisation or song choice.

All facilitators will require training in the agreed research protocol, to ensure consistent approaches. Facilitators are likely to raise different questions and issues on the basis of their prior training and experience as music therapists, speech-language therapists, community musicians, or other allied professionals. This might include co-facilitation strategies, if used, and clarification of volunteer roles. Data analysis should also consider facilitator variables.

Future research should include comparison of participant experiences and outcomes in (i) diagnosis-specific, (ii) mixed neurological, and (iii) inclusive community choirs/groups, in order to compare New Zealand and international approaches.

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## APPENDIX A: Interview Schedule

**Table A1**

*Interview Questions*

Grand Tour Topics / Questions	Probes for each Grand Tour Question
1. Icebreaker questions: (a) Would you (each) tell us a little about yourself and your work, please? (b) What do you know about the CeleBRation Choir or similar groups?	What experience and training do you have as a singer and/or choir leader? What are you doing currently? What do you enjoy about this work? Why is singing/music important to you personally? Where or how have you heard about this? What is your interest in being interviewed for this research?
2. Perceptions of choirs: (a) When we talk about a choir, what ideas or expectations do you have? (b) What are your thoughts about inclusive community choirs?	How would you describe your choir members? What prior experience do you expect singers to have? Do you sing from memory, music, lyrics sheets...? What kind of repertoire do you choose? What kind of performances do your choir give?
3. Benefits of being in a choir: (a) What are the good things for people about being in a choir? (b) In what ways can being a member of a choir be good for people's health? Why?	What would you expect to get out of being in a choir? What could be the benefits to others of being in a choir? Could singing in a choir be good for your brain? Could singing in a choir be good for people with certain health conditions? Which types of health conditions? What benefits, if any, might there be in a choir for people with a range of health conditions, if any? (e.g. stroke, Parkinson's)



Grand Tour Topics / Questions	Probes for each Grand Tour Question
<p>4. Barriers to being in a choir:</p> <p>(a) What might make it hard for someone to be in a choir?</p> <p>(b) What do you know about the needs or difficulties for people with neurological conditions?</p> <p>(c) What modifications might you make to accommodate people with different needs?</p>	<p>Could having a health condition affect being in a choir?</p> <p>What problems might people have with their voice or their body or their health that might stop them from singing in a choir?</p> <p>What problems, if any, might there be in a choir for people with a range of health conditions? (e.g. stroke and Parkinson's)</p> <p>Would the time of day or venue make it difficult for anyone to sing in a/your choir?</p> <p>Have these modifications helped people to join and remain in your choir? Do they experience the same level of participation as other choir members? Why/why not?</p>
<p>5. CeleBRation Choir:</p> <p>Refer back to their response to 1(b) and explain the aims of the CeleBRation Choir: supporting people with neurological conditions, such as stroke or Parkinson's, using singing to help with their voice, speech or language.</p> <p>(a) What do you think of this choir?</p> <p>(b) Are you interested in leading this kind of choir?</p>	<p>Do you think there is a need for this kind of choir?</p> <p>Why might some people choose to join this kind of choir rather than a community choir?</p> <p>Do you feel you have enough knowledge and experience to work with people with neurological conditions? What support might you need?</p> <p>What support could you offer to other leaders of therapeutic choirs?</p>
<p>6. Choirs network and future research</p> <p>The Centre for Brain Research is establishing a network of current and potential choir leaders, and perhaps in future including new neurological choirs in research trials?</p> <p>(a) If we recruit choirs and choir leaders for future research, would you be interested in participating?</p> <p>(b) Are you interested in working with choirs to implement the recommendations of the CBR's research?</p> <p>(c) Do you have any thoughts about how singing could become an integral part of publicly funded "usual care" for people with neurological conditions?</p>	<p>How could you see yourself being involved?</p> <p>What training might you need?</p> <p>How would you prefer to be updated about research outcomes and recommendations for professional practice? E.g. reading publications, attending workshops...?</p> <p>Do you have links with your DHB (District Health Board)?</p>

## **Musicking Together: Collaborating with Local Musicians and Music Therapists**

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### **Introduction**

Kia ora koutou.  
Nō Wīwī nō Morocco au.  
Ko Amazigh te iwi nō Morocco.  
Ko Sophie Leila Sabri tōku ingoa.

Following my pepeha<sup>1</sup> (above), I would also like to start with a call and response song, which we always sing at the beginning of Musicking Together:

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<sup>1</sup> This translation of my pepeha (personal introduction) in te reo Māori is provided for international readers: Hello everyone. I am from France, from Morocco. My people are the Amazigh of Morocco. Sophie Leila Sabri is my name.

Welcome, welcome to the music circle  
Welcome, welcome everyone,  
I'm so glad you're here today,  
Let the music take control,  
Let's play.

I have been working as a Wellington-based music therapist since 2019. I work three days a week for Evoro,<sup>2</sup> New Zealand's oldest organisation supporting adults with learning disabilities. (They are very happy to be named in this article.) I also run a private practice, Musicwell Therapy Service,<sup>3</sup> operating from Evoro in the evenings. Musicking Together is a community music therapy group that I facilitate in collaboration with local musicians and music therapists.

I created a short, lively promotional video to gain visibility for the group via social media (Sabri, 2021d; QR code, right).



Video description: A very short video advertisement with a lively musical backing track. The video includes photographs of people making music, and the following captions:

- Are you ready...
- For something new?
- Check out Musicking Together
- Musicking Together: Community Music Circle
- Musicwell: Musicking for health and wellbeing - [www.musicwelltherapy.com](http://www.musicwelltherapy.com)
- Musicking Together is a free event

## Context

Musicking Together is a community music therapy group that started as a one-off event for Music Therapy Week in 2019. It was held in the evening and was open to the public. Participants included Evoro members and some of their flatmates, Evoro staff members, and my personal friends.

This event was an occasion to spread awareness of music therapy, but mostly to gather people from different backgrounds to play music together and to build connections. The evening consisted of a discussion about the concept of musicking, followed by a set of activities – rhythmic games to

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<sup>2</sup> <https://www.evoro.nz>

<sup>3</sup> <https://www.musicwelltherapy.com>

encourage interactions between people, flamenco *palmas*,<sup>4</sup> and musical improvisations. The feedback was very positive, and I was asked to run similar events on a regular basis.

## **The Musicking Together Approach**

### **Concept of Musicking**

Christopher Small, a New Zealand born musician, initiated the concept of musicking. He wanted to give the word *music* a more active definition and to use it as a verb:

To music is to take part, in any capacity, in a musical performance, whether by performing, by listening, by rehearsing or practicing, by providing material for performance (what is called composing), or by dancing [...] It takes place actively or passively. (Small, 1998, p.9)

For me the concept of a *music circle* means that as long as we are in the space, we are *musicking*. We can dance, sing, play instruments, or simply listen. Even planning to attend the event means that people are already musicking.

### **Concept of Togetherness**

The choice of the group name *Musicking Together* also includes the concept of togetherness:

The act of musicking establishes in the place where it is happening a set of relationships, and it is in those relationships that the meaning of the act lies. (Small, 1998, p.13)

We set up a circle to see, hear and sense each other, and to share this experience in time and space. Togetherness is the moment when each individual can realise the importance of their unique contribution to the group and be interconnected with others' contributions at the same time. From togetherness emerges a sense of community. Belonging to a community is

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<sup>4</sup> Palmas: a hand clapping style in Flamenco music. For an example, see this 2021 Music Therapy Week video by Alvaro Salva Mortero RMTh: <https://www.youtube.com/watch?v=WDf0R-09sK0>



an experience that stays with us beyond the music space and into our daily lives.

Collaborative musicking satisfies the “basic needs of being included, participating and belonging” (Ansdell, 2014, p.194). These essential needs are often not met for people with disabilities. The choice of words for Musicking Together reflect the visions and therapeutic goals I had for this group: social connection, inclusion, and self-expression (Figure 1). Musicking Together developed into a collaborative monthly session, led by myself as the facilitator/coordinator. The group was held in the evening, to be accessible for people who were working.

