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Mission (Revised 2013)

The commission on Special Music Education and Music Therapy was established in 1974. The Commission was established in order to contribute to the progressive development of music therapy and music in special education. In order to promote music in the lives of all children and adults in need of special support our mission is to:

- provide an international forum for the exchange of ideas regarding the educational and therapeutic professions, and their place within each country's musical culture
- increase the visibility of international research and best practices in the fields of special music education, music therapy, and music medicine;
- stimulate international research connections and the initiation of international practice and education projects (e.g. exchange programs) between commission members;
- share contemporary technologies and products that enhance the musical lives of children and adults in need of special support;
- provide support for music educators and music therapists new to their professions via mentoring in both research and best practices, networking at seminar meetings and the world conference; as well as, between meetings;
- inform those responsible for funding and policy making of the significance of music for children and adults in need of special support.

Vision (Revised 2013)

- to promote and advocate for students in need of special support —to ensure they are afforded the same quality music education as that of typical developing students;
- to share international perspectives on the current research in special music education, music therapy, and music medicine;
- to enhance the quality of life for all children and adults in need of special support by sharing international practices in special music education, music therapy, and music medicine;
- to improve professional training/education of practitioners working in special music education, music therapy and music medicine.

TABLE OF CONTENTS

	Page
MISSION STATEMENT AND ACKNOWLEDGEMENTS.....	4
TABLE OF CONTENTS	5
A Content Analysis of the Status of Music Literature Regarding Students with Exceptionalities..... <i>Fred Spano and Kimberly VanWeelden</i>	6
Actualization the Healing Effects of Music in Modern Education..... <i>Alla Toropova and Tatiana Lvova</i>	19
A Study of Creative Dance Activities on Dementia Family Caregivers..... <i>Kuang-Tsu Chiang, Wei-Chun Wang</i>	27
Disability as Identity and Culture: Implications for Music Educators and Researchers..... <i>Sierra Norris</i>	35
Everyone is welcome to play! Bringing Special Music Education into Scuola Musicale Giudicarie: Challenges, Resources and Results for a Long-Term Experience of Joyfully Making Music..... <i>Gabriella Ferrari</i>	42
Inspiration Porn: A Qualitative Analysis of Comments on Musicians with Disabilities Found on International YouTube Posts..... <i>Alice-Ann Darrow and Michelle Hairston</i>	49
Interdisciplinary Dialogues in Music, Health and Wellbeing: Difficulties, Challenges and Pitfalls.. <i>Girogos Tsiris, Neta Spiro, and Pete Sparkes</i>	58
Joining Forces: Impacts of Music Education and Music Therapy Collaboration in an Event-based Intergenerational Project..... <i>Melita Belgrave, Charles Robinson, and Lisa Tirnoi</i>	71
NICU-MT for Premature Infants: A Survey Showing That Research and Training Lead to Clinical Specialty..... <i>Jayne M. Standley and James Riley</i>	80
PLAY SPACE MUSIC – An Improvisation Workshop with Musicians and Dancers with and without Additional Support Needs..... <i>Shirley Salmon</i>	88
The Effect of Peer Modeling on the Rate of Appropriate Social, Academic, and Musical Behaviors Exhibited by Students with Disabilities in Multiple-Age Settings..... <i>Alice-Ann Darrow, Laura Meehan, and Christy Todd</i>	98
Training Studio Music Educators to Teach Students with Autism..... <i>Erin Parkes</i>	108

A Content Analysis of the Status of Music Literature Regarding Students with Exceptionalities

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The purpose of this study was to ascertain the breadth of literature regarding teaching music to students with disabilities. Through content analysis, the researchers analyzed music education research journal articles and practitioner journal articles from the inception of the journal, as well as dissertations/theses from 1950 to August 2015 pertaining to students with disabilities. Literature content and keyword data (existing or assigned) were analyzed by IDEA category, music areas, K-12 settings, and type of teacher training. Overall, 469 journal articles and dissertations/theses met the criteria for this study. Results indicate that of these, 142 were found in music education research journals, accounting for 30% of the literature; 176 were found in practitioner articles, accounting for 38% of the literature; and 151 were dissertations/theses, accounting for 32% of the literature regarding teaching music to students with disabilities. Other results are reported and implications are discussed.

Keywords: Music for students with disabilities, content analysis, music education, IDEA

With the passing of the U. S. Public Law 94-142 Education for All Handicapped Children Act (EAHCA, 1975), state governments began to provide free and appropriate education to all persons with disabilities. This law, which was updated in 1986, 1990, 1997, and again in 2004, eventually became known as the Individuals with Disabilities Education Act (IDEA). Throughout the iterations of the law, changes were made to better serve children with disabilities and included updated terminology (e.g., “handicapped” to “disabilities”), person-first language, transition plans for children entering the workplace or education beyond secondary school, delineating autism and traumatic brain injury as separate categories of disabilities, and adding assistive technology and rehabilitative services of related services for persons with disabilities (Adamek & Darrow, 2011). The law currently (IDEA '04) coincides with the No Child Left Behind Act and requires schools to be accountable and children with disabilities to be educated by highly qualified teachers (U. S. Department of Education [DOE], 2006). Furthermore, those serviced under the law include individuals with the following disabilities: autism, deafness, deaf-blindness, emotional disturbance, hearing impairment, intellectual disability (changed from “mental retardation” to reflect contemporary, dignity-preserving parlance), multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment including blindness (DOE, 2006).

Internationally, similar statements and inclusion laws have emerged to protect and to ensure the education of students with disabilities. In 1977, the Canadian Human Rights act

prevented discrimination towards individuals with any intellectual or physical disabilities (Hutchinson, 2002). In 1994, UNESCO's World Conference in Special Education affected policies for inclusive education in the United Kingdom, and eventually influenced UK's legislation the Special Education Needs and Disability Act of 2001 (SENDA)—a revision of UK's 1996 Education Act—which strengthened the rights of children's education in mainstream settings (Hodkinson, 2010).

Among educational research are content analyses, which provide frameworks and lenses with which to view and systematically situate research within our field that can also pinpoint future research directions. For example, content analyses in music education research exist for a single journal's output (Killian, Liu, & Reid, 2012; McCarthy, 1999; Nichols, 2012; & Yarbrough, 1984, 2002), for research output from two or more journals (Diaz & Silveira, 2014; Lane, 2011; & Schmidt & Zdzinski, 1993), or for investigation of studies within a journal or field, an area within the field of music education/music therapy, or across journals (Brown & Jellison, 2012; Jellison, 2000; Price & Orman, 1996; Randles, Hagan, Gottlieb, & Salvador, 2010; & Sample, 1992). Ebie (2002) analyzed the content of 819 articles over a 50-year period for the *Journal of Research in Music Education*. Looking at several different areas of the content including special populations sampled, he found eight articles that conducted research on “mentally impaired” individuals, three studies sampling disabled persons, and one study researching hyperactive individuals. Additionally, the American Music Therapy Association (AMTA) has published three editions of prominent research reviews in 1988, 1996, and 2000, respectively (Furman, 1988, 1996; & AMTA, 2000), documenting the effectiveness of music therapy practices. Each edition contains new and updated reviews of literature for particular populations within special education, among other analyses. Jellison's (2000) contribution to the third edition analyzed 148 studies between 1975 and 1999 that used the following categories: inclusion, contact with nondisabled individuals, collection of longitudinal data, collection of generalization of data, and the type of behavior observed.

In a related content analysis, Brown and Jellison (2012) systematically analyzed peer-reviewed research between 1999 and 2009. Forty-five articles fit the researchers' criteria for review that focused on participant characteristics; special education policies, practices, and inclusion; research designs; behavior(s) observed; data collection and measurement; and effectiveness of interventions. Brown and Jellison also compared their analysis to those in the Jellison-2000 study to determine what changes in research may have occurred over time, but limited their analysis to the ten-year period of 1989-1999 in their results. Although they found that article publication per year (about five per year) and the distribution across journals to be nearly the same when comparing the two studies' results, an increase was found regarding articles researching children with autism (7% in the earlier review to 23% in the 2012 review) while a decrease was found regarding children with intellectual disabilities (25% in the earlier review to 12% the later study).

These lean results led the researchers to wonder if an analysis of the breadth of published literature in this area would also be as limited with international publications in music education; and, that perhaps a broader content analysis of the published research/literature in teaching music to students with disabilities should be conducted to examine what literature does exist in music education peer-reviewed research and practitioner journals for teaching music to students with disabilities. This would inform the research base and the

field, at large. Therefore, the purpose of this study was to ascertain the breadth of published music literature regarding children with disabilities through the lens of broad content analysis.

Methodology

Content Inclusion

Twenty-seven research and practitioner journals in music education, as well as music education dissertations and theses, were examined for this study (see Table 1). The journals were chosen as they represent (a) the premiere research journals in the field of music education worldwide, (b) they represent the field's mainstream practitioner journals, and (c) all content could be accessed through electronic and/or hard copies. Some international journals were not included in the study, however. For the publications that were analyzed for this study, each journal and its index were accessed either through reputable databases at the researchers' universities, directly through a journal's website, or through hard copies available at the researchers' universities. Furthermore, all journal contents were examined from the inception of the journal through August 2015. The dissertations and theses data-based in Dissertations Abstract International and/or ProQuest Dissertations from 1950 through August 2015 were also examined for inclusion in this study.

The researchers' criteria for selecting an article or dissertation for further analysis included the following:

1. Special needs, disabilities, handicapped, or an IDEA-designated category was in the title of an article.
2. Searches of databases with keywords, such as "music and special needs," "music and disabilities," "music and handicapped," "music and students with exceptionalities," "music and special learners," and/or other combinations.
3. Searches of databases with keywords using each of the U.S.'s IDEA disability category.
4. Further inspection of the abstract and reading of the full-text content of the article, including the assigned keywords to the article.
5. In the absence of an abstract or keywords, the researchers based the piece of literature's inclusion according to its title and full-text content.
6. Book reviews regarding this topic were not included in the study.

Keywords and Final Categorization/Analysis of the Data

In a preceding pilot study, music education articles and dissertations were examined to help determine possible keywords to categorize the data (Spano, 2014). As in the final analysis, the researchers accessed databases or hard copies to locate articles and dissertations, examined the content, and then assigned keywords based on the content. This led the

researchers to designate four broad categories, as well as the respective sub-categories, for the final analysis and results reporting:

- Individual U.S. IDEA Categories: autism; deaf-blindness; deafness; developmental delay; emotional disturbance; hearing impairment; intellectual disability; multiple disabilities; orthopedic impairment; other health impairment; specific learning disability; speech or language impairment; traumatic brain injury; or visual impairment, including blindness.
- Music Area Categories
- K-12 Settings Categories

The decision to include the U.S.'s IDEA categories was made after careful examination of the disability designations from other countries; the U.S.'s categorization seem to accommodate other international publications. This allowed the researchers to maintain consistency of categorization across publications and dissertations during analysis.

Results

What is the breadth of music education literature in journals, dissertations, and theses regarding music and special education?

Data were tabulated and grouped by publication type (i.e., research journal, practitioner journal, or dissertation/thesis), category-area (i.e., disability, music area, K-12 population, or teacher training) and individual sub-categories. Overall, there were 469 articles or dissertations/theses (hereafter, collectively referred to as "dissertations") that met the criteria for further investigation: 142 research articles, 176 practitioner articles, and 151 dissertations. Furthermore, of the journals examined, 12 out of the 18 research journals and seven out of the nine practitioner journals contained at least one article pertaining to music and special education. See Table 1 for a complete listing by journal.

What music education literature using the U.S.'s descriptive categories for IDEA has been published?

The U.S.'s individual IDEA Categories were used to further group the publications, and included the following sub-categories: autism; deaf-blindness; deafness; developmental delay; emotional disturbance; hearing impairment; intellectual disability; multiple disabilities; orthopedic impairment; other health impairment; specific learning disability; speech or language impairment; traumatic brain injury; or visual impairment, including blindness. Out of the 469 total publications, 302 (64%) could be categorized under one of the IDEA designations. The IDEA sub-category that had the most publications was intellectual disabilities ($n = 79$), followed by specific learning disability ($n = 30$). Conversely, the IDEA sub-categories that had the fewest publications were deaf-blind ($n = 0$), developmental delay ($n = 2$), and traumatic brain injury ($n = 4$) (see Table 2).

Results were also grouped by publication type (i.e., research journals, practitioner journals, or dissertations). Out of the 302 publications, 72 (24%) came from research journals, 74 (26%) came from practitioner journals, and 151 (50%) came from dissertations. Within the music education research journals, those about students with an intellectual disability ($n =$

15) or deafness ($n = 13$) were the most prevalent; whereas within practitioner journals, those about students with a visual impairment, including blindness ($n = 14$), hearing impairment ($n = 12$), or emotional disturbance ($n = 11$) were most frequent. When data were analyzed by IDEA categories within dissertations, studies investigating students with intellectual disabilities were by far the most prevalent ($n = 55$), while research about students on the autism spectrum ($n = 18$) or who had speech and language impairments ($n = 16$) followed in frequency. Finally, when the results were analyzed by individual publication, no research journal contained more than five articles within any of the IDEA sub-categories, and no practitioner journal contained more than seven articles (see Table 2).

What music education literature regarding music area has been published?

The publications were also grouped by music area, which included either a general music classroom setting or a music ensemble setting. Within the general music setting, three sub-categories were used within this study: elementary/primary, secondary, or non-age specific general music classroom setting. In the ensemble setting, five sub-categories were included: band, choir, orchestra, non-traditional ensemble (e.g., guitar, world drumming, steel pans) and non-specific ensembles (e.g., “instrumental”). Out of the 469 total publications, 151 (32%) could be categorized under one of the music area sub-categories. The sub-category that had the greatest number of publications was elementary/primary general music ($n = 43$), followed by band ensemble ($n = 28$) and non-age specific general music ($n = 26$). Conversely, the music area sub-categories that had the fewest publications were secondary general music ($n = 6$) and orchestra ensemble ($n = 7$).

Results were also grouped by publication type (i.e., research journals, practitioner journals, or dissertations). Out of the 151 publications, 26 (17%) came from research journals, 89 (59%) came from practitioner journals, and 36 (24%) came from dissertations. Within the music education research journals, those about students in elementary/primary general music ($n = 8$) or band ensemble ($n = 7$) were the most prevalent, whereas within practitioner journals, those about students in elementary/primary general music ($n = 30$) or non-age specific general music settings ($n = 25$) were most frequent. When data were analyzed by music area sub-categories within dissertations, studies investigating students in non-traditional ensembles were most prevalent ($n = 13$), while research about students in the secondary general music classroom ($n = 0$) were least prevalent.

What music education literature regarding K-12 settings has been published?

Within the K-12 settings, three sub-categories were examined in this study: preschool, elementary/primary, and secondary. Out of the 469 total publications, 144 (31%) could be categorized under one of the K-12 sub-categories. The sub-category that had the greatest number of publications was elementary/primary general music ($n = 88$). This sub-category also had the most publications when divided by type: research journals ($n = 19$), practitioner journals ($n = 36$), or dissertations ($n = 33$).

Discussion

This study found that music education research journals had 142 out of 469 of the published research articles, or 30% of the literature. Looking at the span of time from 1975 to 2014

(using the U.S.'s passage of PL 94-142 as a reference), this equates to approximately three-and-a-half articles per year since 1975. Jellison (2000) and Brown and Jellison (2012) found that frequencies of publication for music therapy journals were about five to six articles per year since 1975, and the fact that music education research journals are nearly 50% less than that average yearly publication bears further inspection as to why. The research journals with the highest percentage of published articles included *Journal of Research in Music Education* ($n = 25$), *Update* ($n = 21$), and *Music Perception* ($n = 17$). However, the output of each of these publications is still rather small. Although no music therapy publications were not considered for this study, it could be that researchers prefer to have their work published in music therapy journals and submit their work to those journals (and those allied journals in education) as a first choice for top-tier research. If this is the case, music educators may not choose to read the leading publications in music therapy, and information regarding the teaching and learning of students with disabilities could have an inadvertent block. Perhaps more crossover between music education and music therapy publications needs to occur, or at best, studied to understand the imbalance of publications.

Several peer-reviewed research journals in music education had zero publications regarding music and disabilities: *Finnish Journal of Music Education*, *International Journal of Choral Singing*, *Journal of Band Research*, *Journal of Historical Research in Music Education*, and the *String Research Journal* published no articles (String Research Journal is only in its fourth volume, however). Readership aside, this finding is a curious one, especially when coupled with examining articles in practitioner journals according to ensembles.

Sound Ideas/e-Journal of Music Education, a New Zealand publication, and *The Instrumentalist*, a U. S. publication, had no articles published regarding music with special learners, and practitioner articles in choir and orchestra journals (e.g., *The Choral Journal* or *American String Teacher*) had published seven and three articles, respectively. However, practitioner articles for band were at 15 articles, the highest number of “ensemble-specific” practitioner articles. Two dissertations have been completed regarding orchestra with this population, seven dissertations have been written regarding special learners in the choral ensemble, and six for the band ensemble. These numbers were surprising to the researchers especially in light of research concerning the number of ensemble teachers who teach students with exceptionalities: 99% of middle school and high school teachers recently reported that they teach students with exceptionalities in their choral or instrumental ensembles (VanWeelden & Whipple, 2013). All of these areas need more research to understand the reasons why the literature base is a bit paltry.

One explanation could be that students are typically identified as needing special services early on in their academic life (i.e., elementary/primary years). As a result, general research/information about teaching music to students with special needs is considered more valuable to music educators during those times, and therefore, literature by ensemble areas (or even in secondary general music) is not considered as useful. The number of research articles and dissertations conducted on elementary students would seem to suggest this. Indeed, the number of research articles and dissertations conducted on K-12 populations overall represent 44% of the research in K-12 settings, respectively. However, looking at elementary general music by school level would indicate that only practitioner articles for this age group are more concerned about how to specifically service students with disabilities. Furthermore, there is a decidedly lower number of practitioner articles for

teaching music to secondary students with exceptionalities, and even less for preschool students. Nonetheless, more research perhaps pertaining to traditional ensembles and to age-specified populations in general music appears to be needed, or more research as to understand why there are some skewed underrepresentation in the literature base.

Analyzing all the literature according to U.S.'s IDEA categories revealed that intellectual disabilities had the highest number of articles and dissertations. However, 55 dissertations make up the literature base for intellectual disabilities and only 24 journal articles; an inequality exists among dissertations and published journal articles for this population of learners. Other IDEA categories with very limited literature included deaf-blind, traumatic brain injury (TBI), and students with developmental delays. Additionally, only two studies in music education research journals appeared for students with emotional disturbance, although a higher publication output was in music education practitioner journals. A more balanced literature agenda could provide more insight into creating more inclusive and more valuable, functional music environments for students with disabilities and music teachers.

The researchers recognize the limitations of this study, especially when trying to capture an international picture of the breadth of literature that has been published. For example, some literature may have been counted more than once, especially if a dissertation or thesis appeared as a published journal article. Also, publications not in English (or not translated into English) were not included in this study. As a result, a future recommendation is to analyze the published literature in different languages to ascertain the full breadth of literature to teaching music to students with special needs. Furthermore, great work has been completed in music therapy, and bridging the gap between the ameliorative interventions for students with special needs and music educators will only increase the teaching and learning of all concerned.

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Table 1

The Number of Publications by Journal or Dissertation/Thesis

	Start Date	Σ	%
Overall		469	
Research Journals		142	30
British Journal of Music Ed	1984	14	10
Bulletin Council of Research Music Ed	1963	15	11
Contributions to Music Ed	1972	9	6
Finnish Journal of Music Ed	1996	0	0
International Journal Comm. Music	2007	3	2
International Journal of Music Ed	1983	7	5
International Research Choral Singing	2003	0	0
Journal of Band Research	1964	0	0
Journal of Historical Research Music Ed	1980	0	0
Journal of Music Teacher Ed	1991	9	6
Journal of Research in Music Ed	1953	25	18
Music Ed Research International	2007	0	0
Music Perception	1983	17	12
Psych of Music	1973	13	9
Research and Issues in Music Ed	2003	1	<1
Research Studies in Music Ed	1993	8	6
String Research Journal	2010	0	0
Update: Application of Research	1989	21	15
Practitioner Journals		176	38
American String Teacher	1951	5	3
Australian Journal of Music Ed	1967	6	3
Choral Journal	1959	2	1
General Music Today	1987	43	24
Instrumentalist	1946	0	0
Music Educators Journal	1934	68	39
Orff Echo	1968	39	22
Sound Ideas/e-Journal Music Ed	1997	0	0
Teaching Music	1993	13	7
Dissertations/Theses	1950	151	32

Note. All numbers are rounded to the nearest whole number.

Table 2

The Number of Publications by IDEA Category

	Overall	Autism	Deaf/Blind	Deaf	Develop Delay	Emotional	Hearing	Intellectual
Overall	302	29	0	20	2	26	20	79
Music Ed Research Journals	72	5	0	13	2	2	7	15
British Journal of Music Ed		--	--	2	--	1	1	1
Bulletin Council of Research Music Ed		--	--	--	--	--	--	1
Contributions to Music Ed		--	--	--	--	--	--	4
Finnish Journal of Music Ed		--	--	--	--	--	--	--
International Journal Comm. Music		--	--	--	--	--	--	2
International Journal of Music Ed		--	--	--	--	--	--	--
International Research of Choral Sing		--	--	--	--	--	--	--
Journal of Band Research		--	--	--	--	--	--	--
Journal of Historical Research Music Ed		--	--	--	--	--	--	--
Journal of Music Teacher Ed		--	--	--	--	--	--	--
Journal of Research in Music Ed		--	--	3	--	--	2	2
Music Ed Research International		--	--	--	--	--	--	--
Music Perception		2	--	2	--	--	1	5
Psych of Music		1	--	1	1	1	--	--
Research and Issues in Music Ed		--	--	1	--	--	1	--
Research Studies in Music Ed		--	--	1	--	--	1	--
String Research Journal		--	--	--	--	--	--	--
Update: Application of Research		2	--	3	1	--	1	--
Music Ed Practitioner Journals	74	6	0	5	0	11	12	9
American String Teacher		--	--	--	--	--	--	2
Australian Journal of Music Ed		1	--	--	--	--	--	1
Choral Journal		--	--	--	--	--	--	--
General Music Today		3	--	--	--	4	4	1
Instrumentalist		--	--	--	--	--	--	--
Music Educators Journal		1	--	4	--	6	5	2
Orff Echo		1	--	--	--	1	1	3
Sound Ideas/e-Journal Music Ed		--	--	--	--	--	--	--
Teaching Music		1	--	1	--	--	2	--
Dissertations/Theses	151	18	0	2	0	13	1	55

Table 2

The Number of Publications by IDEA Category (Cont.)

	Multiple	Orthopedic	Other Health	Specific Learning	Speech	TBI	Visual
	7	21	14	30	24	4	26
Music Ed Research Journals	5	4	2	7	4	1	5
British Journal of Music Ed	1	--	--	--	--	--	2
Bulletin Council of Research Music Ed	1	1	--	1	--	--	--
Contributions to Music Ed	--	2	--	1	1	--	2
Finnish Journal of Music Ed	--	--	--	--	--	--	--
International Journal Comm. Music	--	--	--	--	--	--	--
International Journal of Music Ed	--	--	--	--	--	--	1
International Research of Choral Sing	--	--	--	--	--	--	--
Journal of Band Research	--	--	--	--	--	--	--
Journal of Historical Research Music Ed	--	--	--	--	--	--	--
Journal of Music Teacher Ed	--	--	--	--	--	--	--
Journal of Research in Music Ed	--	1	--	1	1	--	--
Music Ed Research International	--	--	--	--	--	--	--
Music Perception	--	--	2	2	2	1	--
Psych of Music	3	--	--	1	--	--	--
Research and Issues in Music Ed	--	--	--	--	--	--	--
Research Studies in Music Ed	--	--	--	--	--	--	--
String Research Journal	--	--	--	--	--	--	--
Update: Application of Research	--	--	--	1	--	--	--
Music Ed Practitioner Journals	1	4	2	9	4	2	14
American String Teacher	--	--	--	--	--	--	3
Australian Journal of Music Ed	--	--	--	--	1	--	1
Choral Journal	--	--	--	1	--	--	--
General Music Today	--	1	--	--	3	--	1
Instrumentalist	--	--	--	--	--	--	--
Music Educators Journal	1	2	2	5	--	1	7
Orff Echo	--	1	--	2	--	1	1
Sound Ideas/e-Journal Music Ed	--	--	--	1	--	--	--
Teaching Music	--	--	--	--	--	--	1
Dissertations/Theses	1	13	10	14	16	1	7

Table 2

The Number of Publications by IDEA Category (Cont.)

	Multiple	Orthopedic	Other Health	Specific Learning	Speech	TBI	Visual
	7	21	14	30	24	4	26
Music Ed Research Journals	5	4	2	7	4	1	5
British Journal of Music Ed	1	--	--	--	--	--	2
Bulletin Council of Research Music Ed	1	1	--	1	--	--	--
Contributions to Music Ed	--	2	--	1	1	--	2
Finnish Journal of Music Ed	--	--	--	--	--	--	--
International Journal Comm. Music	--	--	--	--	--	--	--
International Journal of Music Ed	--	--	--	--	--	--	1
International Research of Choral Sing	--	--	--	--	--	--	--
Journal of Band Research	--	--	--	--	--	--	--
Journal of Historical Research Music Ed	--	--	--	--	--	--	--
Journal of Music Teacher Ed	--	--	--	--	--	--	--
Journal of Research in Music Ed	--	1	--	1	1	--	--
Music Ed Research International	--	--	--	--	--	--	--
Music Perception	--	--	2	2	2	1	--
Psych of Music	3	--	--	1	--	--	--
Research and Issues in Music Ed	--	--	--	--	--	--	--
Research Studies in Music Ed	--	--	--	--	--	--	--
String Research Journal	--	--	--	--	--	--	--
Update: Application of Research	--	--	--	1	--	--	--
Music Ed Practitioner Journals	1	4	2	9	4	2	14
American String Teacher	--	--	--	--	--	--	3
Australian Journal of Music Ed	--	--	--	--	1	--	1
Choral Journal	--	--	--	1	--	--	--
General Music Today	--	1	--	--	3	--	1
Instrumentalist	--	--	--	--	--	--	--
Music Educators Journal	1	2	2	5	--	1	7
Orff Echo	--	1	--	2	--	1	1
Sound Ideas/e-Journal Music Ed	--	--	--	1	--	--	--
Teaching Music	--	--	--	--	--	--	1
Dissertations/Theses	1	13	10	14	16	1	7

Actualization the Healing Effects of Music in Modern Education

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Protection and promotion of children's health is not only the focus of health care institutions but the priority of the society, the education system and of any school of educational institution. Education, psychology and preventative medicine should pool their efforts to develop a socially organized preventative program for children aimed at minimizing psychosomatic symptom clusters at early personality ontogeny stages. Ensuring health protection as part of the education process is even more important because children suffering from those symptoms tend to develop personality factors that define this type as the *psychosomatic personality profile*. Psychosomatic patients and students have the general characteristics and factors, which include restricted or even asymmetric movements, apparent muscular blocks and tension in the movements. We developed and tested a musical and educational approach to rehabilitation of children with the psychosomatic personality profile covering the aspects of the music itself to musical activities of children. As a result, we produced a theoretical and methodological model of musical and educational rehabilitation of children with the psychosomatic personality profile. This model was tested at a children's department on children diagnosed with asthma that is classified as a psychosomatic disorder interfering with normal education process. The selection is composed of three groups: *experimental group 1 (EG-1)*: children who took daily (excluding Saturday and Sunday) classes based on our musical and educational rehabilitation model (2 weeks), $n = 15$; the difference between *experimental group 2 (EG-2)* and EG-1 was a different set of educational activities and a longer duration of exposure (3 weeks), $n = 10$; *reference group (RG)*: children who were treated at the same department but *did not* take music classes, $n = 10$. The comparison results confirm the effectiveness of combined (medical, musical and educational) rehabilitation of children suffering from asthma (EG-1 and EG-2) compared to solely drug treatments (reference indicator: $r < 0.05$). All methods have a tendency suggesting the effectiveness of the set of measures used for EG-2 compared to EG-1 and proving that the longer classes last, the more effective they become. It proves the effectiveness of educational activities in terms of reduction of the general symptoms and factors muscle tension in children suffering from asthma. The experimental work confirmed the real "*health saving productivity*" of music education technologies tested.

Keywords: Musical and educational rehabilitation, personal resources, health protection.

Introduction

Protection and promotion of children's health is not only the focus of health care institutions but the priority of society, the education system and of any school of educational institution. However, the health saving function of the education process is yet to be supported with sufficient scientific proof. In view of the above, it is now the time to revisit the concept of tools available to a music teacher in terms of their health saving potential and realization of the potential in the music teaching process. As a matter of fact, this approach implies an innovative application of musical and educational technologies, expansion and enrichment of their health saving functions. Expansion of functions of musical and educational technologies can cover deep personal resources beyond the ability for music, music knowledge and skills, and the general cultural level; these resources are linked to the creative nature of the music itself that helps people gain energy in terms of their personality and the entire body.

Background

The declarativity of the health saving function of today's educational process does not mean that it is equally effective for all groups of students. Analysis of the term health saving educational technologies reveals that the idea behind the term varies from expert to expert, but most importantly, their psychological and educational aspects can help promote the children's health in the course of teaching [4]. We agree with E. N. Dzyatovskaya, Doctor of Biology, when she states that the health should not be a side effect or an accident result of the education but it actually is the essential production of the education [1]. We believe that the New School is a school promoting the student's integrity when the skills of learning and creativity are the skills used to self-regulate the student's physical and psychological condition, manage the quality of life and protect the health.

In today's world one of the most widespread diagnoses of children (especially, those who live in cities) are psychosomatic symptoms. "Psychosomatics" (from Greek psyche "soul" + soma "body") is the branch of medicine and psychology that studies the effect of psychological (mostly, psychogenic) factors on development of and subsequent changes in somatic diseases" [3]. Psychosomatics is not a generic diagnosis but a list of phenomena ranging from drug-treatable diseases to diffuse personality symptoms including emergency signals demonstrating a reduction in the level of children's psychological adaptation skills (psychogenic disorders as a response to the challenges of the school life or family developments).

Education, psychology and preventative medicine should pool their efforts to develop a socially organized preventative program for children aimed at minimizing psychosomatic symptom clusters at early personality ontogeny stages. Ensuring health protection as part of the education process is even more important because children suffering from those symptoms tend to develop personality factors that define this type as the psychosomatic personality profile [2, 723].

According to I. G. Malkina-Pykh, psychosomatic patients and students have the following common characteristics:

- 1 – peculiar limited ability for fantasy thinking;
- 2 – typical inability to identify and describe emotions in the self (alexithymia¹);

- 3 – high adjustment to formal relations, their contacts are often regarded as “empty relations” or manipulative capability;
- 4 – inability to establish real deep relations due to inner limitations as a result of the early fear of loss, overanxious disorder;
- 5 – infantilism, dependency.

External factors can include restricted or even asymmetric movements, apparent muscular blocks and tension in the movements.

All of those issues should be addressed as part of musical and educational rehabilitation of the children’s personality. The word rehabilitation comes from Late Latin rehabilitatio “recovery”. Rehabilitation activities consist of:

- 1 – medical rehabilitation to recondition the human’s biological body;
- 2 – psychological rehabilitation to recondition the personality of people with a medical condition;
- 3 – educational rehabilitation to recondition a person as the subject of the education process;
- 4 – social rehabilitation to recondition a person as the social subject.

Today’s science defines educational rehabilitation as indirect impact on reconditioning of the initial integrity and mental health of a person primarily through creation of conditions actualizing the productive life, promoting the psychomotor activity and emotional involvement (A. V. Gordeeva, N. L. Karpova, R. G. Ovcharova). Musical activities provide just that. We believed in that so strongly that we decided to start theoretical, methodological and experimental research.

The Aim and Concept

From time, immemorial philosophers and teachers noted that not only does the music educate but also it harmonizes the personality, promotes and deepens emotions. Modern scientists have come to believe that music is an effective corrective tool with a psychotherapeutic function. Based on the above-mentioned assumptions, we developed and tested a musical and educational approach to rehabilitation of children with the psychosomatic personality profile covering the aspects of the music itself to musical activities of children. We find that educational musical activities have a strong healing and harmonizing potential to ensure targeted treatment for or reduction in intensity of psychosomatic symptoms, which helps correct the direction of children’s psychosomatic development and can become the educational product of the health saving musical technologies.

We intended to work out a set of musical and educational technologies that a music teacher can master to bring the health saving potential of musical education to life. As a result, we produced a theoretical and methodological model of musical and educational rehabilitation of children with the psychosomatic personality profile:

I. The theoretical and methodological background to the set of musical and educational technologies for educational rehabilitation of children with the psychosomatic personality profile is composed of the following concepts:

on the philosophical level: concepts of the system integrity of the personality and its “symptoms” at all structural levels;

on the general scientific level: concepts of the interaction of psychosomatic symptoms on the level of psychological peculiarities, the level of bodily representations and the level of development of social relations;

on the specific scientific level: concepts of the possibility and the need of consistent musical and educational rehabilitation as a prerequisite for development of the experience of expressing emotions in musical activities, comprehension and understanding of these emotions, the experience of free, coordinated expressive behavior (physical intoning), the experience of gradual, regulated breathing (when singing), and the experience of individual creative interpretation of a music image in the context of artistic communication.

II. Musical and educational technologies for rehabilitation of children with psychosomatic symptoms include:

- 1 – Methodological orientation to recovery:
 - a) free, expressive and differentiated coordination of movements at the levels of fingers and palms, interaction of the two palms, the arms and breath, singing, arms and facial expression of a music image;
 - b) free, regulated, differentiated breathing with the ability to manage the duration and intensity of exhaling, the emotions expressed through exhaling when singing;
 - c) the ability and motivation for individual realization of a child’s personality in an artistic and creative way by interpreting a music image, forms of performance, production of musical and physical variations based on music images mastered.
- 2 – Technological orientation towards the following activities:
 - a) musical and physical expression technologies based on physical intoning and quasi-conducting (without actually having to conduct);
 - b) declamation and singing technologies focusing on the work with differentiated vocal exhaling (singing, saying tongue twisters, recitation to music);
 - c) impromptu performance based on a combination of skills acquired.
- 3 – Psychological orientation towards minimizing psychosomatic symptoms of school-aged children including infantilism, anxiety, alexithymia, limited imagination, formalization of the sensual and emotional area, body tension and uncontrolled asymmetry in movements.
- 4 – Educational orientation towards an individual and group approach to ensure not only individual combination of specific sets of technologies but also creative communication during group music classes.

The effectiveness of targeted application of the health saving potential of music activities of children with the psychosomatic personality profile was registered using special complex methods including educational, psychological and medical observations and measurements.

Method

This model was tested at a children’s department on children diagnosed with asthma that is classified as a psychosomatic disorder interfering with a normal education process. The condition of children and teenagers suffering from asthma was monitored using the test of differentiated self-evaluation of the functional condition (SAN); the questionnaire to assess the

degree of trait and state anxiety of Spielberger-Khanina (for teenagers); or the Luscher color test. Involved educational observation was conducted to monitor changes in the children's condition throughout each class and body signals (tension, restricted movements, asymmetry, muscle armor); the results of a Reich diagnostics analysis were recorded at the end of each class.

The selection is composed of three groups: experimental group 1 (EG-1): children who took daily (excluding Saturday and Sunday) classes based on our musical and educational rehabilitation model (2 weeks), $n = 15$; the difference between experimental group 2 (EG-2) and EG-1 was a different set of educational activities and a longer duration of exposure (3 weeks), $n = 10$; reference group (RG): children who were treated at the same department but did not take music classes, $n = 10$.

We applied the following statistical methods: Kolmogorov-Smirnov test, F-criterion (analysis of variance), Newman-Castle criterion; Fisher's exact test, McNemar criterion.

Results

Table 1 below summarizes the results of a comparative study of the quantitative indicators before and after the educational experiment.

Table 1

Results of Comparing Children Based on Psychometric Methods (SAN and anxiety) and Educational Observation Before and After the Experiment

Parameter Group	W* (b)	A (b)	M (b)	SA (b)	TA (b)	MM (b)	SS (b)	C (b)
RG (before)	5.0 ± 0.4	4.7 ± 0.2	4.7 ± 0.6	41.4 ± 5.2	44.5 ± 8.1	2.3 ± 0.3	2.4 ± 0.4	3.0 ± 0.2
EG1 (before)	5.2 ± 0.3	4.9 ± 0.3	5.0 ± 0.5	40.3 ± 6.1	42.7 ± 5.2	2.1 ± 0.2	2.5 ± 0.3	3.0 ± 0.3
EG2 (before)	5.1 ± 0.6	4.7 ± 0.5	4.9 ± 0.7	41.7 ± 7.0	44.3 ± 7.5	2.4 ± 0.2	2.5 ± 0.3	3.4 ± 0.5
Significance (R)	NS	NS	NS	NS	NS	NS	NS	$r < 0.05$
RG (after)	5.2 ± 0.4	4.6 ± 0.8	4.9 ± 0.7	42.1 ± 6.3	46.4 ± 7.6	3.0 ± 0.2	2.5 ± 0.3	3.0 ± 0.3
EG1 (after)	5.9 ± 0.6	5.4 ± 0.5	5.8 ± 0.4	35.6 ± 7.2	38.0 ± 9.3	4.0 ± 0.4	3.5 ± 0.4	4.3 ± 0.2
EG2 (after)	6.2 ± 0.3	5.9 ± 0.4	6.2 ± 0.2	31.4 ± 5.4	33.1 ± 6.1	4.7 ± 0.3	4.3 ± 0.2	4.8 ± 0.3
Significance (R)	$r < 0.01$	$r < 0.01$	$r < 0.01$	$r < 0.05$	$r < 0.05$	$r < 0.01$	$r < 0.01$	$r < 0.01$

The comparison results confirm the effectiveness of combined (medical, musical and educational) rehabilitation of children suffering from asthma (EG-1 and EG-2) compared to solely drug treatments (reference indicator: $r < 0.05$). All methods have a tendency suggesting the effectiveness of the set of measures used for EG-2 compared to EG-1 and proving that the longer classes last, the more effective they become. Differences between EG-2 and EG-1 are not statistically significant in terms of specific parameters studied but they are all one-directional:

* W – Well-being; A – Activity; M – Mood; SA – state anxiety; TA – trait anxiety; MM – music in movements; SS – speech singing; C – creativity.

EG-2 produced higher average points than EG-1 in terms of all indicators and showed lower SA/TA level with SAN methods and educational observation method.

Our qualitative study only covered one parameter: presence of 3 full “muscle blocks” simultaneously (according to V. Reich). We compared the percentage of children with this parameter in 3 groups before and after educational activities. The percentage of such children before music rehabilitation in 3 test groups was identical. The “weight” of the parameter in the groups varied slightly from 73% to 80%. After the experiment, there was a significant reduction ($r < 0.05$) in the number of children in EG-1/2 with three full “muscle blocks” compared to the RG where, to the contrary, the number of children with three “blocked zones” increased by 1 person, which came as no surprise, as no musical and educational methods were used on the group to loosen up the muscle tension. There were significant differences ($r < 0.02$) between the RG and EG-1, RG and EG-2 (the intergroup difference in both cases was 60%), i.e. groups that were identical before the experiment had a considerably lower percentage of children with 3 blocks after the experiment, which proves the effectiveness of educational activities in terms of reduction of the muscle tension in children suffering from asthma.

Findings

The experimental work confirmed the real “health saving productivity” of music education technologies tested. In this context “productivity” is regarded as indicators of changes in the well-being, activity, mood, state and trait anxiety, optimization of the physiological breathing function, motivation for creative self-fulfillment and interaction, deeper appreciation and differentiation of their own and somebody else’s feelings, partial loosening of muscle blocks.

Based on the theoretical and experimental investigations carried out within the scope of our research, we developed a working program for a special course titled “Health Saving Effect of Musical and Pedagogical Technologies (following working with children with the psychosomatic personality profile).” The goal of the special course is to develop in music teachers vocationally oriented psychological competency for performing of health saving activity in both educational and wide social sense.

The future music education specialist is provided with the opportunity to gain reasoned and experimentally proved information on the fact that music pertains to non-medicated methods of treatment, correction and rehabilitation applicable to a large number of health situations – both physical and mental. Health saving effect of music education is proved by out-of-school music rehabilitation practice and it also may be considered and purposely used in the process of general education.

Conclusions

1. Musical activity has powerful health saving potential and can ensure psychological and pedagogical support, rehabilitation measures and prevention of development of the psychosomatic personality profile in schoolchildren.
2. Validity of methodical principles and theoretical theses of the proposed psychological rehabilitation model for children with the psychosomatic personality profile was proved by multi-level cross-disciplinary evaluation.

3. The following concepts serve as theoretical and methodical basis of the psychological rehabilitation model for children with the psychosomatic personality profile:
- Philosophical level – concept of constitutional integrity of personality and its “symptoms” at every level of hierarchy;
 - General scientific level – concept of interdependence of internal and external “issues” of psychosomatic symptoms and their identification at the level of psychological constitution of a person, at the level of bodily manifestations, and the level of development of social bonds;
 - Specific scientific level – concept of possibility and necessity of systematic musical and pedagogical rehabilitation of children that would ensure experience accumulation: emotional expressiveness of feelings during musical activity (perception and “understanding” of them), free and coordinated expressive movements, equal and regulated breathing, learning and creative activities.
4. The model of application of musical and pedagogical technologies in psychological rehabilitation of children with psychosomatic symptoms includes the following components:
- 1) Methodical orientation to restoration of: a) free expressive and differentiated coordination of movements; b) free controlled differentiated breath; c) ability of and motivation for independent artistic and creative realization of a schoolchild’s personality;
 - 2) Technological orientation to such types of music performance activities as: a) music and plastic; b) speech and singing; c) techniques and exercises of free improvisation;
 - 3) Psychological orientation to reducing symptoms of psychosomatic personality profile in school age children, including but not limited to: immaturity, alexithymia, anxiety, limited imagination, formalization of senses and emotions, constrained movements, uncontrolled asymmetry of movements;
 - 4) Pedagogical orientation to implementation of individual and group approach facilitating variability of combination of specific technological systems.
5. Pilot research demonstrated that the proposed musical and pedagogical model for psychological rehabilitation of children with the psychosomatic personality profile encompasses all symptom levels: 1) physical (breath and movement symptoms); 2) emotional (perception and expression of emotions and feelings); 3) intellectual (replacement of rigid attitude of retaining unhealthy symptoms for positive attitude of recovery of primary health).
6. These results allow expanding functions of the process of music education and prove health saving effect of musical activities of schoolchildren that must become a part of professional training of music education specialists.
7. We believe that prospects of future studies lie in real cooperation between specialists of different fields creating innovative development and rehabilitation programs on the basis of music education for different social groups and age.