**Figure 1**

*My Vision for Musicking Together*

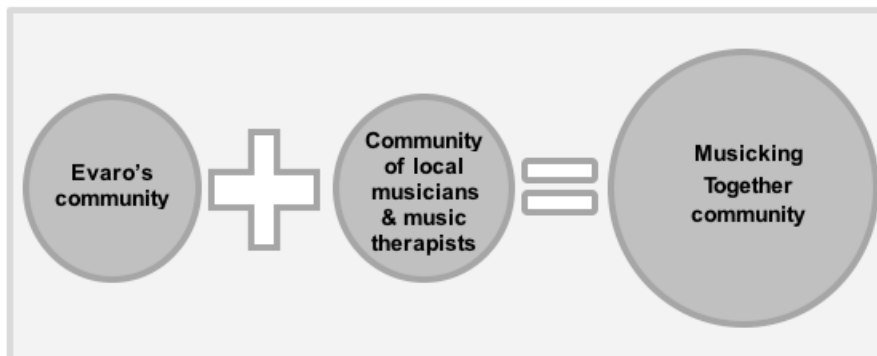


Image description: Two individual circles with text followed by a larger circle. The circles read: Evaro's community + Community of local musicians & music therapists = Musicking Together community.

### **Musicking Together: Evolution on Zoom**

Musicking Together was held online via Zoom, and the frequency increased to weekly sessions. My goal was to continue providing social connectedness for Evaro members.

Some of my friends joined the online group, but the appeal was less than in previous live sessions. I decided to invite two other music therapists, Cici Kong and Ruby Solly, to collaborate with me, so that they could invite people they worked with and expand our web of connections. From this experience, we co-authored a section of a collaborative article about music therapists'

responses to the pandemic (Sabri, Solly, & Kong, 2020). We discussed the blending of our special and unique skills, knowledge, background, and cultures.

My vision for Musicking Together grew from this. I wanted to develop a more collaborative practice, reaching more people and building more connections. I envisioned collaborating with local musicians and music therapists to increase social connections with different communities of people. The goal was to combine Evaro's community and the collaborators' communities into one community of people, Musicking Together (Figure 1).

## **Vision and Funding**

Having a well-defined vision and therapeutic goals in mind, we submitted a funding application with Evaro to the Wellington City Council Creative Communities Scheme. We were granted funds to run the project monthly for a year. The goals of Musicking Together were:

1. To increase community participation for individuals with disabilities and their ability to be actively involved in the arts;
2. To provide a safe space for people in the Wellington region to express themselves musically, whatever their background and musical skills;
3. To connect people from various backgrounds together through music making; and
4. To provide a space of learning for music therapy students.

## **The Musicking Together Programme**

### **Community Collaboration**

The first decision was who my collaborators would be for each session. I contacted our Music Therapy New Zealand Wellington regional group and current music therapy students at the New Zealand School of Music. I also called on my personal connections and sent direct invitations to local music therapists and musician friends. Personal contact was a more effective strategy to gather interest, as only one student responded.

Many of my friends are from different cultures, so we based the musicking on their unique skills. The programme included Brazilian capoeira rhythms, Chinese music and dance, West African drumming, rap improvisation, taonga puoro and waiata, singing and movement, African drumming and

singing, music making with found sound, as well as a collaboration with a dance movement therapy student and another with Wellington Batucada (a traditional Brazilian samba percussion group).

### **Single Session Framework**

I set up the collaboration with each musician for a single session. Most of the work was done before the sessions and consisted of:

- Explaining the kaupapa of the project so we could share the same vision;
- Exploring our individual skills, to complement each other; and
- Co-planning the session, with greater or less flexibility, depending on each collaborator's style.

I knew all of my collaborators relatively well and had played music with them before so it was easy to identify our complementary skills. With some collaborators, especially music therapists, we had a well-defined plan with a list of five to seven activities. In contrast, with one of the artists we played music together at my house, to develop our own musical connection, and our session consisted of improvised musicking with the group.

Session facilitation was mostly managed by my collaborators. I supported the framing, fluidity, and people's comfort in the space. As the coordinator, I also often added spontaneous instructions or guidance during the music-making, building on the energy of the moment. For example, there were times when I used a participant's musical contribution to extend the activity we had planned. We adjusted our playing to the new rhythm offered by the participant. My music therapy skills also assisted me to value moments of self-expression in our rap improvisation session. For example, I used words expressed by the group to improvise a melodic chorus we could then sing together.

Although the sessions were varied, consistency was also important. We had a routine of the same day, time, and place: on the last Monday of the month, 6 to 7pm, at Evaro. I made a poster showing all the dates planned for the year. Regularity provided a routine, and Evaro members looked forward to each session. Each month we used the same call and response song (above), which I composed for the group.

I found that rhythm was a medium for uniting the collective, so rhythm was often our meeting point, no matter what the cultural influence of the music

was. As long as we had a rhythm to connect with, any other musical input – such as vocals or other instruments – could be added. We were musicking together, thanks to a collective beat.

## **A Glance into the Circle**

Examples of Musicking Together sessions with different collaborating artists are illustrated through the following examples, video links, and photographs (Figures 2a and 2b).

### **Musicking Together with Michael Person and Tim Worth**

Michael and Tim are local *capoeiristas*<sup>5</sup> who I have seen play many times. They brought more capoeiristas to their Musicking Together session. We had three berimbau (capoeira instruments) that we could share around to play. We learned songs and simple djembe rhythms to accompany a capoeira play at the end of our session.

This short, but musically rich video illustrates how rhythm created a sense of unity in this group (Sabri, 2021b; QR code, right).



### **Musicking Together with Sam Manzanza**

Sam is a local community musician and friend. He has been playing music around the country with his band Afrobeat band for decades. The focus of the session was to share about Sam's cultural background as he is originally from The Democratic Republic of the Congo and to use rhythm to connect us all together. Sam Manzanza offered call and response songs to the group, as well as his own compositions.

This short video shows one of the call and response songs we played (Sabri, 2021c; QR code, right).



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<sup>5</sup> Capoeirista: a practitioner of capoeira, a Brazilian martial art, incorporating elements of music, dance and acrobatics.



**Figure 2a**

*Photographs of Music Together Sessions (2019-2021)*

(Note: image descriptions on the next page)



**Figure 2b**

*Photographs of Music Together Sessions (2019-2021)*



Image descriptions:

1. Participants Michael, Adrian, Diego, Tim, Dani, Sophie (author) and Reg: a moment of togetherness as we improvise on drums, accompanied by guitar; everyone is smiling and some are raising their arms.
2. First Music Together session, Music Therapy Week, September 2019: a large circle of people, seated, with drums and percussion.
3. Musicking Together during lockdown: Evaro members, their flatmates, Evaro staff members, and my personal friends (April 2020) – a Zoom gallery view.
4. Capoeristas, Michael Person (left) and Tim Worth, playing the berimbau and djembe (November 2020).
5. Angela and Materoa playing the berimbau (a musical bow used in capoeira) and shaker (November 2020).
6. Local musician, Sam Manzana, with Bryce and his family, all smiling and sitting with drums or percussion (May 2021)
7. Local musician, Te Kahureremoa Taumata, with her taonga puoro (a variety of Māori instruments) (June 2021).
8. Music therapist, Yutong Gao, playing the guqin, a long, wooden, Chinese instrument with strings that are plucked (January 2021).

## **Other Collaborators**

Other collaborators were local musicians and music therapists who shared a variety of musical styles depending on their unique skills and cultures. Examples of these and other collaborations are shown in the photographs in Figures 2a and 2b. For example, Yutong Gao, a Registered Music Therapist, shared songs and moves to a traditional Chinese dance. Anna Sedcole, another Registered Music Therapist, offered new songs combined with movement. With Te Kahureremoa Taumata, a local musician, we spent the evening improvising music and making up a musical story with taonga puoro. Xavier Quillambaqui, a local musician, shared famous tunes from South America. We learnt West African drumming with Simon Elwell. We made up rap about the upcoming holidays with Mumu, a local artist, and created music with found objects with music therapy student, Liz Langham.

## **Evaluation**

### **Benefits**

After each Musicking Together session, I reflected on the benefits of the group for the attendees and made the following observations:

1. The group was a space for making connections with loved ones, including whānau, partners and friends;
2. Musicking Together sessions were free and inclusive, so members of the public occasionally attended too;
3. We explored music from different cultures, and I did not anticipate the shape of our music-making;
4. In addition to family connections, Musicking Together also provided a social opportunity to meet new people; and
5. Finally, Musicking Together developed more musical resources that we could use again at Evaro, and some attendees later asked to sing, drum, or play again the music we had learned in the group.