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A Study of Creative Dance Activities on Dementia Family Caregivers

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Since Taiwanese society is aging quickly, the population of dementia seniors has been increasing. Therefore, the long-term care and medical treatment of individuals who have dementia has already become a major issue for Taiwanese society. Due to the heavy burden of the long-term care for individuals with dementia, the family caregivers of dementia are getting more involved in the psychological morbidity, physical illnesses, social isolation, and even financial hardships related to this illness. This action research was designed to explore the effects of creative dance activities on physical and psychological health of family caregivers for individuals diagnosed with dementia. Five family caregivers were recruited as subjects in this study. Interviews, interventions teaching program, observations and action logs, were treated were collected for data analysis. The five movement elements: Body, Space, Time, Effort and Relationship in the Laban Movement Analysis (LMA) were used as the basis for designing the creative dance program in this study. Age, gender and experience in bodily development of subjects were the core considerations. Additionally, corresponding movement explorations were designed to echo with the different musical elements employed in the program. Inner emotions and feelings were also explored to help the participants to build their self-awareness and self-expression. The researcher reached the following conclusions, focusing on the two main scopes as follows: 1) The teaching strategies of the creative dance for dementia family caregivers: a) equipped with capabilities and flexibilities in dealing with contingencies. b) Provision of stimulation and feedback to participants after subtle observations. c) Repetitiveness to reinforce the learning experience and impressions. d) The connection between music and movements to enrich the connotations in movements. e) Good use of the scenarios and language to help the guidance of imagery. f) Ability to summarize and integrate the sharing and discussion among the participants. 2) The benefits of creative dance program to dementia caregivers: a) The creative dance program were acceptable by caregivers; and b) the benefits of creative dance program for caregivers of individuals diagnosed with dementia were the alleviation of the participants' mental stress, increased physical suppleness, improved sleeping quality, and attainment of care quality improvement and consistency.

Keywords: Creative aging, dance, dementia, caregivers

Introduction

It is indicated in the World Alzheimer Report 2013, published by the Alzheimer's disease International (ADI), that the number of seniors will increase by 2.7 times, and half of them will have a diagnosis of dementia. The World Health Organization (WHO) and the Alzheimer's Disease International (ADI) called on all governments to make dementia a priority and develop a "National Dementia Plan." A nation-wide survey conducted from 2011 to 2013 by the Ministry of National Health (2014) found that nearly 5% of people aged 65 and over has a mild cognitive impairment. In 2005, The Ministry of the Interior of the Republic of China (Taiwan) pointed out that 85% of the individuals diagnosed with dementia live in the community with their family caregivers (Chiu et al., 2010).

Due to the brain dysfunction associated with dementia, individuals have cognitive impairment and memory loss, coupled with behavioral and psychological symptoms of dementia (BPSD), and their progressions and symptoms vary in diverse ways. Because of the individual debilitation differences and irreversible symptoms, the average illness period for individuals with dementia lasts longer than those diagnosed with cancer. Thus, the family caregivers of individuals diagnosed with dementia bear a longer and more complex care than other caregivers do. Over the years, this has taken a severe toll on the physical and mental health of caregivers as they have morphed into the "unseen patients" behind the dementia patients (Onishi et al., 2005). The department of health of the New Taipei City pointed out that there were a rising number of seniors aged over 65 that had to take care of older generation who were more disabled than themselves (Chang, 2012). "Seniors caring for older seniors" has become an increasingly prevalent condition. Nevertheless, their mental health can be bolstered if relevant mental health programs are introduced before any sign of physical and mental illness appear in them (Tseng, 2014).

The currently available services for caregivers of family members diagnosed with dementia in Taiwan, such as educational courses, family support group and related activities, are rarely regular. In Zheng's Survey (2008) on the needs of 108 dementia patients and their family caregivers in Taichung, the highest demand was the sharing with the same caring experience (62.0%), followed by the medical subsidies provided by the government (55.6%), and get-together of support group (49.1%). Forty-four percent of caregivers were not satisfied with the psychological counselling provided by government agencies or organizations. The results reflected an immediate appeal for psychological and emotional support by caregivers for family members diagnosed with dementia.

The Dance Class

The researchers with years of teaching experience in music and movements, were invited to teach a series of music and movements programs to the families of individuals diagnosed with dementia. Participants included the daughter-in-law, the granddaughter, the daughter and the son-in-law or the spouse of the individual diagnosed with dementia. After one short lesson, participants released physical and emotional stress, gained comfort and strength, achieved self-talk, and acquired positive power and encouragement. The researchers witnessed the magic of the art education.

In the general dance program, instructors demonstrate and learners imitate. Each adult or senior caregiver has an individual physical condition. For example, some participants might be unable to catch up if they had been injured, or suffered from aging or debilitating problems. However, everyone is born to be capable of moving and dancing, and has the intrinsic power to move. Lin (1994) pointed out that everyone can participate in creative dance as each person possesses a skeleton, consciousness, sentiment, perspective, imagination, vitality and are brimming with sensitivity, initiative and boundless potential to trigger the body movements. Creative dance is the practice of dance by the dance educators when the theories of physical and mental developments pertaining to movements in an educational setting are applied (Lee, 2002). The forms of expression in creative dance are related to an individual's body and emotions. The dance brings about the imagination that helps participants reflect the conditions they are in (Huang, 1991). As a quest for physical and mental growth, creative dance helps release the inexpressible pressure hidden in the depths of the participants' mind and body, and manifests potently the value of the existence and dignity of inner life (Liu, 2008). Hence, creative dance is an art, a journey of self-discovery of the body. In the first step of its learning, having the language in movements bound with personal feelings, the feelings in the participants are prompted. As they dance, recollections emerge in their brain, and they can sense their very own emotions while resonating with their own hidden inner feelings (Lee, 2002).

During the teaching process, the researcher noticed that the features of creative dance have made it suitable for people of all ages and groups, including adults and caregivers of individuals diagnosed with dementia. Centering on each one's physical health conditions and movements, the caregivers by explorations, are allowed to present individualistic performances as they dance, shoring up their physical and mental sensitivity, self-communication and connections. During discussion, a relationship of mutual psychological and mental cohesion and support are fostered among the caregivers. Creative dance upholds the teaching principle of providing proactive encouragement to the participants' self-development; therefore, there is neither standard movement nor concerns on what is right or wrong. This can help the participants to express themselves audaciously and gain the power of positive thinking, boosting their self-affirmation and faith. The caregivers could also enjoy the effect of exercise in the creative dance after having been stopped from an extended period of exercise that was caused by their aging and chronic care for their family members diagnosed with dementia.

Designing Creative Dance Program

The researcher used the five movement elements: Body, Space, Time, Effort and Relationship in the Laban Movement Analysis (LMA) as the basis for designing the creative dance program. Age, gender and experience in bodily development were matched up with the time, months and seasons in search for the teaching themes of the creative dance. Additionally, corresponding movement explorations were designed to echo with the different musical elements. For instance, the researcher referred to the grief, angst and melancholy shown in the caregivers and designed echoing music and creative dance programs. The thematic explorations and observations of movement and emotions such as grief vs. elation, angst vs. undisturbed, restiveness, slowness, or melancholy vs. brightness allowed the caregivers to present movements from their daily life

experiences or life moments accordingly. Inner emotions and feelings were also explored to help the participants to build their self-awareness and self-expression.

Started in June 2013, acting as the principal instructor, the researcher arranged three rounds of 90-minute creative dance programs consisting of three classes for the support groups for the families with loved ones diagnosed with dementia. The program emphasized mainly creative dance, with supplementary goal of stress reduction. After the debut of the three-stage creative dance program, the instructor came into a better understanding of the participatory motivation, needs, physical and mental condition of the support group for families with dementia patients, which greatly benefited the teaching experience involved in the formal study. The researchers adjusted and developed the pilot study into a 12-class program. Table 1 shows the relationship between the pilot study and the formal study of the program development. The right column shows the formal study on the 12-class creative dance program developed on the basis of the teaching results found in the pilot study (left column) for the caregivers of individuals diagnosed with dementia. The framework of the creative dance program in this study was developed after being reviewed by some experts.

The originating idea of the program comes mainly from the creative dance, coupled with movement explorations, relaxing breathing and physical and mental conversation. It was conducted in a continuous cycling of the above-said patterns. The main target of the program is to cultivate the learners' ability and experience in body movements, combined with relaxing breathing to attain the inter-flow and functioning with the inner psychological status during the participatory process of the program.

Table 1
The Relationship Chart Between the Pilot Study and the Formal Study on Program Development

Program designed for pilot study			Program designed for formal study			
No.	Statement	Movement Elements	No.	Statement	Movement Elements	Internal Elements
1	Core teaching points: Body movements and exploration	Body, Shape, Space	1	A new start	Body Parts	Embrace with hope, discard the agonies
			2	Hopscotch	Body Parts, Shape, Space	Positive thinking
			3	Spinning bamboo cicada	Body Parts, Shape, Space	Gratitude
			4	Mysterious figures	Body Parts, Space, Time	Memories
2	Core teaching points: Expression and imitation of body movements	Body Parts, Shape, Space, Relationship, Time	5	Freezing winter	Body Parts, Shape, Space, Relationship, Time	Creativity and imitation
			6	Puppet	Body Parts, Shape, Space, Relationship, Time	Focus, leadership and cooperation
			7	Wind and leaves	Body Parts, Space,	In touch, exertion and in-

			8	Taking in flowers	Relationship Body Parts, Shape, Space	take of pressure Blooming and withering, an experience of life
3	Core teaching points: Feeling the Space and Effort	Body Parts, Shape, Space, Effort	9	Shadow	Body Parts, Shape, Space, Effort	Stuffy and released
			10	Rainy season	Body Parts, Effort, Relationship	Confinement and freedom
			11	Fireball and slowpoke	Time, Effort	Hotheaded and unruffled
			12	Finale	Body Parts, Shape, Space, Time, Effort, Relationship	Review

I. Movement Exploration

Body movement exploration cover five major elements: Body, Space, Time, Effort and Relationship. The dance program in this study was designed with the beginning three classes focusing on the Body and Space, the elements of Time and Relationship were added in from the fourth class onward, and the use of Effort from the ninth class.

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II. Breathing Exercise for Relaxation

As most of the movements will affect the way we breathe, the program in this study guides learners to explore movements, emotions, and breathing. To help the study participants learn how to relax the muscles of the body and release their inner emotions through breathing, the program guides the participants to adopt diaphragmatic breathing, soothing the long-term accumulation of tension and stress in the abdomen and diaphragm. This breathing increases abdominal pressure, massage internal organs, leading to a smooth celiac blood circulation, and more effective detoxification of the body. It also enables the gradual repression of the sympathetic autonomic nervous system (responsible for excitatory function) activities, and the gradual strengthening of parasympathetic nerve (responsible relaxation function). This will be helpful for physical and mental alleviation, stabilization of pulses and blood pressure, and thus preventing and improving the panicky or stressful emotions.

III. The Physical and Mental Conversation

Lee (2002: 53) mentioned that the desire to learn one technique does not go with the spirit in creative dance, there should not be any rush. Do nothing but feel your own body first. Based on the theme set in each class and guided by certain imageries, combined with movements

exploration and relaxing breathing, the participants started to get conscious about their physical and mental status and connect the movements with inner status. After and during the class, caregivers are allowed to present their internal feelings, emotions, memories or thinking by sound, picture, writing, creative physical movement or verbal expression.

The Research

This study applied action research with five caregivers whose family members were diagnosed with dementia, residing in Taipei, Taiwan. Starting off with interviews, the participants were evaluated on their pressure tolerance. The researchers based on their respective differences in gender and relationship with the individuals diagnosed with dementia (Etters et al., 2008) to design programs focusing on the improvement of the caregivers' sleep disorders, grief, angst, melancholy, self-presence, positive feelings, and helped them in self-adjustment. By sound, pictures, writing, body movements or sharing, self-exploration, the relief of one's pressure and self-recognition, etc. are attained to extend the establishment of an inner support system for dementia family caregivers. From February 2015, a 60-min creative dance lesson per week was held for 12 weeks, at the homes of respective caregivers to enable their caring for their family members simultaneously.

Table 2

Participants' Demographic Information

Participant	Age	Relationship	The disease progression of family member with dementia
M1	69	Daughter	Sever impairment, in bed
M2	52	Daughter	Passed away
M3	70	Wife	Mild impairment
M4	65	Wife	Sever impairment
M5	50	Daughter-in-law	Moderate impairment

Implication

It was found that the playing of music can facilitate the participants in achieving inner emotions and feelings explorations. The pitch, dynamics, timbre, rhythm, texture and tonality in music can also help participants' movement performances. However, to avoid the participants from being confined to the music in their body movements, music was not played when they were attempting to explore the themes with movements, so that they could focus solely on exploratory movements and body observations before adding in music slowly. The researcher also found that the participants' emotions and creativity were easily affected by the music with lyrics, which was therefore refrained from playing during the program.

By explorations in the program, the participants were found to become familiar with their bodies, and learned to express themselves with body movements instead of verbal language. They also realized their suppleness changed when their bodies gradually relaxed as the program advanced. To them, "movement" itself is greatly beneficial to their physical and mental health as they sweated and danced to the music. Integrating the thematic programs and different musical

elements with corresponding movements based on the objectives of this studies, the participants danced alone or with others and went through a process of self-awareness to self-consciousness. They reinterpreted their self-positioning as they reflected over their inherent personalities. They also expressed by sound, pictures, writing and sharing their realizations of life after the movements. Participants without dancing experience not only could take in the creative dance programs containing thematic imaginations and movements, but also the exploratory movements as a teaching form. Participants perceived that by music, dance and sharing, the physical and mental pressure was released or assuaged, indirectly enhancing their caring quality.

Conclusion

Two conclusive points were reached in regards to whether if the creative dance programs can be the succor to caregivers' physical and mental health:

1. The process of action research for caregivers participating in creative dance program:
 - a. Participants have acquired different perspectives in understanding their time, body, space, relationship, and efforts.
 - b. Demonstration of more in-depth internal explorations after the replacements of bodily movements with verbalized expressions.
 - c. Changes of the participants' perspectives of exercises.
 - d. Life-related themes enable association with life/ personal experiences and easier initiation of creativity.
 - e. Manipulation of inner communication derives from explorations and expression of inner emotions through dancing.
2. The benefits of creative dance program for caregivers:
 - a. Relaxation techniques in breathing help alleviate the participants' mental and physical stresses.
 - b. Movement explorations can help participants to release physically and increase physical suppleness.
 - c. Dance movements and physical relaxation can improve sleeping problem.
 - d. Rhythm, breathing and sharing can help release emotions.
3. Help participants to attain care quality improvement and consistency.

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Disability as Identity and Culture: Implications for Music Educators and Researchers

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This paper will examine the role of disability in music education research within peer reviewed journals in the United States, explore a current movement that embraces disability as a part of one's identity and culture, and discuss how that movement might apply to music educators and researchers. Implications include employing a social perspective of disability, amplifying the experiences of persons with disabilities through research, considering the inclusiveness of curriculum and assessment, questioning the practice of behavior modification in music classrooms, and more.

Keywords: Music education, disability, identity

Much of the existing music education literature consists of attitudinal studies of teachers and “typical” peers in inclusive classrooms. These studies reveal widely-held low expectations from students with a diagnosis (Cassidy & Sims, 1991; Jellison & Taylor, 2007; Nowicki & Sandieson, 2002; Salvador, 2013; Zitomer & Reid, 2011). These low expectations lead to purposeful and non-purposeful exclusion from music classes (Knox, 2004; Nabb & Balcetis, 2010) that in turn yield very low rates of participation in our school ensembles (Linsenmeier, 2004; Hoffman, 2011; Nabb & Balcetis, 2010; Nicholson, 2003). Ensemble directors express beliefs that these students lack musicianship and will be disruptive (Linsenmeier, 2004). These directors also report a lack of strategies and resources for inclusion (Nabb & Balcetis, 2010).

Often there is no path to achievement in music available to students with disabilities. They are left with music making that is labeled either “recreational” or “therapeutic” (Aujla & Redding, 2013; Jellison & Taylor, 2007; Zitomer & Reid, 2011). These recreational and therapeutic programs may not have any musical goals at all, instead solely focusing on how music making can improve the students' cognitive functioning or social skills. Nonmusical goals are neither bad nor wrong, but when they come at the expense of learning music for the sake of becoming a more musical person, and especially when the music made is never shared with others outside of a clinical space, educators and therapists may be unintentionally denying these students full access to the arts and sending a message that their music is not worthy of sharing with others (Aujla & Redding, 2013).

Moreover, the fact that the vast majority of studies concerning disability in the music education literature are attitudinal studies about the experiences of teachers reveals an underlying bias in the research questions being asked, one that privileges the perspective of the able over the disabled. We do not have studies describing the experiences of students with disabilities in music classrooms (Jellison & Taylor, 2007). In a 2012 review of the literature, Dobbs found that music education studies are likely to adopt a deficit model or functionalist view of disability; to characterize accommodating disabilities in the classroom as managing incapacity; to portray

normalcy as a fit and able body that is to be preferred over a disabled one; to use a student's diagnosis as the one identity factor that superseded all other aspects of their identity; and to silence, through omission, the voices and perspectives of the actual students with disabilities and their support networks.

How is that a field of professionals who are undoubtedly good people who genuinely care about their students can be seemingly so far off the mark? We live in an ableist society. When, according to the CDC, 1-6 children between the ages of 3 and 17 will receive a diagnosis of developmental disability at some point (Boyle et al, 2011), it is clearly a systemic problem that all pre-service music teachers are not trained to work with these students, trained to plan for them coming and embrace them when they arrive. No one wants to identify with the horrifying institutions of the past, the eugenics movement that brought forced sterilization, mass killings, experimental drugs and electroshock treatments, and so much more. But we must. This is our very recent history. And these are still pervasive attitudes in our culture (Silberman, 2015). Attitudes that, in 2016, allow parents in the United States to murder their disabled children and face sometimes no legal recourse and sympathetic judges and juries (ASAN, 2015). This is a civil rights issue and an ethical imperative. Universal access to music making is not a reality or even a concept embraced by our society (Knox, 2008). Educators owe it to their students with disabilities to serve them well and seek social justice in music making. One of the best ways to do that is to listen to students and amplify their voices. Engage in their self-advocacy movements.

One such movement is the neurodiversity movement, developed in the late 1990s, which challenges all the assumptions that music educators and researchers may make regarding students with conditions such as autism, dyslexia, and ADHD. Neurodiversity is the concept that such conditions “should be regarded as naturally occurring cognitive variations with distinctive strengths that have contributed to ... technology and culture, rather than mere checklists of deficits and dysfunction” (Silberman, 2015, p. 16). Neurodiversity and the broader disability rights movement call for a social understanding of disability rather than a medical or deficit model (Silberman, 2015; ASAN, n.d.). The social model resituates disability as a symptom of social constructs rather than list of individual deficits. This model benefits everyone, given that disability, of some kind and duration, is an inevitability for all of us.

Some of the civil rights being called for include equal opportunity in work and school, the right to have a family, the right to have access to services and supports through the lifespan, the right to inclusion and respect, practical research that benefits individuals with disability (as opposed to prioritizing “cure”-focused, genetic studies), and the right to self-advocacy and self-determination (Silberman, 2015; ASAN, n.d.).

Self-advocacy is the right to represent oneself and one's own interests. At the community level, it means that a community of a certain disability has the right to be an equal voice in all of the conversations and actions about that community (ASAN, n.d.). It seems intuitive that individuals with disabilities understand their own needs best, and yet they are routinely silenced by the able-bodied or neurotypical experts and sometimes family members.

As self-advocates, individuals with disabilities deserve and are beginning to demand a leadership role in the decision-making of any organizations that claims to represent them. Their slogan? “Nothing about us without us” (ASAN, n.d.). This is most notoriously playing out between members of the Autistic Self Advocacy Network and Autism Speaks, a large fundraising organization for autism. Autism Speaks does not allow anyone with autism to serve on the board, it characterizes autism as a tragedy and burden on society, it uses fear and pity tactics in advertising, and prioritizes finding a cure rather than providing meaningful support for people on the spectrum and their families (Silberman, 2015; Boycott Autism Speaks, 2014). This is not the kind of representation that people on the spectrum want, and they are out on the streets and online protesting, calling for a boycott of Autism Speaks, and doing so as self-advocates.

Self-determination, meanwhile, means an individual can choose how to live, which transfers power from the system back to the individual. Self-determination might make educators uncomfortable because it challenges the status quo. It means that each person decides what functional looks like for them (ASAN, n.d.). A person can choose whether to make eye contact or “stim” in public, and that it is okay. Their way of being, although different, is a viable one (Silberman, 2015). Self-determination means that behavioral interventions aimed at normalizing behaviors are not appropriate if the person doesn't want to be normalized. Self-determination also means that a person decides what they want to be called.

In the U.S. it is expected that educators and clinicians use “person first language,” saying “person with autism” to emphasize that they are a person and not a disability label. Those are kind intentions, however, this decision, this label was made by able-bodied, neurotypical people speaking for this community rather than listening to it. I would never describe myself as a person with heterosexuality, or a person with Christianity because I am those things, I am never separate from them. Similarly, many in the Autistic community are speaking out: they do not want to be separated from their identity either (Brown, n.d.). A well-known quote from Ari Ne'eman, a leading neurodiversity activist, is “If I’m on a flight and the airline loses my luggage, I don’t arrive without my autism.” Educators will need to become comfortable with identity-first language if it is the preference of the students with whom they work.

As self-advocates organize, they come together in a variety of ways, Autreats where people can stim together and be normal, activism meetings and protests, online communities, and social clubs (Silberman, 2015). It is important to point out that these communities are all different and have different perspectives and opinions because, of course, they are comprised of complex people, who are united not necessarily over a common diagnosis, but also over sexuality, race, gender, religious and political affiliations, and more. Persons with disabilities deserve an intersectional treatment of their identity, one that is more nuanced, accurate, and respectful (Björnsdóttir & Traustadóttir, 2010). By doing this we can help dispel the stereotypes that persons with disabilities are nothing more than “asexual eternal children” (Björnsdóttir & Traustadóttir, 2010).

It is clear that one cannot paint with a broad brush or make assumptions about a person's identity given a diagnosis. Nonetheless, one can presume competence and maintain high expectations. Music educators must begin to view the untapped potential of their students with disabilities.

Music affords a unique opportunity to strategically amplify the voices of our students as self-advocates through our practice and research and work towards social justice in music education. To help make a change, however, educators and researchers must first begin by closely examining how our own beliefs shape our students' experiences by engaging with disability rights and neurodiversity advocates and listening openly and reflexively. Recommended starting points are *Neurotribes* (2015) by Steve Silberman; *Loud Hands: Autistic People, Speaking* (2012), a collection of essays by autistic authors (Julia Bascom, ed.); the Autistic Self-Advocacy Network's (ASAN) website and Michael Bakan's forthcoming book, *Speaking of Music: Conversations with Autistic Thinkers*.

After re-examining where disability is situated in one's own beliefs and teaching philosophies, educators and researchers can then consider barriers to music education that exist in our research and in classrooms. Researchers are the rudder that steers the ship. The perspectives and the language used by researchers is printed and put online, where it shapes the field for years to come. Research is accessed by a continually wider audience that includes caregivers and policy makers. Thus, the researchers' choices are hugely important. Researchers are encouraged to adopt a social model rather using a deficit model of disability. This, in terms of music research, may best align with an ethnomusicology approach (Bakan, 2014). One would never travel to a distant culture and observe its music practices only to judge its dysfunction or worse, fix it; students with disabilities deserve the same level of compassion and respect. Researchers are further recommended to include the perspectives of persons with disabilities in our studies, not only in our results sections but as participant-collaborators in our methodologies. Finally, participants' identities must be more meaningfully described from an intersectional point of view, not over-emphasizing the role of a diagnosis in one's identity.

And what about in the classrooms? Physical barriers can be easy to see, but what of the invisible barriers, such as stigma, curriculum, and assessment? Music has very demanding social expectations (Small, 1998). Are we providing access to quality listening experiences for our students who may not get to go to concerts because of the pressure to be silent and still? Providing sensory-friendly concerts, in which audience members are free of social stigma are a great way to provide access to high-quality music performances (Musical Autist, n.d.).

But social stigma isn't just for performances, it colors every class period. Sensory sensitivities are routinely mistaken as defiance and students that are, in fact, observing a vast amount of details are mistakenly believed to be "spaced out" and uninterested because they aren't making eye contact. One wonders, in what ways do we choose to "normalize" our students, so that we ourselves can be more comfortable? This question in particular has been a challenging one for me.

Often I see individuals who are "stimming" to music get redirected to either sit still or to participate in a more socially-acceptable way. Indeed, I have done this myself countless times. However, people who "stim" when listening to music will sometimes share amazing accounts of engagement, of "stimming" as a byproduct of colorful images visualized to the music, not as the vapid, meaningless repetitive motion that it would be if I did it. I realize now that when I grab a student's hand to prompt him to drum with me, I may be diminishing his engagement with the music, not enhancing it.

Curriculum content can also be a barrier to participation. Music programs commonly emphasize notation, and there are certainly practical benefits of notation. However, notes on the page can quickly become a barrier as we try to perfectly recreate a composer's immortal aesthetic (Small, 1998). Inclusion is also made difficult when our measure of success is a judge's rating at a competition. If the narratives in music class continue to be perfection, immortality, and standards of beauty, our students with disability will continue to be left out (Aujla & Redding, 2013; Lubet, 2004).

Assessment is another form of barrier to music education. Students with disabilities are left out when assessment is a checklist of skills. Inclusive assessment would consider creative potential, quality of expression, work ethic, etc. There is more work to be done in approaching assessment in a way that balances high expectations with flexibility and openness (Aujla & Redding, 2013; Charnley, 2011; Lubet, 2004).

Yet another social barrier in our music classrooms is that of “disability porn” or “inspiration porn.” One of the most pervasive ways our culture harms individuals with disabilities is by presenting them as curiosities, a practice that is sadly ingrained in western classical music and music education. Presenting someone as a curiosity is exploitation (Knox, 2004; Lubet, 2004). Our culture welcomes soloists, like Andrea Bocelli or Thomas Quasthoff, and proceeds to characterize them by their disability rather than the strength of their performance. Disabled soloists are comfortable to watch, because they send the inspiring message that with enough grit and perseverance one can “overcome” disability. This places the responsibility on the disabled individual to do the work to be accepted (Lubet, 2004). We rarely see section members with disabilities in our school and professional ensembles, because that places the responsibility on the system to work to be accepting.

Finally, I remember being told as a music therapy student that something therapeutic cannot also be performative, and that is still a common view. However, in my clinical experience, often the experiences that are the most therapeutic are the ones that are performative. It is through performance that we explore the possible, announce our identity to the world and even receive applause for it (Ansdell, 2010; Aldridge, 1996; Small, 1998; Turino, 2008). It is through performance that we have witnesses to our empowerment. Performance levels the field and gives our students an opportunity to speak out, or sing out, or play out, as their own self-advocates. Performance is perhaps the best tool we as music educators have to help our students celebrate their identities and carve out cultural space in their own terms.

It is well within the powers of educators to empower their students as self-advocates. As we continue to better listen to persons with disabilities and begin to understand how disability intersects with identity and culture, music educators and researchers have exciting, and important, work to do to seek social justice in music education and provide access to music for ALL.

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Everyone is welcome to play!
**Bringing Special Music Education into Scuola Musicale Giudicarie: Challenges, Resources
and Results for a Long-Term Experience of Joyfully Making Music**

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Scuola Musicale Giudicarie is a member of the Network of Music Schools of Province of Trento, Italy, and like the other fourteen schools, it is funded by the Department of Culture as its main purpose is to provide music education for all and at any age. This means that even people with special educational needs should have access to learning and playing, finding the best pedagogical background for a successful experience. The project started in 1998, with the first student with special educational needs. In 2015, there was an increase from 1 student to 30 students with special educational needs. Students with special educational needs now comprise 20% of the student population, as the total number of students is 200. In this time, many efforts have been made to develop special music education within a 'standard' Music School, already officially provided by the Department of Culture Curriculum. This research introduces the process by which teachers and students have developed an innovative model in Italy, paying attention to inclusivity and showing a new way to be a music school. Figurenotes© have been one important key to access playing and to achieve the 'music for all' purpose. This research is based on the process realized by students who attended a music school for several years, starting from childhood. It focuses on the fact that the improvement of music skills is associated with the development of social abilities as well as a rise of motivation. This is noted thanks to successful participations in collective activities such as joining orchestra, pop bands, dance group and choirs. This research also analyzes how, thanks to a long-term commitment, students can flourish in a way in which music become a constant activity in adulthood. Results confirm that it is possible for a Music School, initially conceived for people without special educational needs, to develop curricula in such a way that people with disabilities may improve their life making music, sharing the richness of their hearts in a stimulating environment. Research reports against the cost in terms of resources required, and challenges faced in overcoming the belief that people who are not using conventional notation are not able to become a good musician. As well, the presence of students with special educational needs contributes in developing social abilities for students without special educational needs. Finally, it is confirmed that Special Music Education can take place together with Non-Special Music Education and that the presence of students with and without special needs in the same educational environment is a precious opportunity for everybody and for the society.

Keywords: Music for all, special educational needs, curriculum



I will begin by briefly describing the performance that included teachers and students from Scuola Musicale Giudicarie last June, *The Music Bus*. It was an itinerant music theatre performance including concerts, where initially few students and teachers gathered in one of their village and played for the local people. After playing they got on the bus and continued to the next village where other students, teachers and audience were waiting for them. And then they got on the bus again and so on, till the last city, where they had a final performance with a large orchestra. For its social value and impact on our area in terms of cultural promotion, *The Music Bus* was liked by Fondazione Caritro. While preparing for *The Music Bus*, we had one more confirmation that our mainstream music school, matched successfully with special music education, encouraging us to continue. When Nicola, a 25-year old man, who has Down syndrome, knew that I would come to Edinburgh to present *The Music Bus* project he said: “Well, bravo! Go and tell our story.”

The story begins with a music school, Scuola Musicale Giudicarie, founded about 30 years ago and enrolled in the Music Schools System of Autonomus Province of Trento. Like the other fourteen schools, it is funded by the Department of Culture as the main purpose is to provide music education for all. Province of Trento covers a northern mountain area divided into several valleys, that means it’s not so easy to reach the main cities to attend a music school. In order to improve music education, in the eighties a music school was created in every valley. The government of the Province recognized their importance for the community.

So, a regulated system was created too, where every school is run by private entities, but all schools have the same pedagogical guidelines and the same enrollment conditions for teachers. The main point about the guidelines is that instrumental individual lesson goes together with collective lessons. For children aged 7 years old and younger, music schools provide music education for one hour a week. Once children turn 8 years old, they continue in music education through choosing an instrument to learn as well as participation in choir, theory and music formation, and later music history. Students can also choose to join orchestra, band, dance, other ensembles, or a music theatre group. As stated earlier, all music schools have the same goal: to provide music education for all.

This meant to me that even people with special educational needs should have access to learning and playing music, which means finding the best pedagogical background for a successful experience. In 1998 when I enrolled in Scuola Musicale Giudicarie, only one student with special needs began to attend school, our Nicola, who was 6 years old at that time. With him we had several types of activities, music games, and fun; and it was not difficult for him to be involved in group music education activities with other children. Meanwhile another child with special educational needs joined the music school. A couple of years later, when it was time to choose an instrument to learn, and move forward with reading music, difficulties started.

The students with special educational needs liked music, but it was very difficult to get involved in music groups. The main problems with music learning pertained to music reading. Students had difficulty recognizing the notes on the staff and then finding the right position on the instrument to play the notes. Like it or not, when notes on the staff became an ingredient of activities and programs, whether it is during choir, another ensemble, or individual lessons, the students with special educational needs became lost. Motivation and involvement decreased, behavior problems manifested, attention decreased, and leading the class or group became difficult for the teacher.

Unsuccessful feeling was killing the joy we saw before. At that moment, the Music School was not able to be a music school for all. While classmates without special educational needs were in the position to learn many different songs, Nicola and Alessandro were working hard to memorize even one tune, so, how could they participate in ensemble playing? At that moment, the Music School was not able to be a music school for all. The answer came by introducing Nicola and Alessandro to the Figurenotes© Notation system in 2002.

For them things changed in the duration of a lesson, and the increase of motivation and the sense of success affected the learning process right away. First, listening to Nicola and Alessandro and seeing their happiness was truly a statement. Then we were able to make it clear to people that we used a valid pedagogical tool which made the difference. Teachers and the board of the music school recognized it was an innovative tool, therefore, Figurenotes© was promoted and projects were started. Year by year, more students with different disabilities and different learning necessities arrived. Childhood Neuropsychiatry Health Center noticed our work and a cooperation was started.

We have now 39 students with special educational needs out of our total students of 200. Nine of them are coming as a group for a project started with Anffas, an educational center for people with from medium to severe disabilities. For them we have weekly band sessions and a final concert with choir and teachers. All the others are coming as individuals, thanks to the interest of their families. About half of the students with special educational needs who join the music school have serious associated with intellectual and physical disabilities, meaning they have seriously reduced independence and dysfunctional behaviors; others have cognitive difficulties, but at the same time they have some independence. Students with serious disabilities normally attend the music school only for the individual lesson, accompanied by their educators. For them, in accordance with the neuropsychiatric doctor and their general school teachers, we arranged a music-making group directly in their classes. In this case Figurenotes© was used to improve group playing, in such a way as to promptly realize a significant and inclusive musical

environment. Figurenotes was useful also for their educators or parents, so that they could play and regularly include music in their daily re-creative activities.

The students with special educational needs who are independent come to music school from two to three times a week and some even come four times a week, participating both in individual and collective lessons. When a new pupil arrives, to begin with, we meet only for a weekly individual lesson, so we start the learning process, and at the same time we understand which group would be best for him or her. A student will continue then with individual lessons plus one to three different collective activities per week. Individual lessons are provided by teachers who have a background in special education.

Collective lessons are instead given by teachers who do not have a background in special education and maybe were even not expecting to find students with special needs at the music school. During the orchestra's lessons two or three teachers often provide support to the main teacher, while with band and choir there were no other teachers co-leading. In bringing special music education into a mainstream music school we faced some challenges.

With individual lessons, we needed to understand that there is not one universal teaching process, but we must listen and observe every student to find out the best way in order to make music possible for him or her. Then we needed also to understand that for our students the best teacher is good music, so as teachers we have not just to sit beside the pupil giving instructions and corrections. We needed to make music with them during lessons. I tried to make music with Elena, I played clarinet with her and so she finally got motivated to play the piano, and she said "We are musicians, we are not just learners, I do not want learning, I want to be a musician. My grandfather is a musician."

When reflecting on playing in an ensemble, we saw that classical orchestra and rock bands are the groups which offer the best environment to realize inclusion. But we had to change our minds about what is simple and what is difficult in music patterns, so that we could prepare suitable parts for our students. The preferred instruments for our students with special educational needs are keyboards, percussion instruments, and electric guitar, so playing in a rock band is also perfect but it is not so with an orchestra, in fact we noticed that it had to be really good to mix the standard sound of keyboards with acoustic instruments.

After some failure, we decided that teachers, as professional players, had to join rehearsals and performances. This improved the quality of playing and the joy to attend for everybody. With rock band, it is more easy, thanks to the minor number of participants and the kind of arrangements we can do with popular music. We have four rock bands and in every band, there is a student with special needs. Then we had a great deal of "extra work" in order to write Figurenotes© scores. We noticed very soon that the writing needed to be personally adapted for each of our students. And we couldn't ask anybody else to do the job, if they didn't know the students as well.

Then, about playing, we noticed during practice that even a little increase in the tempo was creating suddenly great difficulty for our students with special educational needs. Whilst they needed to practice more at a slower tempo, the other students, and sometimes the conductor,

were in a hurry to play faster. Another difficulty was to arrange the simultaneous presence of two or three more teachers during lessons and rehearsal. That meant also an extra cost for the music school budget. Then if an experienced Figurenotes teacher was sick, for example, the presence of a substitute teacher could confuse our students.

Figurenotes training for all teachers of the music school was arranged, and music activities were developed and teachers felt more comfortable and experienced. Also in this case, it took time to increase the number of teachers, when needed, and this was not so easy; after all the Music School is located in a peripheral mountain area. We were looking for long term committed teachers capable of being empathetic with students and who were able to find out the best pedagogic path for each of them. Many times, teachers came and then left, finding employment in the city. After all the solution was to develop a vocation for the special music education project among teachers already employed in the music school.

So, it took time but then we formed a stable team. We also had to face parents' expectations. We saw that some parents have the capacity to see first the happiness of their children and to appreciate more what they have learned, no matter the quantity of new skills gained, but the quality of their music, showed with heartfelt playing. Lessons are beautiful and exciting, thanks to joy of making music. Despite the engagement and self-esteem showed by students, we saw that slow progress in achieving new skills could bring parents to compare their children with others. They started to stress during the performances. Well, if thinking about challenges related to having students with special needs in a mainstream music school, how to deal with the parents is an important one. We noticed that when parents were not in peace with teachers, having doubts or untrusting, they transferred the feeling of untrusting around: on the other parents and more again on their child, and somehow it effected negatively on the learning process and sociality.

And then, what about developing social skills for students with special educational needs and peers and companions and without special educational needs. We saw that if we encouraged students with special education needs to express their preferences about songs and repertoire in individual lessons, then when they joined group classes they grasped the importance of studying their pieces and playing a tune, not just because it is their favorite one, but in order to contribute to a whole project, and that they felt useful. In a life situation where usually they may always perceive themselves as "askers for help," by participating in music group classes, they developed an attitude for cooperation, and feeling useful as a part of a whole.

But then life in school is not made just by sitting and playing music. For students with special educational needs, what to do was clear in the music environment, but then, what to do while waiting in corridor before music or while having the coffee break was unclear? To develop conversations, interactions, and relationship with other students in the corridor also took time. We saw that their own temperament had influence, but generally after greeting everybody, they were looking for their friends with special educational needs mostly. That's not a problem, but we would like more interactions with companions and peers without special educational needs. This is not an easy task, we have to say that teen companions without special educational needs are sometime more shy than their peers with special educational needs, and maybe they are listening to their music with earphones, or glance to the floor. May I say, they have a special

need also: to take their glance up, and open themselves. But also, here we do not hurry in order to gain results as developing interactions take time.

Older companions without special needs, who have had time to know students with special educational needs, to appreciate their presence, to develop love and capacity to see their beauty and to demonstrate appreciation for their capacities made the difference. The appropriate, lovely behavior of our long-term student without special needs taught new students, who were a little confused at first, when they found several companions with special educational needs at music school.

Normally, students with special educational needs are the first to arrive for the weekly lesson, they study diligently, and we see that very well when Figurenotes scores are upside down in their notepads, if not lost at all. No matter if it is orchestra or band, the students play with such enthusiasm and express so well the joy of producing sound and tunes, that students without special needs discover to have special need, indeed: to concentrate, to stop distractions, to stop worries about mistakes and truly realize what a gift it is, to play.

So, challenges were many. If we would have given up, thinking we will never overcome the difficulties for teachers, some inevitable discomfort for students and, let's me say, some disappointment for parents, then the joy of music experienced, would have been lost. Our research made through the work of hundreds of school days, showed that if we would have waited for the perfect situation, for the perfect team, we would have continued playing triangles on our own: accepting human limits, that broken barriers.

As teachers of Scuola Musicale Giudicarie, we needed to trust the long-term commitment and engagement, so that many beautiful moments arose beside unsuccessful ones, making sense and transmitting enthusiasm and motivation also to those teachers who did not originally choose to teach students with special needs. One answer to the challenges came also from Music Theatre, where every student participated as a player, singer, actor, or dancer. *The Music Bus* project is an example of our Music Theatre project. As with *The Music Bus*, by staying together for the whole day, travelling together, sharing time, playing, keeping on the move, and finally going to eat pizza, we saw inclusion happening naturally, so naturally that we have even not felt the need to identify it as inclusion, it was simply living together.

Then with *The Music Bus* something more happened than with the theatre performance: people we met by the road, in the squares, people passing there, not connected with music school, noticed the presence of students with special educational needs and were surprised. Of course, our students were so proud and happy about how and where they were playing, and so known and unknown people received a message. Learning to play for students with special needs it is possible, too. More and more joy was available.

With 15 years of experience, we state that to develop special music education in a standard music school is possible and it brings benefits both to students with and without special education needs. In order to do that we needed our teachers to be familiar with Figurenotes© system, and open in supporting the work of specific teachers. Written music was needed to access the class group activities as indicated in curricula. Figurenotes© has been one important

key to access playing and to achieve the 'music for all' purpose. More and more with long term experience we observed that everyone who have started playing with Figurenotes®, has improved their skills and learned to play.

For our students with special educational needs, playing and participating in a cultural and social environment like a music school from childhood to adulthood, has positively impacted the quality of their lives. As their parents shared, music had a great influence, made the difference, made the happiness in place of loneliness, especially when school age ends. We also observed that the presence of students with disabilities enhanced the quality of participation for all the others. In these last years, we have gained attention by the media, and we have to say that to participate in interviews, video in television, and articles in newspaper have fostered the self-esteem of our students. They are aware of their role in the testimonials, and they feel that they are our assistants, when coming with us for presentations. Their parents became part of the testimonial also; they wrote to newspapers signaling our work and they have spoken when we gave seminars or conferences.