In summary, Musicking Together achieved its principal goal of connecting people from various backgrounds, through accessible music-making.

## Challenges

During the year, I had to accept that my vision did not happen exactly as I had imagined, despite having secured funding. I had imagined that it would be easy to find people interested in collaborating, that more people would attend, that music therapy students would be grasping this learning opportunity; and had I imagined that my message about the kaupapa of the project was clear. However, looking for collaborators required an active search. Only one person answered my initial call, so finding collaborators only relied on individual invitations.

I unexpectedly ended up working alongside friends. In a way, I enjoyed being able to share more about my work and for my friends to meet Evaro members for a night of musicking. At the same time, looking for collaborators took more mental space than expected, and mixing the personal with the professional could have been tricky. Because Musicking Together was about community building, I felt fine with including some personal connections as this was done in a professional manner. I believe this was an opportunity for my friends to engage with adults with learning disabilities which they may not have had otherwise. One collaborator commented that what they liked the most about facilitating Musicking Together was “seeing how unique everyone was in the group”. Another said it was “being able to see the smiles and joys of the attendees” and someone else said they liked “how chill and nice the vibe was”.

The funding required a minimum of 15 people attending the monthly group. However, we had an average attendance of 12. About four Evaro members stopped attending, due to transportation difficulties or the timing of the group. Also, changes in COVID-19 alert levels affected attendance numbers. Many Evaro members have compromised immune systems, and we understood the risks of singing in spreading COVID-19. I advertised the group on social media and on an event promotion website. The promotion of the group was not as effective as I had imagined it would be. Four people attended the group thanks to seeing these advertisements. In total, 60 different people attended Musicking Together during the year.

One goal was for collaborators to bring people from their own webs of connections to the music circle, so that we could broaden our social connections and ideally build a new community of people here for musicking. Unfortunately, few collaborators did so. In future, I think I would let the community evolve naturally, rather than having specific expectations.

## **Survey of Evaro Participants**

In July 2021, I sent a survey invitation and collected responses from seven participants from Evaro. All responded that they attend Musicking Together with family or friends. Five people responded that they had met new people, and two said that they might have done so. Six said that they would like to continue the group, and one responded “maybe”.

The participants’ comments showed similarities with my own observations of the group. For example:

“It’s fun, I like to be part of the music and doing music with my friends and family.”

“The warm welcome and ability for everyone to be included.”

“When we are in a circle, I like that. Playing the bongos. Watching other people playing. It’s good fun.”

“I like the different instruments from other countries and I love the music with other nice people.”

“It could be improved if it had to be. Trying to get more people to come.”

“More music from around the world and I like the different instruments and the people who go are nice and friendly and it makes me happy.”

## **Survey of Collaborating Musicians**

I received survey responses from five collaborators. Three said that they would like to co-facilitate Musicking Together again, and two answered that they might like to. Three different ideas were suggested to make it easier to facilitate the group: having one more person supporting the group; using a microphone for some songs; and clear planning and objectives set out beforehand (partly the responsibility of the guest musician).

These collaborators perceived many benefits of Musicking Together:

“During the whole session we saw smiles, heard people clapping even dancing. We need more of it in our daily life.”

“Enjoy making music without any rules.”

“Exposure to all kind of music and people from different backgrounds.”

“Experiencing Te Ao Puoro.”

“I thought it would be interesting for them to see different styles of music and join a group of experienced musicians to show how much fun can be had with music.”

## Personal Reflection

I reflected on the experience of leading this programme and considered whether the goals had been met (Table 1).

Overall, the goals of Musicking Together were met, and the feedback I received from both participants and collaborators suggested the need for the programme to continue. I continue to believe that Musicking Together is potentially a relevant learning space for music therapy students, although we have not yet achieved this.

**Table 1**

*Reflections on the Goals of Musicking Together*

Goals	Achieved?	Comments
Arts participation for people with disabilities	Yes	Most participants in the group were adults with learning disabilities. There were mostly Evaro members but also new people from the public attended the group.
Safe space for expression	Yes	It has been a safe space for adults with learning disabilities to express themselves musically. People from the wider community have attended the group occasionally.
Social connections	Yes (but not to the extent envisioned)	The social connection was more about Evaro members connecting with friends and family, rather than reaching the broader local community. Each collaborator came with their community of people to connect with Evaro members.
Learning space for music therapy students	No	No, except for one music therapy student who responded to my direct invitation.

## Conclusion

Musicking Together started as a one-off event, which took off thanks to people's interest in the group. The initial goals were to facilitate social connections, inclusion and self-expression. Additional goals were to be a space of learning for music therapy students. Musicking Together became a collaborative project during the 2020 lockdown and funding was then secured to host local musicians or music therapists each month.

At the end of the one-year funded programme, the participant survey responses revealed that some of the goals had been met. People made connections with whānau and friends and met new people. The biggest challenge was to spread awareness of the group to members of the public, to meet the funders' expectations of group size. Improved programme promotion will build on our initial success in reaching 60 different attendees.

Our next session was planned for Music Therapy Week, scheduled for September 2021 but postponed to November, due to another pandemic lockdown. In collaboration with a founding member of the Wellington Batucada, I invited all music therapists in the Wellington region to music together to celebrate Music Therapy Week. It was our first gathering back after a lockdown, and we had a total of 25 attendees, including two facilitators and four online participants via Zoom. One music therapy student currently on placement at Evaro attended the event.

I feel proud to have been able to initiate and implement this project, starting from a simple vision of making music accessible to anyone, through shaping the core values and programme design, securing funding, collaborating with talented and kind-hearted people, to writing and presenting about the programme. Our goals of connection, inclusion and self-expression are needed more than ever while we continue to cope with the pandemic.

My thoughts for the future are:

- To improve the promotion of the group so it reaches more people; and
- To preserve the relationship established with local musicians and music therapists – for example, I would like to invite all collaborators to co-facilitate the group again next year.

## Acknowledgements

I would like to thank all the talented and kind-hearted musicians and music therapists who have collaborated or planned a collaboration with me for Musicking Together. Thanks to Ruby Solly, Cici Kong, Michael Person, Tim Worth, Will Moore (Mumu), Yutong Gao, Xavier Quilambaqui, Simon Elwell, Anna Sedcole, Sam Manzanza, Te Kahureremoa Taumata, Liz Langham, Jenny Bloomfield, and Darryn Sigley.

Thank you, Evaro, for your constant support and for trusting my work. I am very grateful to all Evaro members for helping me prepare for this Symposium during our mock presentation at Evaro. Thank you for the feedback you gave me and your immense love and support of music therapy.

I am very grateful to the Wellington City Council to provide funding for Musicking Together under the Creative Communities Scheme. You have brought us a lot of joy, made us gain new social connections and enabled musical expression for a wide range of people thanks to your funding.

Many thanks to the Symposium organisers, Council, and attendees.

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## **Collaborating with the World Federation of Music Therapy**

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### **Review**

This Community Voices article received an open review

## **Introduction**

This paper is based on the presentation I offered, on behalf of the World Federation of Music Therapy (WFMT)<sup>1</sup>, to the Music Therapy New Zealand Symposium (Rickson, 2021). I wish to begin by declaring that a significant portion of the information given at the presentation, and in this paper, comes directly from the WFMT website. As Australia New Zealand Regional Liaison,

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<sup>1</sup> <https://www.info>

I have the permission of the WFMT Council<sup>2</sup> to highlight aspects of WFMT's work in this way.

## **Purpose**

The World Federation is a non-profit corporation organized under the laws of the state of North Carolina, USA. It was initially established in Genoa, Italy in 1985, by a group of therapists who had a vision for the global promotion of music therapy. Among the founding members were Rolando Benenzon (Argentina), Giovanna Mutti (Italy), Jacques Jost (France)/ Barbara Hesser (USA), Amelia Oldfield (UK), Ruth Bright (Australia), Heinrich Otto Moll (Germany), Rafael Colon (Puerto Rico), Clementina Nastari (Brazil), and Tadeusz Natanson (Poland).

The WFMT Council is made up of a team of Officers, which includes the President, Past President, Secretary/Treasurer, and Executive Assistant, as well as Commissioners, Regional Liaisons, and the Assembly of Student Delegates. The Commissioners have expertise in the field of the commission they lead. These are Clinical Practice, Education and Certification,<sup>3</sup> Global Crises Intervention,<sup>4</sup> Publications, Public Relations, Research and Ethics, and World Congress organisation. Each Commissioner recruits further experts to support their work, and it is exciting that New Zealand Registered Music Therapists Penny Warren and Devin Brooks are currently members of the Education and Certification and Global Crises Intervention Commissions respectively. The role of Regional Liaisons is to inform WFMT members about the latest developments in each of the Africa, Australia/New Zealand, Eastern Mediterranean, Europe, Latin America and Caribbean, North America, Southeast Asia, and Western Pacific regions. For example, as Australia New Zealand Liaison, I have maintained connections with national bodies (reporting to and from WFMT, Australian Music Therapy Association, and Music Therapy New Zealand); completed quarterly blogs for the WFMT website reporting on activities in our regions (Rickson, 2021); and provided an annual report.

In promoting music therapy throughout the world, the WFMT has several primary purposes. Firstly, it acts as the international umbrella organisation for the profession of music therapy to promote the exchange of information about global music therapy. Important functions include the stimulation of international collaborations among WFMT members and other related

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<sup>2</sup> <http://wfmt.info/leadership-2020-2023>

<sup>3</sup> <http://wfmt.info/commission-education-certification-2020-2023>

<sup>4</sup> <http://wfmt.info/commission-global-crises-intervention-2020-2023>

professional groups to promote and advise on the international education and training of music therapists; clinical practice standards in music therapy; and the integration of research and ethics into the practice of music therapy. The work involves sharing information on accreditation and licensing procedures with members; and supporting international research collaborations. Another core function, one that WFMT is perhaps most well-known for, is the coordination and promotion of the World Congress of Music Therapy<sup>5</sup> every three years. I'll come back to this, and some of the other key functions – including the publication of the international music therapy journal, *Music Therapy Today*.

While the WFMT website currently suggests that the World Federation also aims to establish equivalency standards for a global music therapy certification, Council has agreed that this is not a viable goal, given the wide range of sociocultural contexts that music therapists live and work in. Council members have begun the process of removing this goal from the constitution and have introduced new initiatives such as the Diversity Equity and Inclusion committee, which I chair. The Diversity Equity and Inclusion group is a newly formed committee, not yet ratified as a *commission*, involving a group of eleven music therapists from around the world who are examining the WFMT values, the advantages and barriers that individuals experience in relation to the work of the WFMT, and ways to promote the inclusion of marginalised people. Multiple factors contribute to exclusion, and Council is committed to examining and addressing these issues in an ongoing way. An obvious example is that of language and the potential dominance of English to exclude people from non-English speaking countries. Translating our FAQ sheets and other resources into multiple languages is one small step we have been able to take towards increasing engagement, and we are continuing to transcribe materials and social media as we are able to access linguists to help.

## **Publications**

The WFMT Publication Center<sup>6</sup> contains a wide variety of resources. Firstly, the Commissions prepare documents which are freely available on the website and likely to be extremely useful at various times, not only for Music Therapy New Zealand but also for individuals. For instance, the Research and Ethics Commission has prepared several documents to support music therapists who are interested in conducting and publishing research,

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<sup>5</sup> <http://wfmt.info/resource-centers/events-center/world-congress>

<sup>6</sup> <http://wfmt.info/resource-centers/publication-center>

including one on ethics and informed consent processes (WFMT, 2013). The Publication Center has many examples of music therapy throughout the world, including Regional Information,<sup>7</sup> an International Library of Music,<sup>8</sup> and the Soundboard Project.<sup>9</sup>

Regional Information is provided by Regional Liaisons who share their knowledge, experiences, and perspectives on the status of music therapy in their region via video and FAQ sheets. The International Library of Music, initiated by the Clinical Practice Commission, is a media library which is building compilations of lists of songs, rhythms, and music that are well-known and commonly used in each of the eight regions of the WFMT. The material is selected by members of the WFMT Clinical Practice Commission and colleagues from each region and contains links to iTunes, audio, and video files, to assist music therapists in finding and choosing appropriate music for their clientele. The *Lullaby* category was selected for the first collection, but the goal has been to gather additional categories over time. Council is aware this section of the website needs work. For example, the Australia/New Zealand example of rhythm activities is presented by an American music therapist who does a good job of explaining and presenting tī rākau, a Māori stick game, but his American accent is uncomfortable in this context. It seems important to replace this with New Zealand content, preferably presented by Māori.

The Soundboard Project invites music therapists to submit sound files capturing therapeutic moments of their clinical work. The intention here is to learn about the healing sounds in music therapy from all traditions and cultures around the world. Music therapists can contribute a good quality audio file (maximum 3 minutes) of a great music therapy moment, with informed consent, and with a one sentence description of the content. The material is reviewed and, if deemed appropriate, is published on the website. Again, it would be valuable to have Māori and Pasifika input to this resource.

As noted earlier, the WFMT also publishes *Music Therapy Today*<sup>10</sup>, a bi-annual online journal, re-established in 2011 under the WFMT Leadership. *Music Therapy Today* disseminates current knowledge and information about music therapy education, clinical practice, and research to educators, clinicians, and researchers worldwide, in music therapy and related fields. Please read and draw on this valuable, free, online material, and contribute

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<sup>7</sup> <https://wfmt.info/resource-centers/publication-center/regional-information>

<sup>8</sup> <https://wfmt.info/resource-centers/publication-center/international-library-of-music>

<sup>9</sup> <https://wfmt.info/resource-centers/publication-center/soundboard>

<sup>10</sup> <https://wfmt.info/music-therapy-today>

your own articles as and when you can – as well as contributing to the *New Zealand Journal of Music Therapy*!

## **Further Resources**

The Resources section of the WFMT website also contains information about Education, Events, and Jobs & Volunteering Center. In the Education section you will find information about the practice of music therapy, with examples of various music therapy approaches from around the world, as well as innovative and cutting-edge research. Currently, videos of all the spotlight sessions from the 2020 World Congress of Music Therapy are available here. So, this is a fantastic resource.

In the Events section, happenings such as World Music Therapy Day<sup>11</sup> are highlighted. World Music Therapy Day is held on 1<sup>st</sup> March each year, to celebrate and inform people worldwide about the practice of music therapy. This year Council facilitated the collection and sharing of photographs or very short video clips that, with informed consent, could be used to promote music therapy. They also coordinated a free to enter photo competition with members invited to submit photographs that represented music therapy (with advocacy and awareness in mind). Using the idea that “a picture is worth more than a thousand words” the photographs were deemed to be able to speak for themselves without any text. Some beautiful examples were submitted and published on the Federation’s Facebook page<sup>12</sup>. Council welcomed the suggestion from a New Zealand Registered Music Therapist that photographs would be accessible to more people if they included an audio image description. This is a good example of how members can collaborate with WFMT to enhance the work of our organisation.

## **An Example of the Work of Commissions**

The Global Crises Intervention Commission seeks to support music therapists affected by or responding to crises across the world, both natural and human-made, that result in trauma and stress. The Commission facilitates communication, coordination of services, and training among music therapists and maintains a collection of materials and information to use during current or ongoing disasters or traumatic situations. Members of the New Zealand music therapy community have been very grateful to this commission, which reached out with messages of sympathy and support following the Christchurch earthquakes, Canterbury Mosque shootings, and

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<sup>11</sup> <https://wfmt.info/wmtd>

<sup>12</sup> <https://www.facebook.com/groups/65653187016>

White Island eruption. So, naturally, the Aotearoa Crises Intervention Special Interest Group maintains strong links with this commission and collaborates whenever possible. It was rewarding to see Devin Brooks, as a member of both groups, contributing to the roundtable presentation at the World Congress of Music Therapy (July 2020).

### **Assembly of Student Delegates (ASD)**

The WFMT Assembly of Student Delegates (ASD),<sup>13</sup> seeks to promote the exchange of ideas and information among students by increasing global participation and cooperation, raising awareness of WFMT, and representing the student voice to the WFMT Council. The ASD educates students about WFMT, facilitates communication and networking among the global student population, recruits and grows student membership in WFMT, and provides a voice for students within WFMT. For example, ASD has developed information cards, publishes *Window to the World* blog posts, and has regularly hosted student events at the world congresses. ASD members are committed to establishing and maintaining contact with students and student organisations in each region. The student delegate for our region is Isaac Lizzet. If you are a student or know students who would be interested to talk or work with Isaac, he would be very pleased for you to make contact (email: [australiannewzealand.student@wfmt.info](mailto:australiannewzealand.student@wfmt.info)).