What we did in the special music education field had an impact on the others music schools also, who are also developing their own projects concerning people with special educational needs. Our experience contributed significantly in officially updating the guidelines of music school system, and if before people with special needs were not mentioned, now a new chapter is introduced with a statement that officially says: “Music schools of Trentino provide music education for children and adults with special needs according to their individual situations and necessities.”

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**Inspiration Porn: A Qualitative Analysis of Comments on
Musicians with Disabilities Found on International YouTube Posts**

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The purpose of this study was to conduct a qualitative analysis of comments regarding musicians with disabilities found on international YouTube posts. Of particular concern were comments disability activists have coined “inspiration porn,” defined as any meme, video or feel-good article that sensationalizes people with disabilities. A representative sample of 20 international videos depicting individuals with disabilities engaged in music making were the stimuli used for the present study. The data used for analyses were the comments posted below the music stimulus videos. When necessary, online comments were translated using online language translators. The induction process—as described in numerous qualitative analysis texts—was used to reduce the comments to four emergent themes, and to analyze the comments in terms of sentimentality. Adjectives used to describe the musicians were also tallied. Results revealed the following major themes: (1) musicians with disabilities are often considered ‘inspirational,’ ‘amazing,’ ‘awesome,’ ‘courageous’ or in need of God’s blessings, (2) respondents had generalized positive impressions of musicians with disabilities, (3) video respondents’ comments revealed preferences for character descriptors such as ‘courageous’ and ‘inspirational’ rather than references to musicianship, and (4) musicianship comments, though positive, may be considered overly so when compared to those for musicians without disabilities; thus, implying disability condescension. The three adjectives used most frequently to describe musicians with disabilities were amazing, inspiring, and awesome. Though negative comments were made, significantly more comments were positive than negative. References to disability were made significantly more often than references to musicianship. Suggestions for combating ‘inspiration porn’ are given.

Keywords: Musicians with disabilities, sensationalize, musicianship

The media have incredible power to influence our perception of others; particularly of those we do not know personally—such as political candidates—or of underrepresented groups with whom we have limited contact. The television and film media have long been accused of stereotyping certain minority groups (Cottle, 2000). Black youth, Asian Americans, and women have all struggled to have greater ownership of how they are portrayed in the media. Popular films still reflect certain biases in their portrayals (Cones, 2012). Consequently, it is important to remember the media are not always accurate in their portrayals of minorities, and it is the consumer who must question and challenge media depictions (Darrow, 2015).

Students, and young adults in general are some of the most active consumers of popular media; and their consumption is likely to increase as each new technology is created (Lenhart, 2015). Media images speak loudly; consequently, the media's images, myths, and narratives play an important role in the socialization of our youth. Included in media narratives, is the often-overlooked minority group of persons with disabilities. Unfortunately, media depictions of persons with disabilities are rarely written or portrayed by persons with disabilities; thus, making such depictions subject to the non-disabled perspective (Haller, Dorries, & Rahn, 2006). When members of a minority group speak up about their image in the media, consumers should listen.

In her 2012 TEDTalk video about disability and the media, Stella Young, a comedian and former teacher with osteogenesis imperfecta, coined the term 'inspiration porn,' a term now frequently referenced in disability literature. 'Inspiration porn' is any meme, video or feel-good article that sensationalizes people with disabilities" (Heideman, 2015, p. 1). As a beginning teacher, Young recalled a student, who, not realizing she was going to be his teacher, asked when she was going to give her inspirational speech. Young realized the student had only known persons with disabilities as objects of inspiration, not as teachers, lawyers, doctors, hair stylists, bank clerks, or other professionals. She recounted as a student herself being nominated for an award and called 'inspirational,' not because she had accomplished anything extraordinary, but simply because she had managed to live with her disability. In her TedTalk, Young went on to denounce images in the media that portray persons with disabilities as messengers of 'inspiration.' Young is not alone in her condemnation of people who describe persons with disabilities as 'inspirational.' Inspirational is now considered a type of epithet among many individuals with disabilities (Heideman, 2015).

The media continue to be the most public information source about disabilities, and the arts are an important part of the media. As an integral part of the arts community, music educators must be mindful of how those with disabilities are portrayed in the arts. Darrow (2011) examined selected lyrics related to disability in the popular Broadway musical, *Wicked*. The lyrics were analyzed and placed in the context of disability literature, common disability stereotypes, historical and contemporary uses of disability as a metaphor in film and literature, and portrayals of persons with disabilities in the popular media—specifically the arts. She found stigmatizing views of disability that included: pity, self-pity, dependence, bitterness, resentment, loneliness, and wickedness.

Darrow (2012) also examined *Glee*, a popular television show in the U.S. about a school choir and the adventures of its members. She found not only stigmatizing depictions of disability, but also misinformation about disabilities, such as in the episode, *The Purple Piano Project*, when a new character, Sugar Motta, enters the practice room with the line, "I have self-diagnosed Asperger's, so I can pretty much say whatever I want." The freedom to say whatever one wishes is not a characteristic of Autism Spectrum Disorder, which is diagnosed by a professional after extensive observations of a student, and interviews with parents, teachers and others who interact with the student on a regular basis. While likely unintentional, early episodes of *Glee* prompted numerous scholarly and online commentaries regarding its missteps in representing persons with disabilities (Darrow, 2012; Elber, 2009).

Analysis of social media sentiment involves finding opinions expressed in social media content, and extracting the sentiment they contain (Bannister, 2015). Anonymous comments about persons with disabilities found on social media, and analyses of these comments, are a useful means for determining current and international perspectives on disability and music participation. Analysis of such comments may also provide a lens to explore the perceptions of our youth regarding disability. “Since younger populations use social media to a greater extent than older populations, monitors may be able to capture stereotypes and perspectives of disabilities that exist among demographics different from those that produce and read traditional media” (Parekh, Vorstermans, & Hearn, 2015, p. 220). Likewise, social media offers people with disabilities the opportunity to respond to their online representations through posts, comments, and videos of their own (Heideman, 2015; Young, 2012).

Various researchers have examined how disability is depicted in the media, both in print and videos, and how these representations can be unwittingly victimizing and stereotypical (Darrow, 2011, Darrow & Loomis, 1999; Haller, Dorries, & Rahn, 2006). No research could be found, however, that examines the comments posted for online videos of musicians with disabilities. The purpose of this study, therefore, was to conduct a qualitative analysis of comments regarding musicians with disabilities found on international YouTube posts. Of particular concern were comments disability activists have coined ‘inspiration porn.’

Method

Stimulus Material

The stimuli used for the present study were a representative sample of 20 international videos depicting individuals with disabilities engaged in music making. Criteria for the selection of videos were: (1) musicians’ country of origin, (2) clarity of videos, (3) musicians with physical disabilities that were visible, and (4) videos with at least 10 comments. Examples of the stimulus videos:

- (1) “Playing piano with no hands,” <<https://www.youtube.com/watch?v=xQJGyQ85cYQ>>,
- (2) “Man with no arms killin’ the drums!,” <https://www.youtube.com/watch?v=SknK9J_vPdI>,
- (3) “No hands guitar player,” <<https://www.youtube.com/watch?v=KDLvlicXBV8>>, and
- (4) “Inspiring! Russian teen without hands plays beautiful piano song” <<https://www.youtube.com/watch?v=iDUWoaJtHIk>>.

Data Used for Analysis

The data used for analyses were the comments posted below the stimulus videos. When necessary, online comments were translated using the following online language translators: Google Translate, Dictionary.com, and WordLingo. The induction process—as described in numerous qualitative analysis texts—was used to reduce the comments to four emergent themes, and to analyze the comments in terms of sentimentality (Saldaña, 2012; Schreier, 2012). Text analyzers, as well as hand counts were used to examine the comment data. Text analyzers used

were: *Linguistic Inquiry and Word Count* and *Online Utility. Org*. An example of comments coded for word counts and positive or negative sentiments is shown in Figure 1.

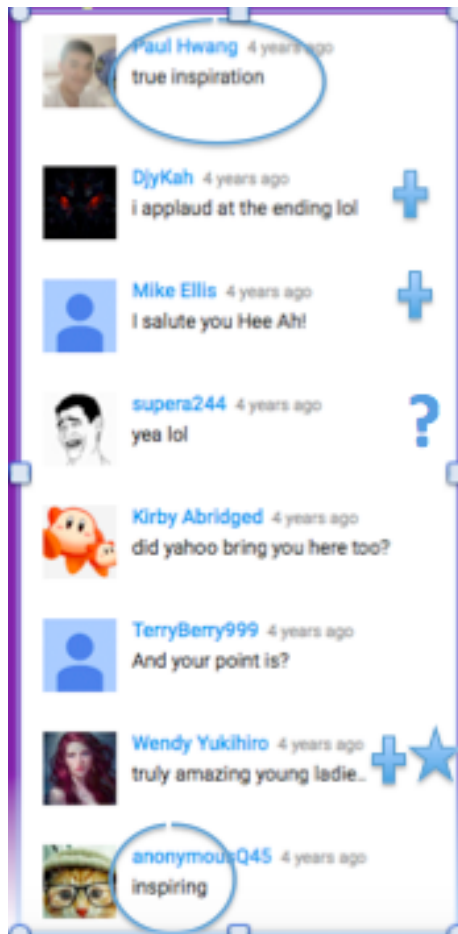


Figure 1. Video comments coded for word counts and positive or negative impressions.

Results

Major Themes Expressed in Online Comments Regarding Videos of Musicians with Disabilities

Comment data were analyzed for major themes using procedures recommended by Saldaña (2012) and Schreier (2012). Video comments were generally brief, fewer than five words, and most often adjectives; therefore, the following principal themes were based on the sentiment of the adjectives used. These four principal themes provide an understanding of the peculiarities of respondents' word use and expressed sentimentality about the depictions of musicians with disabilities found on YouTube videos:

- (1) Musicians with disabilities are often considered 'inspirational,' 'amazing,' 'awesome,' 'courageous' or in need of God's blessings.

Quote example: "God bless you, absolutely amazing."

"True inspiration."

"Awesome!"

- (2) Respondents had generalized positive impressions of musicians with disabilities. However, negative sentiments were sometimes expressed, and some might even be considered vulgar.
Quote example: “I feel bad for him. He can’t masturbate.”
“How does [we] go number 2? Does he like need someone to help him?”
- (3) Video respondents’ comments revealed preferences for character descriptors such as ‘courageous’ and ‘inspirational’ rather than references to musicianship,
Quote example: “Fantastic drumming.”
- (4) Musicianship comments, though positive, may be considered overly so when compared to those for musicians without disabilities; thus, implying disability condescension.
Quote: “I love your talent, it’s crazy awesome, sound so professional too!”

Frequency of Adjectives Used in Comments Regarding Videos of Musicians with Disabilities

The comment data were also analyzed for frequency of adjectives used to describe the musicians. Forms of the same word were included in the count. For example, inspired, inspiring, inspiration, and inspired were all counted under inspirational. A rank order of adjectives used to describe the musicians with disabilities in the online videos is reported in Table 1. The three adjectives used most frequently to describe musicians with disabilities were amazing, inspiring, and awesome.

Table 1
Rank Order of Descriptive Terms (Top 7)

Descriptors	Rank
Amazing	1
Inspiring (inspire, inspiration)	2
Awesome	3
Bravo	4
Beautiful	5
Wonderful	6
God Bless	7

Polarity of Sentiments Expressed in Comments Regarding Videos of Musicians with Disabilities

Finally, comment data were also analyzed for sentiment polarity: positive versus negative comments, and comments about musicianship versus disability. A polarity analysis of differences is reported in Table 2. These data indicate that comments were overwhelmingly positive; furthermore, the number of positive comments expressed was significantly greater than the number of negative comments expressed. The data reported in Table 2 also indicate that

disability was referenced significantly more often than musicianship was referenced in video comments.

Table 2
Polarity Analysis

Comment References	<i>M</i>	<i>SD</i>	<i>p</i>
Positive vs Negative			
Positive Comments	16.08	11.22	<i>P</i> < .000
Negative Comments	1.68	2.08	
Musicianship vs Disability			
Musicianship Comments	2.52	1.19	<i>P</i> < .00
Disability Comments	3.68	1.35	

Discussion

Social media has the potential to shape the identities of underrepresented groups, particularly of groups of individuals who may be reliant on others to speak on their behalf. For example, Google was accused of being 'racist' after a viral video revealed that search results for 'black teenagers' brought up mug shots, while search results for 'white teenagers' showed clean-cut young teens (Scott, 2016). Children, teens, and people with severe disabilities may be unable to respond to their online depictions, and firmly inform social media consumers about their misrepresentations. Misinformed portrayals of persons with disabilities in the popular media are a fact of life. Safran (1998) found that 43% of Best Picture, Best Actor, and Best Actress awards during the 1990s, involved disability-related films. Some portrayals, though not negative, depicted the person with a disability as superhuman—a different type of stereotype that can also create unrealistic expectations regarding persons with disabilities. Popular media, regardless of their accuracy, remain one of the major public information sources about disabilities (Norden, 1994). Television, film, and musical scripts will continue to be written by persons who have little experience with disability, and disability roles will continue to be played by, for the most part, actors without disabilities; and thus, it is likely the popular media will continue to perpetuate stereotypic portrayals of people with disabilities (Darrow, 2011). Perhaps musicians with disabilities in the popular media can counter the stereotypic images portrayed by actors without disabilities.

In the present study, the online identities of musicians with disabilities were framed by social media commentary in seemingly positive terms such as 'inspirational' and 'courageous,' though numerous authors and activists have taken exception to such terms and consider them to be condescending (Heideman, 2015; Young, 2012). Kids as Self Advocates (2016) and numerous other organizations include in their guidelines for respectful disability language, appeals to not portray people with disabilities as courageous, brave, special, or inspiring. By using such terms, it appears as if it is unusual for people with disabilities to have talents, skills, or to live life like everyone else. Numerous disability activists have stated that disability is a social construct of

public perception, or merely a limitation imposed by inaccessible environments (Smart, 2015; Stone, 2005). Therefore, viewing persons with disabilities as somehow ‘special’ or as objects of ‘inspiration’ is missing the most important aspect of their being...humanness.

Clearly, the arts constitute a major segment of the popular media. It is imperative, then, that music educators learn to recognize discriminating and/or stereotypic portrayals of persons with disability online and in the arts, question these stereotypes, and be mindful never to propagate such stereotypes in their teaching and writing. Most importantly, music educators must take advantage of every opportunity to highlight portrayals of persons and musicians with disabilities that are realistic and affirming. The perceptions of persons and musicians with disabilities will be appropriately influenced if educators, and the students they teach, continue to challenge stigmas associated with disabilities (Darrow, 2011).

Implications for Practice

Music educators can do much to shape the perceptions of students and musicians with disabilities in class and on social media by providing appropriate modeling, open discussions on diversity, and by engaging students in intergroup contact. By showing videos in class of musicians with disabilities, and leading discussions that are appropriate, students come to know persons with disabilities as musicians, not as objects of inspiration. Additionally, including groups of students with and without disabilities in music classes and ensembles increases the likelihood of cross-group friendships and understandings. Music educators can also revisit contact theory, and the research on this theory that documents “...the conditions under which groups can be brought together respectfully so that new relationships, knowledge, and identities can be formed” (APA, 2012, p. 67). A seminal study by Gordon Allport (1954) articulated four conditions necessary for positive intergroup relations:

1. equal status,
2. personal interaction,
3. cooperative activities directed toward a shared goal, and
4. social norms, endorsed by relevant authorities who favor intergroup contact.

Sharing and making music with others is one of the most potent examples of cooperative ‘activities directed toward a shared goal.’ Likewise, music educators have the capability to be the ‘relevant authorities’ that favor and endorse such intergroup contact. At the minimum, music educators can serve as role models for their students and vocalize opposition to ableist and stereotypical views of musicians with disabilities. By seeing their leader interact comfortably and appropriately with all students, students will witness respectful interactions and have a paradigm for behaviors that typify respect and esteem (Darrow, 2016).

Conclusion

As music educators, our job is to teach music, but also to teach our students to recognize the humanness in all people, and to recognize that disability is not the most salient characteristic of one’s being. Similarly, we want our students to realize that musicality resides in all people. We have the opportunity to show our students that individuals with disabilities can be competent musicians, not ‘courageous,’ ‘brave,’ or ‘inspiring’ musicians, but *competent* musicians. Persons with disabilities have been and are well represented in the musical arts, Beethoven, Itzhak

Perlman, and Andreas Bocelli, and others who are perhaps less well-known, such as Thomas Quasthoff and Adrian Anantawan. By studying these famous musicians, recognizing talented students with disabilities, and finally, by having high expectations of all students, we can make progress toward combating the consumption of inspiration porn.

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Interdisciplinary Dialogues in Music, Health and Wellbeing: Difficulties, Challenges and Pitfalls

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In recent years, there has been an increased interest in interdisciplinary dialogue and collaboration within the area of music, health and wellbeing. This interest is reflected in, and has led to, collaborative practice and research initiatives, as well as emerging multi-professional networks and related conference themes. Interdisciplinary dialogue, however, remains a difficult task; it requires learning (and re-learning) of concepts, ways of thinking and practicing, while it is often underpinned by different (and, at times, competing) professional vocabularies, frameworks and agendas. Although these challenges create barriers to optimal interdisciplinary dialogue, they are rarely discussed. This paper explores some common difficulties, challenges and pitfalls in interdisciplinary dialogue, with the aim to identify emerging opportunities and areas for further mutual exchange and development within music, health and wellbeing. The paper brings together multiple perspectives of presenters from diverse professional backgrounds (including music therapy, psychology of music and community music). Based on examples from presenters' work and with a focus on the UK scene, the paper considers some difficulties, challenges and pitfalls in interdisciplinary dialogue with regard to five inter-related areas: 1) academic training of music and health practitioners, 2) interdisciplinary practice projects, 3) collaborative research, 4) academic publishing, and, 5) professional expectations. By exploring potential barriers to interdisciplinary dialogue, this paper will raise awareness of the difficulties, challenges and pitfalls involved. Looking ahead it will also point towards opportunities for development and highlight considerations for future collaborations in practice, research, and training.

Keywords: Interdisciplinary dialogue, challenges, music, health and wellbeing

Let's Talk About It...

Interdisciplinarity has been key since the early developments of contemporary fields such as music therapy, music education and psychology of music. The emergence of the hybrid music, health and wellbeing landscape (MacDonald, Kreutz, & Mitchell, 2012), however, has generated a renewed interest in interdisciplinary dialogue and collaboration between different music and health related practices, professions and disciplines. This renewed interest is reflected in, and has led to, collaborative practice and research projects (Ansdell & DeNora, 2016), multi-professional dialogues in the literature (Bonde et al., 2014; Darrow, 2013; Magee & Stewart, 2015; Malloch & Trevarthen, 2009; Miell, MacDonald & Hargreaves, 2005; O'Kelly, 2016), emerging mappings of the field (Bonde, 2011) as well as multi-professional networks (the Scottish Music & Health Network, the Nordic Network of Research in Music, Culture and Health) and related conferences (Sanfilippo & Spiro, 2016; Spiro & Schober, 2014).

Despite these developments, interdisciplinary dialogue remains a difficult task; it requires learning (and re-learning) of concepts as well as of ways of thinking and practicing. At the same time, interdisciplinary dialogue is often underpinned by different (and, at times, competing) professional vocabularies, frameworks and agendas. Although these challenges may create barriers to optimal interdisciplinary dialogue, they are rarely discussed. This is where this paper's aim lies. We seek to explore openly some of the difficulties, challenges and pitfalls which appear to be common in interdisciplinary dialogues within music, health and wellbeing. By exploring these, we hope to optimize future mutual exchanges and developments within this complex field of practices.

A Note on 'Interdisciplinarity' and Method

Interdisciplinarity is a process of integrating knowledge and methods from different disciplines. Drawing from Stember (1991), music researcher Jensenius (2012) argues that *inter*-disciplinarity highlights the *synthesis* of approaches – something that distinguishes *inter*- from *cross*- or *multi*-disciplinarity. At the same time, the *inter*- seems to call for the maintenance and mutual enriching of multiple frameworks and perspectives.

The unity of intellectual frameworks beyond disciplinary perspectives, which is seen in *trans*-disciplinary initiatives, can lead to the emergence of new fields and disciplinary spaces.

Although knowledge and methods can be integrated by individual professionals who draw from different disciplines, initiatives tend to be *framed* as 'interdisciplinary' when these involve people, practices and/or institutions with different disciplinary or professional identities. These identities are often defined externally by professional associations and regulatory bodies, such as the Health and Care Professions Council (HCPC), the regulatory body for music therapists in the UK.

Interdisciplinarity can be performed in diverse ways and serve different purposes including not only bridging and confronting disciplinary approaches (Huutoniemi et al., 2010). In this context, it is useful to think about multiple *interdisciplinarity*s which vary:

“[...] from simple borrowings and methodological thickening to theoretical enrichment, converging sites, and a general shift ... to new ‘cross-’, ‘counter-’, and ‘antidisciplinary’ positions that front the problem of how meaning is produced, maintained, and deconstructed.” (Klein, 1996, p. 153)

This is where *synthesis* – as a “distinguishing but elusive characteristic” of interdisciplinarity (Newell, 2001) – meets *complexity*. Indeed, complex systems theory offers a framework for conceptualizing as well as evaluating interdisciplinarity and its inherent integration of multiple perspectives.

In line with the synthesizing and complex nature of interdisciplinarity, we draw in this paper on different perspectives from our diverse professional backgrounds to include music therapy, psychology of music and community music. Based on our varied engagements in interdisciplinary initiatives and with an emphasis on the UK scene, the paper considers some difficulties, challenges and pitfalls in interdisciplinary dialogue within five inter-related areas: 1) academic training of music and health practitioners, 2) interdisciplinary practice projects, 3) collaborative research, 4) academic publishing, and, 5) professional expectations. Our explorations within each area are rooted respectively in our experiences within five different contexts: 1) a Masters music therapy program (*Queen Margaret University*, Edinburgh, www.qmu.ac.uk, where Derrington is Program Leader), 2) a music organization for people with disabilities (*Drake Music Scotland*, www.drakemusicscotland.org where Sparkes is Artistic Director), 3) an interdisciplinary research team based within a music therapy organization (*Nordoff Robbins*, www.nordoff-robbins.org.uk, where Spiro is Head of Research), 4) an interdisciplinary peer-reviewed Journal of Music Therapy (*Approaches*, www.approaches.gr, where Tsiris is the Editor-in-Chief), and, 5) an interdisciplinary network of music and health practitioners and researchers (*The Scottish Music and Health Network*, www.smhn.hss.ed.ac.uk, where Wilson is the Manager).

Five Areas of Interdisciplinary Dialogue

Academic Training of Music and Health Practitioners

In 2015, music therapy students at Queen Margaret University, Edinburgh (QMU) voted unanimously in favor of new, proposed shared modules with Art Psychotherapy. They responded positively to the prospect of creative, collaborative projects not only between arts therapists but also with colleagues in the wider music and health community and welcomed the shared, open, reflexive practice the changes would engender. Situated within the School of Health Sciences, the Master’s program has huge potential for interdisciplinary projects, teaching and research. In the UK, few other arts therapies programs offer joint modules for students so this was a bold new direction for Arts Therapies’ training in Scotland.

The new modules create an interdisciplinary awareness and discourse which is vital in contributing to students’ understanding of the work of other health care professionals both in theory and practice. Changing the culture of practice at this level of learning is crucial in fostering mutual exchange which can then lead to joint working in the field. However, this does not come without certain challenges.

Is a fast-track, two-year music therapy program too short? Despite successful teaching exchanges between music therapy and community music, both art and music therapy students call for even greater collaboration e.g. cross-discipline interpersonal learning and clinical supervision groups. Whilst ways of interdisciplinary teaching have been well documented (e.g. Twyford & Watson, 2008; Odell-Miller & Richards, 2009; Laahs & Derrington, 2016) suggestions need to be carefully managed by teaching staff, to ensure that each pre-registration professional program adheres to subject specific Standards of Proficiency and Standards of Education (HCPC, 2013; 2014) within the time constraints of a two-year fast-track Master's program. The program cannot cover every aspect of music therapy, so it is inevitably difficult to get the right balance of teaching to include research from other disciplines using music.

Does diversity in teaching create confusion and uncertainty in students? Music therapy practitioners come from a range of different trainings and it is only natural that lecturers from different clinical backgrounds place importance on different aspects of teaching. It is crucial that, in running a new program, we ensure that teaching builds on the research and clinical practice of individual lecturers so that students are shown how music therapy practice can respond and evolve as a profession. With this existing diversity, what kind of teaching from other disciplines from music in health should we also be offering and to what extent?

There are enough people in need, but are there enough jobs? The opportunities for cross-modality teaching and learning should improve communication and increase understanding of different disciplines and approaches. However, the same opportunities can lead to competition within the limited financial and employment landscape. With greater breadth of teaching, program attract more students, which in turn leads to more graduates, so competition for employment intensifies.

Arts therapists need to be outward thinking to move forward. Music therapy students' enriched experience alongside broader teaching, offers opportunities for skill-sharing, joint projects, shared thinking, and opens up wider possibilities for research. This creative and open culture needs to become embedded in practice at the same time as ongoing dialogue between educators and with students acknowledges and addresses the challenges of interdisciplinary working.

Interdisciplinary Practice Projects

Drake Music Scotland is a leading UK charity creating opportunities for children and adults with disabilities to play, learn, perform and compose music. We run creative projects with schools, day centers, higher and further education institutions, venues and performing arts companies. These projects often include a performance element.

Successful partnerships between professional musicians and teachers result in high quality experiences – both Music Education and Music as a Performing Art. This is a natural progression and one enshrined in the Curriculum for Excellence.

There are many different perspectives in any collaboration and this can be both a strength and a potential source of confusion and conflict. Here the focus is on school projects and the

collaboration between teachers and musicians and a few observations are outlined below drawing from experience of difficulties, challenges and pitfalls that may occur (but certainly not always):

Different comfort levels with risk and creative freedom: Open-ended and experimental, perhaps speculative and risky approaches can be very challenging for teachers to embrace even if they recognize the value of these approaches. Likewise, teachers' strong focus on individual development, pedagogical methods and a need to document, plan and reach curriculum targets may create conflicts that affect the productive collaboration if a performance or recording is included.

Musician as a guest/visitor in the school: There can be a difficulty for the visiting musician to feel welcome in the school, feeling that they are imposing or even imposed on the pupils and staff. Sometimes a project or program of work can seem more like an imposition than a welcome additional opportunity.

Low expectations: A criticism that is sometimes levelled at current UK education systems: targets are set low to be sure of success. A willingness to embrace risks and uncertainty is an important quality in contemporary life and ambitious goals (e.g. professional quality performance) can be something that the visiting musician is in a unique position (and has the freedom) to champion for pupils and teachers.

Time-scales: Time is often a big issue as it can often take years of regular input for significant outcomes to be demonstrably achieved. Does the project funding put pressure on tangible results/performances before sufficient confidence and skill has been developed? This is also a direct impact from lack of available or sustained funding leading to curtailed or short-term initiatives.

Different viewpoints and lack of empathy: Teachers and support staff are often struggling to manage a wide-ranging and sometimes poorly resourced service. On the other hand, project musicians are sometimes single-focus and not appreciative of the wider contexts and challenges in school that may affect different aspects of a creative project.

The apparent dichotomy of 'process' vs. 'product': How can both be nurtured at the same time? This is a balancing act that concerns both teachers and musicians. Pitfalls can be avoided and difficulties reduced if:

- There is a sufficient number of productive meetings and discussions before, during and after projects. With all the main stakeholders involved and with outcomes agreed by all.
- The visiting musician is carefully assigned; they need to be a confident individual who is also able to be sensitive and empathetic to the situation and needs of the school or center.
- The role of the teacher and the role of the musician is established as equally important without occupying opposite poles; teachers are often very creative and musicians can be excellent teachers.

- Confidence to welcome risk as a vital part of the creative process and as part of the learning process.

Collaborative Research

Interdisciplinary dialogues in research in music, health and wellbeing can involve many different groups and different types of combinations of people. Each combination brings its own opportunities and challenges. Given that so many fields are relevant to music therapy and music making, at the Nordoff Robbins research team which is based in a music therapy charity, we emphasize interdisciplinary work in a number of ways. We have a range of expertise within the team (music therapy practice and research, music psychology and sociology), we carry out collaborative projects with partners in different disciplines and we run collaborative events to encourage interdisciplinary dialogue.

More generally in research in music therapy, in some cases, the contribution of interdisciplinary work is in the domain of theory or methods. For example, music in health researchers may search out theoretical or methodological approaches to help understand or explore phenomena they observe. In the process of collaboration new such approaches may be developed (Ansdell & DeNora, 2016; Spiro & Himberg, 2016). In other cases, interdisciplinary work and interdisciplinary dialogue allows for incorporation of knowledge about, for example, how the mind, brain and/or body might work in different contexts (Fancourt, Ockelford, & Belai, 2014; Nombela, Hughes, Owen, & Grahn, 2013). In some interdisciplinary dialogue, though there are often alignments, there may be differences in assumptions, approaches and priorities (Spiro & Schober, 2014). Three examples of differences are:

Assumptions about what is important or interesting as a research focus. Researchers and practitioners from different backgrounds often work towards different goals. Music in health practitioners often need to focus in the moment on their clients or participants, whether or not the systematic research that some people desire has been carried out. Some researchers focus on the variety in musical activity. Others, though there is growing awareness that individual differences are important, look for generalizable understanding.

Approaches to what counts as needed and a trustworthy support of claims. Preferences regarding whose views are important, what kinds of measures are relevant and respected, and where and how information is collected may differ. For example, for some the claim that music helps in particular ways requires the systematic comparison of outcome (often using validated measures) of groups that have had a music intervention and those that have not, such as seen in randomized controlled trials. For others, the claim that music helps in particular ways requires getting to know all those involved in the process through, for example, ethnographic approaches of immersing oneself in particular settings and carrying out interviews (other examples are provided in Spiro and Schober, 2014). These differences are, of course, not unique to interdisciplinary dialogue in music in health contexts, but they wind their way through much multidisciplinary work and they are an important backdrop to many dialogues.

Uses of terms. Different words can be used to mean similar things and the same words can be used to mean different things. Or put more subtly, when it comes to research, different

aspects of the same idea or phenomenon may be prioritized. Examples range from the most commonly used to the most specialized in the field. For some, when it comes to studying music in health, individual components are prioritized (its rhythmic characteristics for example) for others, 'music' is broader, not limited even to its sonic properties but to its social and cultural ones. This can lead to assumptions about difference in opinion or, indeed, assumptions of similarity where there is not complete overlap, each of which can take a long time to unpick (more examples are provided in Spiro and Schober, 2014).

Differences like these affect the extent to which investigators see work as relevant and engage in open dialogue. Communities often include a wide spectrum of approaches and people from the same field may not agree on more than people from different fields. The most straightforward dialogue is likely between people who have similar judgments. People who understand each other's underlying reasons for research and recognize the limitations of their own approaches are more likely to benefit from collaborative research (Spiro & Schober, 2014). Initiatives that begin from interdisciplinary dialogue open the door for research that uses the strengths of each field and practice.

Academic Publishing

Dialogue lies at the heart of academic publishing. And the focus here is not on the communication between authors and readers, but on the 'behind-the-scenes' dialogue between authors, reviewers and editors. This dialogue is part of an 'invisible college' (Bunt & Stige, 2014) which questions, shapes and eventually legitimizes certain ways of theorizing and communicating knowledge (Tsiris et al., 2014).

Peer-reviewed journals offer respected arenas within and in-between disciplines where such dialogues are performed. Journals are more than places where 'finished products' are simply being published. They offer arenas for knowledge exchange and negotiations which are essential to knowledge development and they influence future developments in the field. Drawing from the experience of *Approaches: An Interdisciplinary Journal of Music Therapy*, some challenges in interdisciplinary dialogue within the context of academic publishing are explored.

Openness and reflexivity in the review process. A journal's commitment to interdisciplinary dialogue is reflected in its ethos, publications, partnerships as well as in the synthesis of its editorial team. The ongoing challenge, however, lies in ensuring that the journal's values are filtered and communicated throughout its peer-review processes which are often 'blind'. As part of ensuring the quality of publications appearing in journals, the review process as a dialogue between authors, reviewers and editors offers a 'stress test' for the paper and aims to help authors to strengthen their own arguments. The review process can be seen as a place for rehearsing and sharpening ideas and ways of communicating these ideas. Experience shows that rigid checklists and review criteria are problematic as these unavoidably emerge from specific traditions which do not accommodate the plurality of ways of knowing. Moving beyond such criteria that are often imposed upon authors and reviewers, there is a move towards review *agendas* which promote 'reflexive dialogue' instead of 'rule-based judgment' (e.g. Stige, Malterud & Midtgarden, 2009). Such agendas require no consensus regarding ontological,

epistemological or methodological assumptions. They do require, however, openness to questioning, dialogue and mutual (re-)learning.

Professional agendas and priorities. Disciplinary dialogues are often charged by professional histories, identities and agendas. Thus, further complexities in interdisciplinary dialogue emerge when journals are managed and published by professional bodies (Tsiris & Procter, 2009). To what extent can such journals remain open and step beyond competing professional priorities, boundaries and roles? What voices are enabled or silenced in certain publications, by whom and why? Disciplinary openness is generally praised (Nissani, 1997), but it can be perceived as a threat especially in places where professionals are fighting for recognition and basic professional rights. To what extent, for example, can the Hellenic music therapy community foster inter-disciplinary dialogue when the standards and boundaries of the profession are not protected by the State? Journals may afford fuzziness around professional boundaries which can emerge from interdisciplinary dialogues. This fuzziness, however, may have a different impact (which may be confusing or even threatening) on the practitioners and the service-users on the ground. The need for sensitivity towards such issues was highlighted in the preparation of Approaches' special issue on *Music Therapy in Europe* (Ridder & Tsiris, 2015) where the varied paths of professional development of music therapy were interwoven with each country's socio-economic and political situation.

Hospitality and mutual change. Seeing journals as 'hosts', one can question 'To what extent are journals *hospitable hosts* for authors?' In addition to offering dialectical review processes, hospitality is fostered when a generous space for *mutual* exchange and change of hosts and guests is provided (Frank, 2004). In this space, ideas, values and practices are developed, exchanged, refracted, examined, challenged and sometimes discarded. This is where authors, reviewers and editors need the courage to step back for a while and re-think without estranging the other.

Professional Expectations

The Scottish Music and Health Network (SMHN), launched in 2014, brings together over 220 researchers, health professionals, and music practitioners with distinct priorities. Their knowledge exchange forums have articulated some key issues reflecting differing professional expectations.

How can social or health policy agendas be reconciled with musical or educational objectives? The range of musical activity believed to influence wellbeing goes beyond the clinical realm of music therapy (MacDonald, Kreutz, & Mitchell 2012). Community music may have primarily or entirely musical or educational objectives, but deliver health or social benefits crucial to professionals in other sectors. Yet musicians or teachers facilitating singing or rhythmic activities may not view these as interventions to be valued, or tested for cost-effectiveness, primarily in health terms; they may experience frustration at evaluating work whose value they need no convincing of.

How can we ask and answer research questions about specific effects of music on health? For healthcare providers and commissioners, evidence-based medicine creates an

expectation that specific effects can be translated into clinical guidelines (Darzi, 2008; McDermott et al. 2015) A doctor arranging care for a given patient must assess, for instance, whether a local choir might deliver the same benefits as a choir elsewhere run on different lines by a different musician. For researchers, this entails analyzing a broad music activity into component parts, and standardizing their delivery to test them (Michie et al. 2011). Those delivering music activities, however, may see it as misleading to evaluate aspects rather than the whole program, or resist standardization if they seek to address individual musical needs across a community.

How can we capture impacts beyond medical models alone? Quality standards reflect a reductionist or disease-focused approach aligned with quantitative approaches (Stokes 2013). Those delivering music activities may perceive broad health benefits less amenable to objective measurement, given the strong relationships that almost inevitably form. In particular, professionals have argued that the effectiveness of music therapy cannot be captured in narrow quantifiable outcomes (Wigram & Gold 2012). Many health professionals active in SMHN sought a more a holistic approach to patients' needs. The multi-layered influence of music-making is more readily framed within the biopsychosocial model (MacDonald, Kreutz, & Mitchell 2012), but researchers may endorse both qualitative and quantitative approaches to demonstrate health impacts fully.

How can we conduct long term research into benefits? Time frames are an issue. Health professionals' priorities may be with patients' immediate wellbeing, while researchers rarely get more than a year or two to pursue research projects. Yet music practitioners presented approaches at SMHN that developed through years of interaction with an individual or group, or expected to show effects many years hence. Complex, resource-intensive research may be required to capture such effects (Harkins 2014).

While this summarizes attitudes across a spectrum, greater communication on these issues between health, music and research practitioners can enhance the design, success and impact of research into music for wellbeing. This might lead to more effective use of existing data to support smaller research plans; the availability of a common toolkit of robust and relevant outcome measures; heightening understanding of all aspects of a music intervention; or helping bridge the gap between theory and practice.

Looking Forward: Who Cares and Why Bother?

Drawing from different contexts and examples within five inter-related areas of interdisciplinary dialogue, a number of challenges have been identified. These challenges – many of which overlap – are complex and we do not attempt to give simple answers to them but to outline how these challenges may manifest themselves in different contexts, aiming to consider some ways forward.

Despite its appeal and current popularity, interdisciplinary collaboration should not be an end in itself and it is not imperative for 'good' work. However, the reflexivity, openness and synthesis of breadth of knowledge – as essential ingredients of constructive interdisciplinary dialogue and work – are considered crucial components of music and health initiatives which promote a

respectful and integrated understanding not only of how music might work in different contexts, but also of our own frames and ways of knowing.

For polyphonic dialogues in music, health and wellbeing to flourish (Tsiris, 2013), practitioners and professional fields are challenged to re-consider their identities, practices and prevailing paradigms. In this context, resilience is needed for balancing the required openness of interdisciplinary dialogue with the ‘stress tests’ that such openness brings to established professional identities, knowledge frames and ways of practicing. This balancing act calls for a constant process of re-professionalization (Ansdell & Pavlicevic, 2008) where intellectual curiosity and prosperity develop hand-in-hand with a sensitivity towards the potential implications of interdisciplinary initiatives for the people who benefit from music and health practices. Whether or not this challenge is welcomed by different professionals, the hybrid and emergent nature of the music, health and wellbeing field is certain.

“What will be the impact of the growing consilience on the currently separate practices, disciplines, and professions (such as music therapy, community music, music education)? Are we on the brink of a ‘field-shift’, one that would re-orientate each of the separate players into a more shared territory and direction for the future? It seems to me that the over-arching academic and practice-based field of ‘people and music’ has certainly been shaken up in the last ten years – but that it is yet to settle in any clear way [...]” (Ansdell, 2014, p.6)

Within the uncertainty that comes with interdisciplinary dialogue, music’s power to bring change in people’s health and wellbeing is a common denominator in a diverse grid of professional practices and disciplinary perspectives (Tsiris, 2013). The polyprismatic understanding of this common denominator forms the basis for fruitful dialogue and development of different practices and fields which are not independent entities but mutually defined parts of a constantly evolving system.

Looking ahead we consider interdisciplinary dialogues to be key in questioning, refining and expanding our understanding of the multiplicity and diversity of music and health practices, vocabularies, agendas and traditions. In turn, this process may help with the seemingly ever present challenges of articulating the diverse practices and approaches within and around different professional fields of music, health and wellbeing. Most importantly, this process of questioning, refining and expanding our understanding will develop novel academic training, practices, research, publishing, and professional expectations in music, health and wellbeing. Interdisciplinary dialogue – together with an openness towards its difficulties, challenges and pitfalls – emerges as a vital component for the optimal growth of knowledge in music, health and wellbeing with implications for the sustainability and social accountability of the field.

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Joining Forces: Impacts of Music Education and Music Therapy Collaboration in an Event-based Intergenerational Project

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Music educators and music therapists are collaborating to develop and implement intergenerational music experiences that bring together young students and older adults. The purpose of this study was to examine recollections of children participants and music therapy student facilitators regarding an event-based intergenerational musical collaboration. Collegiate music therapy student facilitators ($n=11$) and 4th and 5th grade children ($n=60$) in intact public school choir and percussion ensembles participated in this study. The 8-week project included the elementary school ensembles and an intact music ensemble of older adults called “Forever Young.” The experience included: (a) independent preparation of musical pieces; (b) pre-workshop video exchanges; (c) a one-day intensive workshop/rehearsal; and (d) a shared public performance. Participants’ post hoc reports recalling aspects of the experience were collected using researcher-developed written survey tools. Results revealed that both groups favored experiences were those from the workshop/rehearsal. Additionally, the pre-workshop videos and the post-workshop public performance were key elements that structured the overall experience. These findings support the efficacy of a structured event-based intergenerational music collaboration.

Keywords: Intergenerational, music-based, collaboration

Literature Review

The older adult population, defined as individuals aged 65 and older, is rapidly expanding across the world. Currently, this age group comprises 8 percent of the population in the world, and is expected to grow to 16 percent by the year 2050. This growth will result in an estimated 1.5 billion people aged 65 and older worldwide (NIA, 2015). As the older adult population continues to grow, there is a change in the social dynamic across the world as older adults are living longer and looking for creative ways to remain healthy and engaged in their communities and society. Often times these creative programs and lifelong learning programs are geared towards older

adults and their same-aged peers, although creativity and lifelong learning is not limited to the aging population. Intergenerational music-based programs are a creative way to facilitate meaningful interactions between younger and older persons. Most intergenerational music-based programs involve active music-making experiences paired with a lifelong learning component that fosters creativity and connection to the community for both younger and older persons. Additionally, these programs foster opportunities to decrease the generation gap between younger and older persons while providing opportunities for social interaction and lifelong learning for both generations (Belgrave & Darrow, 2010; Belgrave, 2011; Belgrave & Kewon, 2015; Conway & Hodgman, 2008; VanWeelden & Whipple 2004).