### **The World Congress of Music Therapy**

The World Congress of Music Therapy, held every three years, is a major undertaking and arguably the activity that WFMT is most well known for. Music therapy professionals and experts in related fields from around the world gather at the congress to share ideas, experiences, trends, and research outcomes. A WFMT organisational member, in conjunction with a local host, organises and runs the conference. WFMT Council determines the site of each congress following a bid process undertaken six years in advance, while attempting to circulate the location of the congresses among the eight regions. New Zealand has not yet been able to host a World Congress, but it is possible that collaborations with Australia will make that possible relatively soon. In fact, Australia won the bid for the 2023 World Congress, but unfortunately had to withdraw due to COVID risks; and MThNZ and Victoria University of Wellington had tentative plans to at least host pre-conference workshops or seminars, had it gone ahead.

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<sup>13</sup> <https://wfmt.info/asd>

## Celebrations and Awards

Council members enjoy opportunities to celebrate achievements and milestones. You can watch a beautiful example of the media release shown at the 2020 World Congress, celebrating the first 35 years of World Federation<sup>14</sup>. Our pleasure in celebrating achievements is also reflected in the awards that are bestowed upon members. Since 2008, the Lifetime Membership Award has honoured an individual nominated and voted upon by Council who is deemed to have made significant contributions to the field of music therapy. In April 2011, the WFMT Council decided to extend the WFMT Recognition Program<sup>15</sup> beyond the WFMT Lifetime Membership Award, now known as the Lifetime Achievement Award, to honour major contributions in education, practice, and research of music therapists and supporters around the world.

The awards include:

- Research/Special Projects Award, honouring a music therapist who has made a significant contribution to the development of the profession through a specific research study or scholarly project;
- Advocate of Music Therapy Award, honouring a person who has made major contributions to the promotion of music therapy in an area of the world where the profession is less established;
- Service Award, honouring a music therapist who provides significant service to the profession of music therapy through work related to and supporting growth of the WFMT; and
- Clinical Impact Award, honouring a music therapist who has had a long-term impact on advancing the knowledge and practice of music therapy within a specific clinical area or population through the publication or presentation of his or her work.

Lifetime Achievement Award recipients include: 2008, Dr Rolando Benenzon (Argentina); 2011, Dr David Aldridge (Germany); 2014, Dr Ruth Bright (Australia); and 2017, Dr Barbara Wheeler (USA).

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<sup>14</sup> <https://www.youtube.com/watch?v=ySgv0AtuJtQ>

<sup>15</sup> <http://wfmt.info/wfmt-membership/wfmt-recognition-program-for-outstanding-contributions>

## Membership

Dr Anita Swanson, WFMT President, recently reported that our enthusiastic, energetic team continues to work diligently to advance the profession of music therapy (World Federation of Music Therapy, 2021). Our website continues to post research interviews, country fact sheets, regional liaison blogs, commission chair videos and objectives, and student updates, and a recent journal issue published the abstracts of the 2020 World Congress.

Although not yet visible, a members-only section of the website has also been created. One of the first activities planned will be follow-up webinars on the themes of the World Congress Spotlight Session themes. These will provide continued discussion and learning opportunities for our members.

Music Therapy New Zealand has organisational membership of the WFMT, which in turn gives MThNZ members privileges within World Federation. Individual membership is also available, if you would like to support the work of the Federation.

WFMT holds a General Business Meeting at each World Congress, where members can address issues related to music therapy, approve policy proposals, and discuss the future directions of WFMT. Full organisational members can elect the WFMT leadership. WFMT members may serve on the established commissions and hold offices on the Council, and are encouraged to establish partnerships among member associations as a means of sharing resources and expertise and furthering innovative music therapy practice.

## Collaborate!

My final message is to connect, stay informed, contribute, participate, and make a difference. The WFMT Council uses online sources such as the WFMT website, blog, podcasts, videos, Facebook, LinkedIn,<sup>16</sup> Twitter<sup>17</sup>, Instagram,<sup>18</sup> emails, and an annual report to keep members and others associated with music therapy informed. WFMT holds symposia, panels, and roundtables at major international conferences to inform others about global music therapy developments and the most recent projects in WFMT. Please get involved if you can. WFMT members are part of a worldwide network of music therapy clinicians, educators, researchers, those in training as music therapists, and people who are interested in our profession. If you are

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<sup>16</sup> <https://www.linkedin.com/company/world-federation-of-music-therapy> (LinkedIn membership required)

<sup>17</sup> <https://twitter.com/WFMTinfo>

<sup>18</sup> <https://www.instagram.com/worldfederationmusictherapy>



reading this, you are a member of our team, and we would like to work with you!

For further information, contact me at: [australiannewzealand@wfmt.info](mailto:australiannewzealand@wfmt.info).

## References

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## **Proceedings of Music Therapy New Zealand Symposium 2021: Collaboration**

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### **Keywords**

Music Therapy New Zealand Symposium 2021; music therapy practice;  
music therapy research; collaborative practice

### **Citation**

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### **Date Published**

November 2021 (Early Online); (updated version) March 2022 (NZJMT, 19)

### **Abstract**

These Proceedings record the activities of the Music Therapy New Zealand Music Therapy Symposium: Collaboration, August 13-15, 2021, in Ōtautahi Christchurch. The list of abstracts also highlights three articles in this issue of the journal arising from symposium presentations. An evaluation summary is included, based on a full report provided for the Convenor and Council (and previously published in the *MusT* newsletter, October 2021).

## Symposium 2021: Convenor's Report

With a diverse range of professional presentations offered at our 2021 Music Therapy New Zealand (MThNZ) Symposium, we are delighted to be presenting you with these Proceedings. In partnership with University of Canterbury (UC) Arts, we felt extremely fortunate to have gathered together at the centre of arts activity in Christchurch, considering the challenging Covid environment we are living in. On Friday 13 August 2021 we began in the beautiful historic Great Hall of The Arts Centre to celebrate, learn, and exchange knowledge about music therapy practice in New Zealand.

The stunning sound of the pūtātara (conch shell) signalled the start of the mihi whakatau (Māori welcome) with UC and Arts Centre staff gathered on the stage to greet guests. The tangata whenua sang the waiata, *Purea Nei*. As Symposium Convenor and President, I had the honour of responding with “Karanga mai, mihi mai, tēnā koutou katoa,” to thank and give greetings to all. This was followed by a whakataukī that encapsulated the purpose of our weekend gathering, with the theme *collaboration*:

Nau te rourou, naku te rourou, ka ora ai te iwi.

(With your contribution and our contribution, the community will prosper.)

To conclude, Nolan Hodgson (Ngāi Tūhoe, Ngāti Awa) led MThNZ members in singing the waiata, *Āio Maurītau Āio* (Rollo, 2013).

I officially opened the Symposium and extended a welcome to all music therapists, MThNZ members, and attendees. Our special guests included Martin Chadwick, Allied Health Professionals Officer, Ministry of Health; Annette Rotherham, President, NZ Speech-Language Therapy Association; Ciarán Fox, Mental Health Foundation; Margaret Maw, President, Institute of Registered Music Teachers; Duncan Webb MP, Christchurch Central; Rosemary Fisher Canterbury Region Chair, NZ Choral Federation; Trevor Batin, Regional Manager Stand Tū Maia; Glenda Martin, Outreach Manager, Volunteering Canterbury; Kevin Watson, Acting Pro-Vice Chancellor Arts; Chris Archer The Arts Centre Creative Director; and other UC representatives.

Before the mix and mingle, and being served with delicious food and drinks, the MThNZ Chair, Helen Dowthwaite RMTh, spoke briefly about our organisation. Kimberley Wade RMTh (Southern Music Therapy) and Jen Glover RMTh (Raukatauri Music Therapy Centre) shared snapshots of their experiences of practice in Christchurch and Auckland respectively.

It was very pleasing to be able to continue to offer such a high standard, and a rich mix of presentations over the weekend that more than met the expectations of those attending. This was achieved through no small measure, by the amazing efforts of the Symposium Coordinator – thank you, Barbara Lewis.