Research conducted by music educators and music therapists have shown that music-based intergenerational programs can improve cross-age attitudes, interactions, and older adults' wellbeing. Music-based intergenerational programs have been conducted with younger persons in preschool, elementary school, middle school, high school, and college. Older adult participants involved in music-based intergenerational programs have lived in the community, independent living facilities, assisted living facilities, and nursing homes (Belgrave & Darrow, 2010; Belgrave, 2011; Belgrave & Kewon, 2015; Bowers, 1998; Conway & Hodgman, 2008; Darrow, Johnson, & Ollenberger, 1994; deVries, 2012; Giglio, 2006; VanWeelden & Whipple 2004). Intergenerational music programs have included a variety of active-music making experiences. Older and younger persons have participated in singing, playing of melodic, rhythmic, and technology instruments, songwriting, and movement activities utilizing new and familiar music. Sometimes, intergenerational music programs are formed between a school and an older adult living facility (Belgrave and Darrow, 2010; Belgrave, 2011; Bowers, 1998; VanWeelden & Whipple, 2004). Other times two in-tact music ensembles are brought together for an intergenerational music project (Belgrave & Keown, 2015; Conway & Hodgman, 2008). Conway and Hodgman (2008), conducted an intergenerational music project with two in-tact choirs, a university choir and a community choir. All members of both choirs rehearsed together and performed a concert in their community. Participants' experiences were examined through interviews and journals. Results revealed that both generations reported an improvement in cross-age understanding, attitudes, and a decreased generation gap. Additionally, both generations perceived that the other generation enhanced the performance.

A more recent intergenerational project conducted by Belgrave and Keown (2015) combined two in-tact community choirs, an intergenerational choir comprised of community-dwelling older adults and college students, and a choir comprised of elementary and middle school aged children. This project was unique because the two choirs lived in two different states. The authors utilized a combination of virtual and live interactions across the project, and the project culminated with a joint live performance with individual group songs and combined songs. The authors explored cross-age comfort, and enjoyable factors of the participants in the intergenerational project. Results revealed that older adults were significantly more comfortable collaborating musically with younger generations. Although the results were not significant, younger generations displayed an increase in their comfort level interacting with older adults musically. The majority of participants in both generations reported that the most enjoyable factors of the project were the collaboration process, which included the virtual exchanges, workshop, and joint-performance, and the cross-age interactions.

As music educators and music therapists continue to develop and implement intergenerational music experiences that bring together young persons and older adults, it is important to develop evidence-based protocols and procedures. One of the difficulties that occur for music practitioners when creating intergenerational programs is the lack of two cooperating facilities (younger generation and older generation) within close proximity to one another. Building on the research of Belgrave and Keown (2015), the authors created a distance-based intergenerational project, bringing together two intact choirs that were not located in close proximity. The purpose of this study was to examine recollections of children participants and music therapy student facilitators regarding an event-based intergenerational musical collaboration. The research questions for this study were:

- 1) What will collegiate music therapy facilitators and elementary student participants report as their two favorite/memorable aspects of the intergenerational collaborative project?
- 2) What will children participants report as the most important thing they learned from the intergenerational collaborative project experience?
- 3) What will collegiate music therapy facilitators report as the intergenerational collaborative project's shaping influence on their future work as a music therapist?

Method

We designed a study that presented an 8-week intergenerational collaborative music experience for participants, and then gathered recollection responses from them after a 6-week period. We sought to determine which aspects of the experience remained most prominent in participants' memory and which of these might have some extended impact on them. To collect recollection responses, we developed simple, open-ended written surveys. These were administered in separate group settings for collegiate and children participants during a regularly scheduled class sessions six weeks after the completion of the collaboration.

Participants

Collegiate music therapy student facilitators ($n = 11$) and 4th and 5th grade children ($n = 60$) who were members of an intact public school choral and percussion ensemble participated in this study. Coordinators for each of the groups were the regular teachers for collegiate (music therapy professor) and children (elementary music educator) participants who designed and implemented all aspects of the collaborative project. The music therapy professor was also the leader of the older adult ensemble, *Forever Young*, and one of the researchers for this study.

Variables

This descriptive study investigated within-group distribution of survey responses across emerging categories. Within-subjects variables were the result of content analyses that yielded emerging categories of responses to the survey questions. No between-group comparisons were made nor were any inferential statistics applied to survey responses.

Procedure

The 8-week collaborative, intergenerational project included the elementary school ensembles and an intact music ensemble of older adults known as *Forever Young*. The experience included: (a) independent preparation of musical pieces; (b) pre-workshop video exchanges; (c) a one-day intensive workshop/rehearsal; and (d) a shared public performance.

Cooperative planning with the two participant group coordinators began in early August, and implementation lasted from early October through early December. The project design prepared both groups for a shared, culminating public performance using independent musical preparation, social and musical introductions via video recordings, a day-long shared workshop, and a final dress rehearsal in the performance hall.

Each group prepared pieces that they would perform with only their group, and pieces that would be performed with the combined groups. Coordinators consulted and agreed upon the combined group pieces, making various musical accommodations for different singing ranges and other differences in the groups including mobility issues as well as practical considerations as these might affect successful performance. Additionally, one of the combined pieces was to serve as the concert closer, and as a vehicle to make a shared music video that would be shown as part of their combined live performance. The music piece chosen was *Happy* by Pharrell Williams, and the coordinators developed an arrangement for the two groups to perform. Since the two groups would not be able to meet in a live rehearsal until shortly before the performance, each prepared a short video to send to the collaborating group that described who they were in “getting to know you” exchanges. Each group also prepared rehearsal videos where they demonstrated “their song” for the other group as a learning tool. The piece presented by the children was *La Bamba* by Ritchie Valens, and *Forever Young* offered the popular folksong from the 1960's, *Everybody Loves a Saturday Night* by Arthur Podell.

For the day-long workshop, both groups were transported by bus to a neutral site at a facility owned by the school district of the participating elementary school. This space allowed for multiple interactions and rehearsal experiences as well as a place to share lunch during the day. The activities were presented and led by the coordinators as well as the collegiate music therapy facilitators, and included singing, movement, and playing mallet instruments and drumming. The elementary school principal was in attendance as were three of the students' teachers, and a few parent volunteer chaperones who assisted with lunch. Some interactive aspects were socially oriented so that the children and the older adults learned more about each other. An example was discussing with a partner “what you like to do on a Saturday Night” as a connecting activity to rehearsing one of the combined pieces, “Everybody Loves a Saturday Night.” Perhaps the most extensive portion of the workshop, beyond the rehearsal of musical pieces, was the creation and recording of the music video that would be shown during the performance of the concert's closing piece, *Happy*.

The dress rehearsal was held on the day of the concert in the performance hall (600-seat Recital Hall of collegiate participants) just one hour prior to the performance. Extensive advance preparation allowed for risers, audience video projection and sound for *Happy*, various instruments and video projection of lyrics for *Forever Young* and the children. This preparation was largely the responsibility of collegiate music therapy facilitators along the group coordinators and a few additional college student volunteers.

The public concert was titled “Because We’re Happy: An Intergenerational Musicale,” following the theme of the closing combined piece, and included printed programs, college student ushers, and a post-concert reception in a nearby hall to allow performers and their families to interact

socially. It should be noted that the concert was attended by an appreciative capacity crowd of family and friends of the performers, and was a resounding musical and social success.

The researchers allowed a six-week separation and unstructured reflection period before collecting survey responses. We hoped that this procedure would result in recollection of the most prominent, but not necessarily the most recent, aspects of the collaborative project experience. Participants' post hoc reports were collected using researcher-developed written survey tools that were administered during routine class meetings of the participants in mid-January. Music Therapy facilitators noted "two favorite aspects" of the collaborative intergenerational project, and responded to the question, "How will this experience shape your future work as a music therapist?". Elementary school participants noted "two favorite memories" from their experiences, and answered the question "What was the most important thing you learned from the experience with *Forever Young*?".

Results

Research Question 1: What will collegiate music therapy facilitators and elementary student participants report as their two favorite/memorable aspects of the collaborative project?

A content analysis was conducted on all survey responses from both groups. Content analysis results indicated children's favorite memories fell into three broad categories: Pre-workshop video exchanges, workshop/rehearsal activities, and public concert performance. Calculated percentages of total comments for each category resulted in the following distributions for children's responses as favorite memories (See Figure 1): Workshop/Rehearsal Activities (80%), Concert Performance (18%), and Video Exchanges (2%). College student responses ($N=22$) yielded these distributions as favorite aspects: Workshop/Rehearsal activities (99%), Exchange Videos (1%), and Concert Performance (0%). These results indicated that the most prominent positive memories were recalled from the day-long workshop/rehearsal with only modest mention of other aspects of the experience.

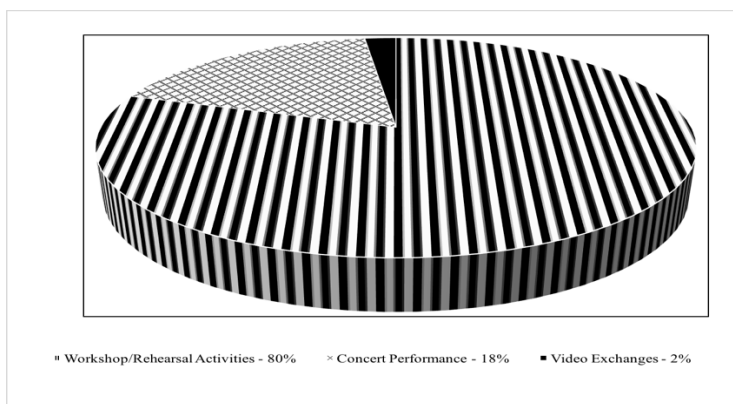


Figure 1. Children's favorite memories of the intergenerational collaboration experience.

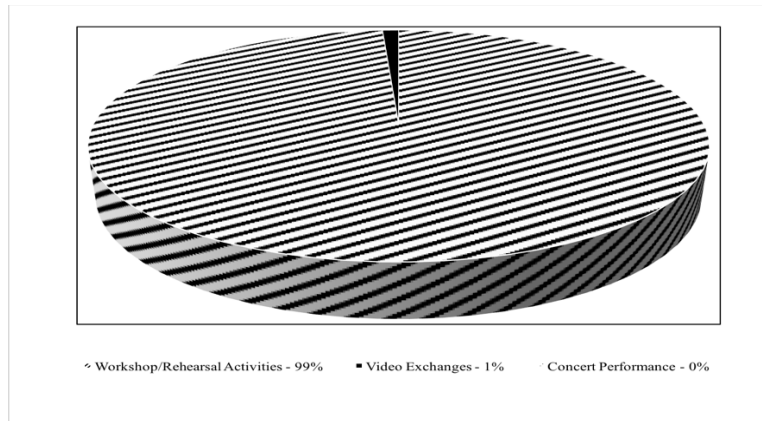


Figure 2. Collegiate music therapy students' favorite aspects of the intergenerational collaboration experience.

A subsequent refinement of specific factors in the children's workshop/rehearsal responses ($n = 96$) found the following categories: musical activities (59%), food (15%), and personal interactions (26%). The children reported both enjoyment and learning in the musical activities, and approximately one fourth of the responses recalled positive social interactions with older adults during the workshop day.

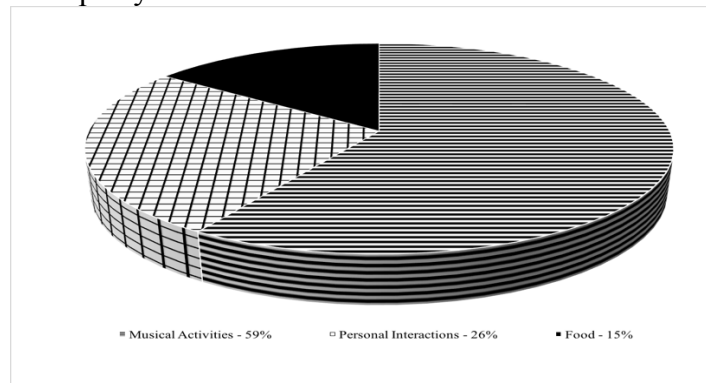


Figure 3. Children's favorite memories of the workshop/rehearsal day.

College students' workshop/rehearsal responses ($n = 21$) resulted in these categories: intergenerational interactions (55%), musical activities (36%), and music therapy skills (1%). These results parallel those of the children in both content and general frequency, with a larger proportion of positive aspects noted in observation of interactions between and among children and older adults.

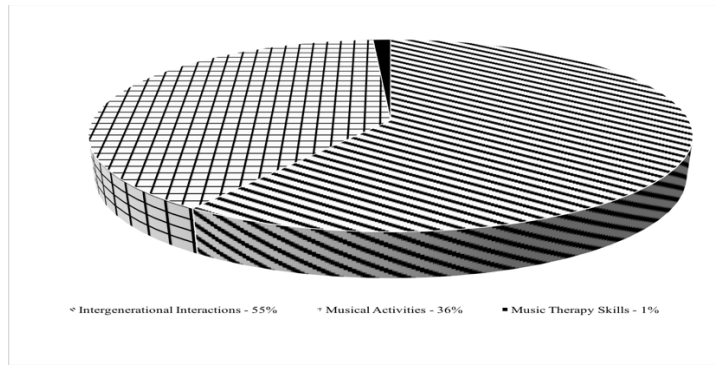


Figure 4. Collegiate music therapy students' favorite aspects of workshop/rehearsal day.

Research Question 2: What will children participants report as the most important thing they learned from the collaborative project experience?

Children answered the question, “What was the most important thing you learned from the experience with Forever Young?” A content analysis was conducted on the open responses of children to discover emerging categories of response. Their responses were somewhat evenly distributed across four categories: the possibility of lifelong participation in the arts (e.g. “That if you're very old, you can still sing,” “At any age, a person can still do music”); enhanced respect and understanding of older adults (e.g. “Old people can be young sometimes”, “You shouldn't judge a person by their age”); music or musical tasks (e.g. “I learned new songs from *Forever Young*”, “Singing and dancing can bring people together”) ; and life lessons (e.g. “Enjoy what you're doing, because those events won't come back”, “Always be kind, and have FUN in life”).

Research Question 3: What will collegiate music therapy facilitators report as the intergenerational collaborative project's shaping influence on their future work as a music therapist?

College students ($n = 11$) answered the question, “How will this experience shape your future work as a music therapist?” Their responses indicated that the experience resulted in willingness to lead future mixed population and intergenerational musical collaborations, improved music therapy skills, and shaping influence on their personal philosophy of music therapy. Some response examples include: “I will be more willing to take on intergenerational projects because I saw such positive energy during our experience”, and “This really helped me learn how to manage such a diverse population...how to talk with children, and then with older adults in the same setting.” While results here are not generalizable because of small sample size and the nature of the inquiry, they seem to suggest that a hands-on “doing” experience across an 8-week period can impact attitudes and ease misgivings about future involvement in projects such as this.

Discussion

These findings support the efficacy of a structured event-based intergenerational music collaboration. It is interesting to note that both groups favored experiences were those from the workshop/rehearsal. While mentioned less frequently by participants, the pre-workshop videos and the post-workshop public performance were key elements that structured and served as foundational elements of the overall experience. In many musical experiences, the concert performance functions as the peak moment, but in this project, the prominent part of the event occurred during the workshop/rehearsal. This is interesting, given that the excitement of a large

multi-media performance to a packed audience in a college recital hall seems likely to elicit more frequent responses as a "favorite" memory. While this aspect of the intergenerational collaboration was certainly a defining goal for the 8-week experience, it did not emerge as most memorable when compared with references to the more personal interactions during the workshop/rehearsal day. This seems to indicate that an intergenerational collaboration may be different from some other musical partnerships with same-age peers.

Another positive and gratifying outcome was the sharing aspects during the introductory videos, the rehearsals, and the public performance. Genuine bonds were established among the performers and facilitating participants. Finally, following the public performance, the older adult and children performers were excited to introduce their collaborators to their friends and family members who attended the concert. Frequently, the children performers had their parents and grandparents in attendance; while the older adult performers had their adult children and their grandchildren in attendance. The result was an intergenerational audience as well as intergenerational performers.

While we anticipated some complexities in developing this project, we discovered multiple logistical considerations that were critical to the success of the experience. These included significant logistical and production considerations (facilities, transportation, supervision of children, accommodations for older adults as needed, and sound/lighting/projection equipment for preparation and for performance). Additionally, one key element in the success of this project was the leadership and facilitation provided by college music therapy students. This was accomplished through their enrollment in a college course for credit and occurred during the timeframe of their semester's work. It seems less likely that an event such as this could have been successful with ad hoc, volunteer participation across the 8-week time span. Other facets of the collaboration that required extensive consultation and planning were selection of appropriate musical materials and arrangements and content and sequencing of specific workshop/rehearsal approaches. Given the broad disparity in vocal ranges, ability and maturity, this alone presented a daunting task in musical selection.

In summary, we found that both musical and social benefits to all those involved were positive, and seem to have had both short-term and long-term impact. These findings should be valuable to inform best practices for music educators and music therapists who aspire to engage in event-based intergenerational music projects.

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NICU-MT for Premature Infants: A Survey Showing That Research and Training Lead to Clinical Specialty

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Since the first music therapy research study with premature infants in 1989 (Caine, 1991), the clinical specialty of this very early developmental intervention has evolved. All of the research results in this area show positive outcomes due to music therapy that enhance the medical treatment of these very fragile, neurologically immature infants (Standley, 2012). Neonatal Intensive Care Unit Music Therapy (NICU-MT) now exists as a specialized clinical service for premature infants and other critically ill neonates. A certificate training program for advanced skills is directed by the Institute for Infant and Child Medical Music Therapy which originated at Florida State University and has now expanded to a network of four major universities with their affiliated hospitals. It is the first in vitro specialized clinical skills training program in the field. This survey showed there are now over 50 NICU-MT certificants trained in evidence-based procedures that have started NICU-MT clinical programs. Most are employed full-time. Two of these programs receive reimbursement from third party payers. The U.S. is the most highly developed country employing NICU-MTs for services to premature infants.

Keywords: NICU-MT, research, training

Pedagogical Background

Music therapy for premature infants grew out of principles of early childhood behavioral responses to music and the impact on neurologic development. As early as 1998, *Science Magazine* proclaimed music as food for the brain because of its ability to rewire and affect neurologic maturation. Indeed, recent research shows that music participation in early childhood can facilitate developmental milestones, build parent/infant relationships, and promote language development.

Very premature infants are neurologically immature and survival is problematic (Standley & Walworth, 2010). Medical treatment often assures survival, but the stress and trauma of such treatment can lead to interrupted neurological development. Fifty percent of premature infants will require special education assistance. Over the last 25 years, a special form of evidence-based music therapy designed to improve medical outcomes for premature infants has been established (Standley & Walworth, 2010).

The first research study by a music therapist with premature infants was published in the *Journal of Music Therapy* in 1991 (Caine). This study found that recorded music played in the premature infant's incubator resulted in greater growth, development, and progress toward discharge. Subsequent research studies showed that recorded music increased oxygen saturation, facilitated feeding, and reduced total length of hospital stay. Based on the many positive research results, the first NICU-MT (Neonatal Intensive Care Unit-Music Therapy) clinical program was established at Tallahassee Memorial Hospital in partnership with Florida State University music therapy faculty. Research results were compiled into a book on evidence-based music therapy with premature infants that was published by the American Music Therapy Association (Standley, 2003a) and became the basis for the first music therapist in-service training session.

Music therapists practice at the bachelor's level (AMTA, 2015). They are trained as general therapists qualified to work in a variety of educational, medical, counseling, hospice, or rehabilitative settings and must pass a national examination to earn the credentials of Music Therapist-Board Certified (MT-BC). Music therapy in the NICU is so specialized that many degree programs do not prepare therapists in this area. Because premature infants are extremely fragile and unique, MT-BCs need specialized training in problems of fetal development during intensive medical treatment for problems of prematurity. The National Institute for Infant and Child Medical Music Therapy was established in 2007 as a center for research and specialized clinical training in evidence-based procedures for premature infants in the Neonatal Intensive Care Unit (Standley, 2015a). Since then over 200 U.S. music therapists, neonatologists, and NICU nurses have received training. Additionally, other music therapists and NICU personnel from Spain, United Kingdom, Japan, Korea, Australia, Canada, Argentina, Venezuela, Puerto Rico, Germany, Austria, Barcelona, Denmark, Finland, and Belgium have received training. In 2010, the Institute expanded into a network of four U.S. university music therapy programs with their ten affiliated hospitals to increase training capability and research productivity.

The curriculum for receipt of the NICU-MT Certificate includes lecture/textbook/power point presentations and hands on clinical training with premature infants in an affiliated NICU. It is the first in vitro training following the internship for advanced clinical skills. A curriculum to assist parents in facilitating developmental milestones of preterm infants following discharge from the Neonatal Intensive Care Unit is also included (Walworth, 2013). Training with the Pacifier Activated Lullaby mechanism (PAL), an FDA approved medical device that uses music reinforcement for non-nutritive sucking that teaches feeding skills to premature infants, is a primary component (Standley, 2000; 2003b). Its use with premature infants results in improved patient care and earlier discharge (Standley, Cassidy, Grant, Cevasco, Szuch, Nguyen, Walworth, Procelli, Jarred, & Adam, 2010). There is also clinical evidence that use of the PAL for consoling children with Neonatal Abstinence Syndrome and to treat older infants and toddlers with oral aversion and failure to eat is highly successful.