Our sincere thanks must go to the generosity of the presenters who shared their knowledge and expertise, and to Alison Talmage, NZJMT Editor, for publishing these Proceedings. A summary of the symposium evaluation, managed by Alison, in collaboration with Barbara Lewis, is included and expresses how overwhelmingly positively the symposium was received by attendees. I invite you to enjoy reading the abstracts that follow and related articles in this issue of the journal.

### **Symposium Evaluation**

This summary is adapted from a report originally published in the Music Therapy New Zealand *MusT Newsletter*, October, 2021. The full report for Council is lengthy, because of all the detailed and thoughtful responses. Congratulations to the organising team and all presenters on a very successful event.

Positive feedback was received about the Friday evening mihi whakatau, introductory presentations, and meet & mingle, and the beautiful Arts Centre venue. The standard of presentations was exceptionally high.

Feedback about individual presentations has been sent to the presenter(s) concerned. This *box and whisker* graph shows the median evaluations of the presentations and range; – e.g. the median percentage of *Excellent* evaluations across all presentations was 79% (Figure 1). The symposium presentations abstracts are listed in Table 1.

**Figure 1**

*Music Therapy New Zealand 2021 Symposium Presentation Evaluation*

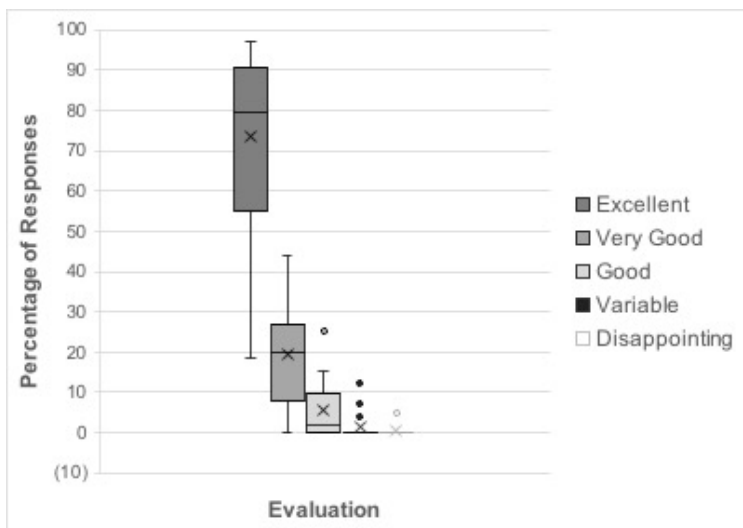


Image description: Box and whisker chart. The main information shown is median responses to symposium presentations: Excellent 73%, Very Good 19%, Good 6%, Variation 1%, Disappointing 0%.

Reflections about the discussion session – *Moving Forward with Bicultural Partnerships* – indicated that members anticipate future conversations building on this initial discussion. Many people made constructive suggestions for ensuring a safe space, open dialogue, and sufficient time and space for this important matter.

Presentation feedback suggested twelve aspects that symposium attendees particularly valued – these may provide helpful tips for our future presentations and events:

- Balance of theory & practice;
- Experiential components & musicking;
- Cultural diversity;
- Diverse contexts of practice;

- All stages of professional experience;
- Clients as co-presenters;
- Professional collaboration;
- Supporting whānau and community;
- Sharing challenges & strategies;
- Sense of humour;
- Presentation skills; and
- Concurrent streams (pros & cons).

The evaluation process also gave attendees the opportunity to provide suggestions for future presentations and ways to further improve our events. Thank you to everyone who shared their feedback – this will be very helpful for future event planning. Comments included:

“Huge thanks to the organising team! You did a fantastic job. Really appreciate all the hard work that went in to making it happen.”

“Partnership with the University of Canterbury was great!”

“So stimulating. Great team organisation. Such a rewarding weekend. So appreciated energy, organisation and connection.”

## Reference

Rollo, T. (2013b). Āio Mauritu Āio. *New Zealand Journal of Music Therapy*, 11, 6-7.

## Symposium Abstracts: Collaboration (2021)

**Table 1**

*Music Therapy New Zealand Symposium 2021: Abstracts*

No.	Citation	Abstract	Contact
1	Wade, K., Reimer, A., & Cantabrainers Choir. (2021, August 14). <i>Collaboration: Cantabrainers Choir interactive workshop</i> [Presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	An interactive workshop – with the Cantabrainers Choir. A live 60-minute rehearsal with the Cantabrainers Choir members scattered amongst the audience. We will pause and discuss the reasons for the warm ups and chosen songs. Two members of the choir will also speak about the reasons why they joined the choir, and how they have found it beneficial to their recovery and/or quality of life.	kim@smt.nz
2	Lowery, L. (2021, August 14). <i>Collaborative practice within Starship Children's Hospital</i> [Presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	For the past three years the Raukatauri Music Therapy Centre has been providing music therapy as part of the Hospital Play Specialist Service at Starship. This presentation will give an insight into the collaborative development of the programme and how it currently supports children and young people through their hospital experience.	ollylowery@rmtc.org.nz
3	Pureti, K., & McConnell, J. (2021, August 14). <i>A music and dance movement therapy collaboration to provide trauma-informed continuing professional development in early childhood centres around Northland</i> [Presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	A unique collaboration between Katie Pureti NZ RMTh and Jan McConnell, Dance Movement Therapist, has led to the Ministry of Education funding professional development for early childhood centres across Northland. This project focuses on supporting tamariki who may have experienced trauma	katie.pureti@gmail.com

No.	Citation	Abstract	Contact
4	Jeong, A.A.Y., & Darroch, B. (2021, August 14). <i>Autistic individuals can teach if some are ready to listen</i> [Presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	Through the case of Becky, the use of letter boards and their ability to promote self-expression are evident and supporting of a client-centred music therapy approach. Communication with this assistive device has enabled the client to present their authentic self and further educate the therapist.	angelajeong@rmtc.org.nz Note, see related article in this issue of the journal
5	Payne, L. (2021, August 14). <i>An integrated response to trauma: Sensory exploration, emotional regulation and music therapy</i> [Presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	It is important for us as music therapists to understand, differentiate and amalgamate both sensory and emotional regulation techniques into our practice. This presentation will discuss the autonomic nervous system, the eight senses and how they relate to trauma informed care in children and adolescents.	musicalmilestonesnz@gmail.com
6	Menzies, M., & de Lautour, R. (2021, August). <i>Demonstrating the collaborative process: The viola and live digital processing</i> [Presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	In collaboration with Prof Mark Menzies, Dr Reuben de Lautour will give a 12-15 minute performance of a musical work for viola and live digital sound processing, followed by a discussion of the collaborative process and how the way that performers interact with reactive live digital sound processing influences the creative process.	reuben.delautour@canterbury.ac.nz
7	Talmage, A., (2021, August 13-15). <i>Music Therapy New Zealand Morva Croxson Prize: Working together to encourage emerging professionals</i> [Poster presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	This poster presentation aims to encourage entries for the Morva Croxson Prize, established in 2017 to establish student and new graduate writing. Past winners and judges will be highlighted, alongside FAQs and information for potential entrants.	nzjmt1@musictherapy.org.nz



No.	Citation	Abstract	Contact
8	Talmage, A., & Clulee, M.M.C. (2021, August 13-15). <i>New Zealand Journal of Music Therapy: Our People, Our Stories</i> [Poster presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	This poster presentation highlights the values, purpose and scope of NZJMT. The presenters will clarify the publication process, and the roles of editors, reviewers and advisers. It is hoped to generate discussion as a more diverse journal is developed that fully represents our practice and research in Aotearoa New Zealand.	nzjmt1@musictherapy.org.nz
9	Trinick, R. (2021, August 14). <i>My moko and me: Our musical collaboration</i> [Presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	My moko (grandson) is three years old and has PURA syndrome, a rare neurodevelopmental disorder characterised by a range of intellectual and physical challenges. As a music educator, I use my understanding of the value of music to nurture his growth in affective, aural, physical, intellectual, social, cultural and linguistic ways. Together we sing, dance, play a range of musical instruments, explore sounds and listen to a broad range of music. I share my perceptions of the impact music has had on his overall development – the successes, the challenges, and the surprises.	r.trinick@auckland.ac.nz
10	Bolwell, E. (2021, August 14). <i>Collaboration with education professionals to support well-being and social and emotional development in a primary school setting through a “rhythm for wellbeing” programme</i> [Presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	In Christchurch it is recognised that children may be showing anxiety after significant events in the region. Rhythm4wellbeing offers group rhythm and reflective activities to support the health curriculum in a fun and motivating real life context. The schools’ core values are represented in the programme. The positive effects of rhythm to increase emotional regulation provide a research base for the programme.	lizbolwell@gmail.com

No.	Citation	Abstract	Contact
11	Jourdan, N. (2021, August 14). <i>Moving forward collaboratively: Professional growth and growing as a profession</i> [Presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	What value do you, as a registered music therapist, get from completing the annual practising certificate application form? Does it make you think about your practise, or is it a necessary evil? What is relevant CPD to show the Registration Board your clinical and professional growth? Linking goals with work and professional growth and looking for these connections.	jourdan.neil@gmail.com
12	Rickson, D. (2021, August 15). <i>Collaborating with the World Federation of Music Therapy</i> [Presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	The World Federation of Music Therapy (WFMT) is an international non-profit organisation bringing together music therapy associations and individuals interested in developing and promoting music therapy globally through the exchange of information, collaboration among professionals, and actions. Examples of their work will be shared and suggestions invited regarding future collaborations.	australiannewzealand@wfmt.info Note, see related article in this issue of the journal
13	Kelly, L. (2021, August 15). <i>Music therapy as an intervention for children who have experienced trauma</i> [Presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	This presentation will look at how music therapy can be an effective intervention for children who have experienced trauma. I will look into how early trauma can impact brain development and discuss how music therapy can provide a different approach to trauma intervention. I will present multiple case studies from my work.	lucy@smt.nz or lucy.kelly@standforchildren.org.nz
14	Cho, H. (2021, August 15). <i>A culturally sensitive “wif” healing model</i> [Presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	The “wif model” emphasises the significance of the cultural musical context in music therapy practices and suggests a new framework for collaborating different musical culture in music therapy practices.	hyunahanes@naver.com

No.	Citation	Abstract	Contact
15	Polczyk-Przybyla, E. (2021, August 15). <i>Collaborating with a fellow music therapist to transition into a new position</i> [Presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	Departing managed isolation and commencing work for the Raukatauri Music Therapy Centre in Hawke's Bay, then working collaboratively with the existing therapist in each session over a two-week transition period proved to be both challenging and really special. An insight into how we worked together as music therapists, the vulnerability and the cohesion I experienced.	ellapolczyk@rmtc.ac.nz
16	Kingi-Kaui, M.-I. (2021, August 15). <i>Ngā taonga puoro pouhine orooro</i> [Presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	Taonga puoro sound bath and healing.	
17	Wallace, L. (2021, August 15). <i>Working it out together</i> . [Presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	Empowering community support workers to use music to help adults with learning (intellectual) disabilities.	lizwallacemt@gmail.com
18	Sabri, S. (2021, August 15). <i>Musicking Together: Collaborating with local musicians and music therapists</i> [Presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	This presentation describes a collaborative music therapy project that runs monthly in Wellington and is open to anyone. The presenter will tell the story of their initial vision for to project to the unexpected benefits and challenges that have occurred on the way.	musicwelltherapy@gmail.com Note, see related article in this issue of the journal
19	Talmage, A. (2021, August 15). <i>Songwriting with the CeleBRation Choir: A matrix of approaches to support identity, communication, and advocacy</i> [Presentation]. Music Therapy New Zealand Symposium: Collaboration, Ōtautahi Christchurch.	This music-centred presentation will discuss songwriting with and for the CeleBRation Choir, whose participants are adults living with neurogenic communication difficulties, supporters and volunteers. Approaches will be considered in the context of a social model of communication rehabilitation and Wood's (2016) matrix for community music therapy practice.	alison.talmage@auckland.ac.nz

## **Book Review**

### **Gordon-Flower, M. (2019). *Arts Therapies with People with Physical Disabilities: An Archetypal Approach*.**

**Jessica Kingsley Publishers.**

#### **Reviewer: Rebecca Travaglia**

MMusTher, GradDipECE Teaching, BMus (Contemporary Rock), NZ RMTh  
Private Practice, Oamaru

#### **Citation**

Travaglia, R. (2021). [Review of *Arts Therapies with People with Physical Disabilities: An Archetypal Approach*, by M. Gordon-Flower.] *New Zealand Journal of Music Therapy*, 19, 119-123.  
<https://www.musictherapy.org.nz/journal/2021-2>

#### **Date published**

December 2021

Marion Gordon-Flower's book, *Arts Therapies with People with Physical Disabilities*, is a descriptive resource that demonstrates how meaningful and beneficial art therapies can be for people living with mobility and communication challenges. The author is a registered Arts Therapist based in Auckland, New Zealand. She has worked for eight years in an arts therapy service management role in mental health. Her book illustrates the strengths of a holistic approach that embraces all aspects of the clients she works with. Having previously collaborated with a dance movement therapist (Travaglia & Treefoot, 2010), I was interested to review this book, to extend my knowledge of arts therapy approaches in Aotearoa New Zealand.

I believe that highlighting Aotearoa New Zealand's bicultural values within a therapeutic context is vitally important. Indeed, the value of whanaungatanga (reciprocity and relationships) is embraced in Music Therapy New Zealand's (2021) core values. This acknowledgement of biculturalism is evident in the book's case studies, based on Gordon-Flower's arts therapy practice.

This book offers a clear explanation of an *archetypal* approach and describes how “they provide opportunities for a form of liberation into unconscious creative processes” (Gordon-Flower, 2020, p.19). She draws on Jungian psychology to list archetypal concepts, including symbolic objects and shapes, mythological stories and creatures, narrative patterns, rituals, and spiritual notions. The universality of many of these symbols suggests that archetypal modes can be found across cultures. Descriptions of how to use archetypal approaches in therapeutic work were detailed and well referenced with extra resources (discussed below). As someone who has not used archetypal approaches in my own work, extra readings and detailed explanations of ways to use these approaches provided integral information to deepen my understanding.

The author’s clear writing style makes the book easy to dip in and out of. The book’s structure is clearly laid out, making it accessible for both beginning and experienced therapists. Psychologist and drama therapist Caroline Miller, whose own edited books include chapters by Gordon-Flower, highlights in the foreword how this book and the author’s therapeutic approach address a gap in the literature.

In each chapter Gordon-Flower focuses on different modalities, including individual and group art therapy, environmental sculpture, expressive dance movement, drama, and music. Each case study is written sensitively, narrating the unique therapeutic journey each client undertook. Observations and reflections within the narrative allow the reader to understand both the client’s progress and Gordon-Flower’s reasoning behind the strategies used. The detailed and in-depth case studies are interwoven with suggested practical strategies and interventions that readers can use in their own work.

Working as part of a multidisciplinary team, Gordon-Flower often touches on the importance of collaborative work and explores how arts therapists can work together and alongside other disciplines for the greater benefit of their clients. This focus on collaboration echoes the sentiments she expressed in her previously published description of the use of the 5-Pt Star Assessment Tool in evidence-based arts therapies practice (Gordon-Flower, 2014a, 2014b, 2016). Designed by Gordon-Flower, each of the tool’s domains has been translated into te reo Māori to encourage cross-cultural understanding of the therapeutic focus. She indicates that her tool is compatible with other health models, including Durie’s (1994) *Te Whare Tapa Whā* Māori model of health. This model was written from a Māori perspective for all New Zealanders and is widely applied in health and education contexts. *Te Whare Tapa Whā* is referenced significantly in Gordon-Flower’s use of music in

multimodal work with a group of men, which focused on the Māori atua (gods).

Archetypal themes in Māori pūrākau (stories) are also embraced in a dance movement therapy group, where individual therapeutic goals are achieved through group support, reflecting the Māori value of collectivism. In two other case studies, spirituality is explored through the creation of sacred vessels, where Gordon-Flower shows sensitivity to clients expressing their own cultural and spiritual awareness through sculpture.

The practical strategies provided alongside the case studies include a rich selection of resources. Photographs, diagrams, and descriptions illustrate the range of resources utilised within the therapeutic process. The images were provided in both black and white within the text and a coloured insert. While these images provide a visual element to the text, I felt acutely aware of the limitations pictures have in conveying the significance and emotional energy attached to the work produced. Having said that, Gordon-Flower's intricate descriptions of the therapeutic process aid in communicating this important element of the work.

I found the description of music approaches different to how a music therapist might describe their work. For example, Gordon-Flower provides lists of activities rather than microanalysis of the group's musical interactions. This perhaps illustrates how a multimodal arts therapist will play to their strengths, using a variety of approaches but perhaps not have the depth of understanding of all art forms. Additionally, more recent research is available that could have been referenced to support the use of choirs in therapeutic work.

Within the case studies, Gordon-Flower acknowledges the challenges of working successfully and respectfully with her clients. These included accessibility of sessions and resources for those requiring physical assistance and collaborative care, sensitivity to subtle communication styles, and clear guidance for staff members who were assisting. These limitations required time and team discussion, reflecting the importance of building reciprocal and respectful relationships with other professionals working with our clients.

In the final chapter, the author offers insight into supervision within multidisciplinary teams, describing case scenarios where symbols and archetypal elements are used in guiding supervision. For example, the four elements (earth, wind, fire, water) are used in personal supervision to enable

the team member to gain a different perspective and emotional detachment to allow conflict within the team to be resolved.

The multicultural approaches in the case studies particularly interested me as a Pākehā therapist and teacher in Aotearoa. When working multiculturally, there is a need for personal reflexivity, explicit sensitivity, knowledge and respect for how a client's culture is represented within a therapeutic setting. Taking opportunities to consult with local iwi, Māori colleagues, our clients and their families will develop our understanding and knowledge of te ao Māori. Our multicultural nation is growing and our knowledge of cultures must also grow, as it plays such an important role in the development of cultural competence.

Gordon-Flower clearly demonstrates a commitment to biculturalism and shows how Māori cultural values can support and deepen therapeutic work. I was curious to know more about her own positionality. She acknowledges the support and guidance given to her for both tikanga and translations into te reo Māori. However, further explanation of her own level of knowledge and the consultation process could have been more transparent, to demonstrate her approach to using te ao Māori pūrākau in therapeutic work and to offer guidance to readers. It is sometimes unclear whether the themes and pūrākau chosen were client-led or therapist-led and whether the culture of the client dictated the appropriateness of this choice. For example, in the music chapter Gordon-Flower indicates that the clients embraced the opportunity to strengthen their Aotearoa New Zealand identity through engaging in Māori culture, but does not explain whether the clients themselves are Māori. Including a personal statement to explain her knowledge that goes beyond her position as a New Zealand multi-modal arts therapist, would provide the reader with further context.

Overall, this book was an interesting and thought-provoking read, offering plenty of practical resources for therapists to use in their own work. The clients described in the book range in age from young adults to older people, making it applicable for readers who work with a variety of age groups. The book embraces various creative arts approaches (music, art, dance and movement) so therapists from all branches of the creative arts may find this book interesting.

### **Link to Publisher's Webpage**

<https://uk.jkp.com/collections/author-marion-gordon-flower-pid-205800>



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- Gordon-Flower, M. (2014b). Nursing the wounded heart. In C. Miller (Ed.), *Assessment and outcomes in the arts therapies: A person-centred approach* (pp.33-53). Jessica Kingsley Publishers.
- Gordon-Flower, M. (2016). Dances of paradox and role diffusion. In C. Miller (Ed.), *Arts therapists in multidisciplinary settings: Working together for better outcomes* (pp.68-82). Jessica Kingsley Publishers.
- Music Therapy New Zealand. (2021). *About music therapy*. Retrieved December 13, 2021, from <https://www.musictherapy.org.nz/about-mthnz>
- Travaglia, R. & Treefoot, A. (2010). Exploring the dance and music dialogue: Collaboration between music therapy and dance movement therapy in Aotearoa/New Zealand. *New Zealand Journal of Music Therapy*, 8, 34-58.



## Book Alert

**Faulkner, S. (Ed.). (2021). *Drum Circles for Specific Populations: An Introduction to Drum Circles for Therapeutic and Educational Outcomes*. Jessica Kingsley Publishers.**

**May Bee Choo Clulee** 吳美珠

Assistant Editor, New Zealand Journal of Music Therapy

In 2019, Heather Fletcher reviewed Simon Faulkner's (2018) self-published book on drum circles (Faulkner, 2018; Fletcher, 2019). Republished by Jessica Kingsley Publishers, as *Drum Circles for Specific Population Groups*, the new book has over 30 pages of new material, including an expanded introduction and three new short introductory chapters about cognitive reflection, somatic approaches, and group dynamics. Chapters by contributing authors have also been revised.

Fletcher's endorsement, published on the book cover, states:

Shines a light on the many applications and benefits of drum circle work, in the light of evidence-based, ethical and safe practice. A must read for anyone working in this field.

## References

- Faulkner, S. (Ed.). (2018). *How to extend the benefits of the community drum circle to specific population groups: A brief compendium*. Rhythm2Recovery.
- Fletcher, H. (2019). [Review of *How to extend the benefits of the community drum circle to specific population groups: A brief compendium*, by S. Faulkner.] *New Zealand Journal of Music Therapy*, 17, 51-53.

## Link to Publisher's Webpage

<https://uk.jkp.com/collections/author-simon-faulkner-pid-209057/products/drum-circles-for-specific-population-groups>



## Theses and Publications Alert 2021

This listing highlights publishing activity beyond the New Zealand Journal of Music Therapy – scholarly writing by New Zealand Registered Music Therapists, as well music therapy student theses. We particularly congratulate Dr Hyunah Cho RMTh on the completion of her doctoral study at the University of Otago.

### PhD Thesis (2021)

Cho, H. (2021). Anthroposophical music therapy in South Korea: An applied ethnography within the anthroposophical community [Unpublished PhD thesis]. The University of Otago.

### MMusTher Theses (2021)

Li, Xiuyu (2021). *What music therapy methods and techniques are likely to be the most appropriate for children working within a Conductive Education programme, and why?* [Unpublished Master's thesis]. Te Herenga Waka, Victoria University of Wellington. <https://doi.org/10.26686/wgtn.16543797.v1>

Liang, Qiaoling (2021). *Music therapy for supporting communication development for young children with complex needs in a specialist conductive education service* [Unpublished Master's thesis]. Te Herenga Waka, Victoria University of Wellington. <https://doi.org/10.26686/wgtn.16530882.v1>

Manere, A. (2021). *How does my training as an Applied Behaviour Analysis (ABA) practitioner influence my development as a music therapy student?* [Unpublished Master's thesis]. Te Herenga Waka, Victoria University of Wellington. <https://doi.org/10.26686/wgtn.16620457.v1>

McPhee, H. (2021). *An exploration of the synergies, parallels and divergences between Early Start Denver Model (ESDM) and music therapy with preschool children with autism, in a music therapy student's practice* [Unpublished Master's thesis]. Te Herenga Waka, Victoria University of Wellington. <https://doi.org/10.26686/wgtn.16713397.v1>

Pickard, Eliza (2021). *How do music therapists use songwriting techniques and processes to facilitate self-expression with people who have eating disorders?* [Unpublished Master's thesis]. Te Herenga Waka, Victoria University of Wellington. <https://doi.org/10.26686/wgtn.16543494.v1>

Riegelhaupt-Landreani, Carlos (2021). *How can music therapy support men at a specialist treatment unit in a prison setting in Aotearoa New Zealand?* [Unpublished Master's thesis]. Te Herenga Waka, Victoria University of Wellington. <https://doi.org/10.26686/wgtn.16537212.v1>

## **Publications (2021)**

- Rickson, D. (2021). Family members' and other experts' perceptions of music therapy with children on the autism spectrum in New Zealand: Findings from multiple case studies. *Arts in Psychotherapy*, 75. <https://doi.org/10.1016/j.aip.2021.101833>
- Talmage, A. (2021a). 2021 Online Conference for Music Therapy (Report). *Approaches: An Interdisciplinary Journal for Music Therapy*, 13(2). <http://approaches.gr/talmage-cr20210513>
- Talmage, A. (2021b). [Review of the book The Oxford handbook of music therapy, by J. Edwards (Ed.).] *Approaches: An Interdisciplinary Journal of Music Therapy*, 13(1). <http://approaches.gr/talmage-br20191009>