Research in music for premature infants has continued across the last 25 years with much of the publication occurring in refereed medical journals (Chorna, Slaughter, Wang, Stark, & Maitre, 2014; Marwich, 2000; Standley, 2003a; Standley, 2012). A recent meta-analysis of evidence-based music therapy demonstrated multiple positive benefits across physiological, behavioral, and length of stay variables (Standley, 2012). Many have reported using these data to justify development of a clinical program. Jobs in NICU-MT have rapidly expanded despite skepticism

and resistance from the medical community who may be protective of the fragility of premature infants. Music therapists have been interested in tracking the progress of this new career area (Peczeniuk-Hoffman, 2012). But, there has been no comprehensive assessment of NICU-MT job status, difficulty in program development, or analysis of opinions about further expansion of this specialty.

Aim

There were three primary purposes for this descriptive study: to determine the current status of NICU-MT as a specialized clinical service for premature infants, to determine the most effective methodologies used to initiate new clinical programs, and to determine practitioners' opinions about issues related to future development of the specialization.

Method

Participants

We surveyed the membership of the U.S. Certification Board for Music Therapy (2014) identified as providing MT services to infants/children in general/children's hospitals and those completing the NICU-MT specialized certificate training program. We identified 191 individuals who were emailed the survey developed via Qualtrics. Rate for completion of the questionnaire was 78% (106 respondents). Of these, 86% were trained in NICU-MT with another 3% in the process of completing the training; 98% were active MT-BCs; and 93% were female.

Results

Results showed that 51% of respondents were currently employed and providing NICU-MT services to premature infants. The majority of these (73%) were employed full-time in the NICU. Salaries of 53% of the respondents were \$45,000 or below with 34% receiving salaries of \$46,000 and above. Another 13% of respondents contracted for clinical services with a mean hourly salary of \$52. Indicative of the newness of this clinical specialty, 61% of the employed NICU respondents had established the program in which they worked. Of all the NICU-MT programs, 58% had been in existence for 5 or less years.

Respondents were asked to identify the hospital staff they found most helpful in establishing NICU-MT services and employment. They most frequently cited the NICU Nurses (40%) and Neonatologists (36%). Other professionals lending support in small numbers were employed as Child Life (18%) or Developmental Specialists (6%). Notable by omission of reported support for NICU-MT were professionals in Speech, Occupational, and Physical Therapy. These careers work in a variety of settings and do not yet have specialized training for work with premature infants. Also, they may not play a role in influencing changes in NICU medical services.

establishing evidence-based music therapy services by referral (NICU-MT), competition sometimes came from volunteer musicians or harpists or recorded music in the NICU selected by the hospital staff (23%). Child Life employees (a non-research based clinical service) were most often cited as playing recorded music or musical toys by the bedside. In these cases, NICU-MT clinical services were negotiated and these personnel trained in principles of NICU-MT.

Figure 1 shows the percent of NICU-MTs using specific evidence-based procedures which are provided to the premature infants, their parents, and siblings. The most frequently reported clinical service was parent training which included using music with multi-modal stimulation, music to promote bonding, and recordings of the mother's voice played in an infant's incubator. Such recorded music was used to mask ambient noise, to stabilize physiological variables, or to increase oxygen saturation.

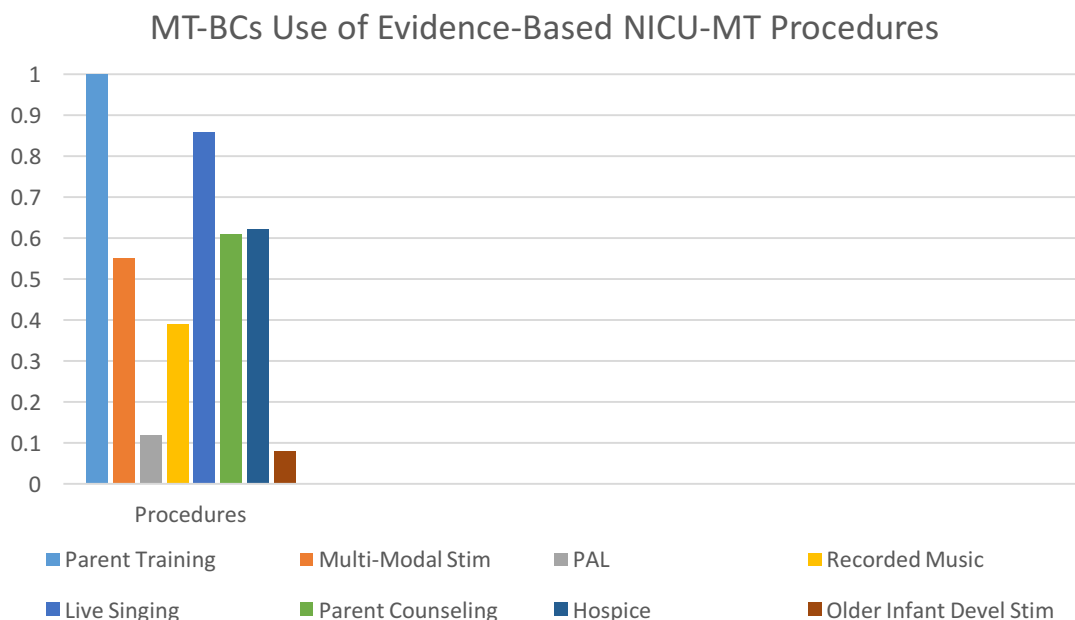


Figure 1. *The use of evidence-based NICU-MT procedures.*

Other uses of music included palliative care provided to terminally ill infants with bereavement services provided to parents. This could include music for pain relief, comfort or pleasure of the infant and counseling for parents.

Live music use included singing for parents engaged in kangaroo care, singing by the infant's incubator, using music relaxation techniques to reduce parental stress, or writing and recording personalized lullabies for parental attachment with infant. Live music was also sometimes provided as procedural support to the infant during painful or stressful medical procedures.

Several therapists reported using music therapy for developmental stimulation for infants who remained in the hospital past the typical discharge date related to the end of their formative, gestational period. Some infants are so medically fragile that they live for years in the hospital and are unable to be discharged. For these babies, developmental stimulation is important.

Two participants reported using Neurologic Music Therapy procedures in their work. Other procedures cited by individual therapists were using the PAL for infants with Neonatal Abstinence Syndrome; co-treating with Occupational or Physical Therapists; using music to entrain respiration rate, and using music to teach siblings how to visit with their new baby brother or sister.

Follow-up Questions

Of those replying to this survey, 12 were selected for additional questions about procedures used to develop their new clinical specialty in the NICU. Six of these persons developed programs prior to 2010 and six after 2010. The programs were located primarily in the Southeast area of the U.S. (9) with the states of Alaska, California, and Connecticut also represented. Florida was the state with the most NICU-MT clinical programs (5) in the follow-up interview. Two programs received third party reimbursement for all NICU-MT clinical services. These interviewees reported that 9 of the 12 programs they developed were currently still in existence. One clinical program in a for-profit hospital was discontinued for budget constraints. Another private hospital failed to hire a NICU-MT because the partner facility employed an MT-BC, though this person did not work with premature infants. Additionally, one facility failed to hire a NICU-MT because they feared reimbursement funds used to cover NICU budgetary deficits would be decreased by earlier discharges of infants due to MT.

The nine innovators with thriving clinical services were asked what methodology they considered the most effective in gaining support to establish their program. All had prepared research summaries and handouts documenting infant benefits to share with hospital staff. All had demonstrated NICU-MT with patients before receiving permission to start a clinical program. All had conducted meetings with NICU medical staff, most on all three hospital shifts. One felt that the strongest advocacy came from the nursing staff with 20 or more years of experience since they had the greatest credibility with the NICU nurses who were very protective of their vulnerable patients. One interviewee was welcomed to start a program because of the research reputation of the PAL for facilitating difficult feeding problems. Another interviewee was successful after linking NICU-MT outcomes to reduction of duties of overworked nursing staff.

Opinions on Future Development

All respondents to the original survey were asked 8 questions regarding their opinions about future development of this clinical specialty, needed research, and method of communication of its benefits. Responses ranged from totally agree (1) to totally disagree (5) on the opinion statements. Table 1 shows mean responses for each of these issues. All issues showed mean responses in the strongly agree to agree range. The issues with the greatest agreement were that research in this area should meet medical standards and the NICU-MTs should only practice evidence-based techniques.

Table 1
Respondents' Mean Agreement with NICU-MT Clinical Development and Research Issues

Issue	Mean Agreement
NICU-MTs should practice only evidence-based procedures that are published in refereed journals	1.21
NICU-MTs should have NICU-MT training prior to practice	1.35
NICU-MTs should claim benefits of music only after refereed	

publication supports the claim	1.72
NICU-MTs should interpret infant responses to music according to medical criteria	1.40
NICU-MT research should meet medical standards for design/methodology	1.19
NICU-MT research should include at least one medical or Developmental outcome measure	1.37
NICU-MTs should stop music when infant shows medical signs of overstimulation	1.23
When labeling services as NICU-MT, patients receiving services should fit medical criteria for prematurity (37 gestational weeks) and receive the services during the NICU stay	1.31

Conclusions and Implications

Survey responses demonstrated that NICU-MT programs are thriving with the great majority of NICU-MTs being full-time. Medical staff were reported as being the most frequent advocates for establishing new clinical services. Almost all participants reported they used the research base to justify need for NICU-MT services and to achieve clinical credibility with NICU staff. They also often did free demonstrations of MT techniques with premature infants to gain permission to establish a new clinical program.

It is interesting to note that most NICU-MTs are practicing only evidence-based music therapy procedures. There are a few music therapists practicing psychoanalytic procedures with this population that have not been researched and there are also volunteer or untrained persons playing music in the NICU. This can create a credibility issue with the medical field since all varieties of music are informally referred to as music therapy. Continued education about evidence-based NICU-MT and its benefits is necessary.

The survey results show that clinical outcomes are strong. The majority of new programs have sustained despite economic hardships and rising health care costs. Few NICU-MT programs were reported discontinued after outcomes became evident. In most settings, NICU-MTs are part of the interdisciplinary team providing medical treatment with emphasis on brain care to promote effective neurologic maturation (Standley, 2015b). Overwhelmingly, the people practicing in this area agree that music therapists need the training prior to serving premature infants.

Benefits of this specialty has been so dramatic that expansion is planned. The National Institute for Infant and Child Medical Music Therapy will join other institutes to create a network for specialized research and MT clinical services to children. We plan to create an internet hub to identify and disseminate therapeutic uses of music to improve children's lives within healthcare, early intervention, developmental care and the family. The official formal communication instrument of the hub will be via an electronic magazine, *Imagine*, with articles, features, and

video of typical clinical services. This collaboration will provide a faculty of experts to consult on childhood music therapy issues, will design curricula for specialized training across the many needs of children, will foster career placement of MT-BCs with clinical specialties, and will promote expanded research in Music Therapy with young children. We plan symposia with researchers to share new findings that generate improved clinical methodology, to stimulate thinking about new avenues of research, and to propose solutions for children's needs. We will be a centralized resource for professionals, parents, and prospective clients that will communicate the benefits of specialized clinical services using music therapy for children.

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PLAY SPACE MUSIC – An Improvisation Workshop with Musicians and Dancers with and without Additional Support Needs¹

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The concept of PLAY SPACE MUSIC (SPIEL RAUM MUSIK) was developed by Stefan Heidweiler in Salzburg in 1996 at the Orff Institute, Salzburg. The basis of the project lies in the pioneering work of Wilhelm Keller who developed the ideas of Carl Orff and Gunild Keetman (Orff-Schulwerk) and applied them also to work with children and adults with and without disabilities. Heidweiler recognizes another important contribution to this project in free improvisation particularly in the work of some music therapists e.g. Fritz Hegi. The fundamental idea of the 5-day Improvisation workshop was the musical and artistic encounter between 6 professional musicians, who had experience in improvisation, and adults with additional support needs and an interest for music. The method of Free Improvisation took place in duos, trios and small ensembles and ended with a performance on the last day. Between 2000 and 2002 the project was further developed by Brigitte Flucher and Thomas Stephanides who extended it to include dance, painting and drawing. 2 short films documented the projects from 1999 and 2002 and articles on the projects were written by the directors (Salmon & Schumacher 2001). The project was revived in 2014 as a “Workshop for artistic improvisation and creation” by Coloman Kallos and Shirley Salmon (lecturers at the Orff Institute) and included workshops with music, dance and, for the first time, sculpture. In addition to 2 professional musicians and 4 dancers, the sculptor Andrea Kuhnlein was invited, students from the Orff Institute as well as adults with additional support needs and adults from a day-centre for adults in need of psychological support. The projects showed the wide range of creative artistic abilities in all the participants using the media of music, dance, painting and sculpture. The diverse experiences of dialogues were beneficial to all. The project 2014 were documented fully. The main implications for Special Music Education and/or Music Therapy are firstly, the value of free improvisation as a method in different social constellations as a means for individual artistic expression and communication. It allows and furthers elemental expression, encounter and dialogue and is not dependent on the ability to learn and repeat particular parts of a song or piece. And secondly, the value of working with different media such as dance, painting, sculpture and combining them in a variety of ways with music.

Keywords: Free improvisation, dance, artistic dialogue

¹ The paper was accompanied with video examples from the project 2002 and 2014



Figure 1. A picture of Goldegg Castle.

PLAY SPACE MUSIC is a week of encounters in artistic dialogue

"The disabled person also does not live on bread alone but has the same right to enjoy life as the so-called normal or talented. Musical enjoyment is an irreplaceable element in finding harmony and balance in one's personal as well as social life" (Wilhelm Keller 1974: 2).

This statement from Wilhelm Keller has not lost any of its relevance. Keller recognized that each person had a right to music, happiness and inclusion. With his reflections and demands he was years, if not decades, in advance of the integration and inclusion movements (cp. Keller 1996) of today. Keller got to know Carl Orff and his humanistic concept of elemental Music and Dance Education also known as Orff-Schulwerk in the late 1950s and adapted this approach for work with children and adults of all ages and abilities, with and without disabilities especially in inclusive groups (Salmon 2012). Keller's pioneering work has been developed and extended at the Orff Institute, by colleagues and by its graduates and can be seen as one of the roots of this project.

The artistic project PLAY SPACE MUSIC has always taken place in the medieval Goldegg Castle near Salzburg, Austria and was initiated by Stefan Heidweiler, a graduate of the Orff Institute, in 1996. The essence of this project were the artistic encounters in improvisation between adult participants with additional support needs (from sheltered workshops) who had an interest and talent for music - together with professional musicians with interest and experience in improvisation and later also with dancers. A few carers from the sheltered workshops were also present and some also participated.

Heidweiler states that it is particularly improvisation that enables and furthers being together authentically and intensely. In Improvisation, the abilities of each person can emerge and contribute to interesting artistic results. In interviews with the musicians, they emphasize that they too also learn and profit from this project. The creative processes that develop make personal expression and communication possible – especially for those participants where this otherwise often restricted (cf. Heidweiler 2001). Hegi emphasizes: *"There is a fundamental strength in improvisation processes that activates momentary experiences and enables them to be extended."* (F. Hegi 1997)

One of the goals of the first projects was to address diverse types of musicality and talent during the week and to show these in a public work-in-progress performance at the end of the week. The professional musicians offered a wide range of styles so that each participant could find their own preferences – from experimenting to improvising to creating together. Although the primary goal was artistic and not pedagogical or therapeutic, therapeutic effects could be observed during and after all the projects.

The documentation of these projects has been important and to date has resulted in two films from the projects in 1999 and 2002 produced by Coloman Kallos. There is a wealth of video-material from the three-day workshop in 2014 which will be evaluated and used in a new DVD project. Apart from the artistic work, the interviews with participants from the sheltered workshops, with carers and the professional musicians and dancers have given extra insight into the effects of the project. The experiences and feedback from the Orff Institute students will give a different perspective to the evaluation.

After Stefan Heidweiler had directed four projects, they were taken over and further developed by Thomas Stephanides (musician, doctor and psychotherapist) and Brigitte Flucher (music teacher and music therapist) who had also collaborated in some of the previous projects. From 1999 – 2002 they introduced further developments and enlarged the project considerably. Firstly, dance was introduced as a new medium and later painting. In addition to the professional musicians and dancers and participants from sheltered workshops, a few students studying elemental music and dance education or social and community work also participated. The goals included social well-being, personal growth and communication, artistic expression as well as musical development and development in movement and dance. In one publication² Thomas Stephanides who co-directed four projects wrote: “There are moments without goals, full of sensory experience and joy in constructive, purposeful activities. Moments of ‘healing’ and social learning – which cannot be planned or made but are perceived as a gift.”



Figure 2. Examples of duet and trumpet.

² Stephanides 2001

In 2014, the project was revived by Coloman Kallos, lecturer at the Orff Institute. There were a number of differences compared to previous projects:

- 3 days (instead of 5),
- 2 professional musicians, 4 professional dancers,
- the introduction of sculpture with wood as a new medium – specifically creating heads,
- 8 students from the Orff Institute (on the bachelor or master degree course “Elemental music and dance pedagogy”) participated and some were often asked to lead some of the music activities in small groups,
- some participants were from sheltered workshops for adults who were suggested by the carers,
- some participants came also from the day centre ‘Laube’ (arbour) an institution for young adults and adults in need of psychological support, many unable to find or hold down a job,
- In 2014, the project focused more on specific pedagogical and social goals and not so much artistic ones.

All the participants decided at the beginning which medium would interest them most (there were only 8 places in the sculpture workshop). The working phases were from 10 – 12 a.m. with a break for lunch and free time and then 2 – 4 p.m. On the last afternoon, there was a work-in-progress performance.



Figure 3. Example of sculptures created in the project.

The addition of sculpture with Andreas Kuhnlein gave the project a new artistic dimension. The sculptures of Andreas Kuhnlein³ are stunning and extraordinary. He has exhibited internationally and he has also worked with people with additional support needs in the past. For this project, tree trunks had been prepared that would be worked on to create individual heads. None of the participants had any experience of this type of sculpture or of handling the tools. In two days, each of the eight people had created a highly individual head out of wood – some were able to talk about their sculpture in the interviews. The finished heads were then used in the dance group as stimulation for various types of improvisation.

³ <http://kuhnlein.eu/>



Figure 4. Examples of instruments and small group with harp.

There were many impulses for **musical improvisation** in the large and smaller groups. Franz Schmuck – an Austrian musician and instrument maker who took part in every project since the beginning – introduced ‘Improvisation signs’ for the large group inspired by the London Improvisers Orchestra⁴. Not only him but also a few participants conducted the group. A wide range of Western and non-Western instruments (percussion, wind, string) with different playing techniques as well as original self-made sounding objects were available. Sessions sometimes involved the whole group but often split into smaller groups e.g. with just plucked instruments, with different sorts of wind instruments etc. Sometimes duos or trios emerged.

Anklungs were used for the first time in this project. They are musical instruments from Indonesia made of two to four bamboo tubes attached to a bamboo frame. The tubes are carved to have a resonant pitch when struck and are tuned to octaves so that one can have a complete diatonic scale or choose particular pitches to create different scales. These instruments can be played in 2 ways and require particular movements to produce a sound. This was possible for all participants in the music group. They were used not only for sound and communication games but also for rhythmical playing and layering of patterns.



Figure 5. Examples of anklungs and ballaphone.

The **dance activities** were sometimes without music and in the 2014 project mostly with live music. Impulses included spontaneous movement, stop and go, question and answer with a partner, tasks for trios or quartets – and at the end tasks that involved the sculptures. e.g.

⁴ <http://www.londonimprovisersorchestra.co.uk/>

observing them closely, imitating with one's face and arms, making faces, coming into contact with the sculptures during the dance improvisation.



Figure 6. Example of duet with statue and dance with statues.

Space

Space came to play an important part in the projects and had many meanings:

- the medieval castle, the courtyard, stairway, the rooms of different size, the knights' hall with paintings,
- the space between and in between the different media – music, dance, sculpture,
- The *play space*, the term Winnicott used to describe the transitional space, or developmental space between mother and child, in which the child is free to play with emerging aspects of the self.⁵ In this context, it can mean the space between two or more adults allowing them to experiment and improvise with each other.
- Space to unfold, to express oneself, to communicate, to relax and withdraw when necessary (e.g. in the 'quiet room').
- The Stairway in the old castle: On the 2nd day a vocal improvisation happened spontaneously that was so innovative and rich with ideas that we decided to repeat it for the audience as they went upstairs for the performance on the 3rd day.

Dialogue has played a central part in all these projects on many levels – social and verbal dialogue between the participants, dialogue between the organizers and the institutions and of course artistic dialogue during the projects. The Italian doctor Adriano Milani Comparetti's defined dialogue as "the interplay with the partner(s), aiming to achieve results together, which are unpredictable and frequently surprising to the participants themselves." This could be seen in numerous improvisations during this week of artistic encounters.

⁵ Winnicott, D.W: (1971). *Playing and reality*. New York: Basic Books

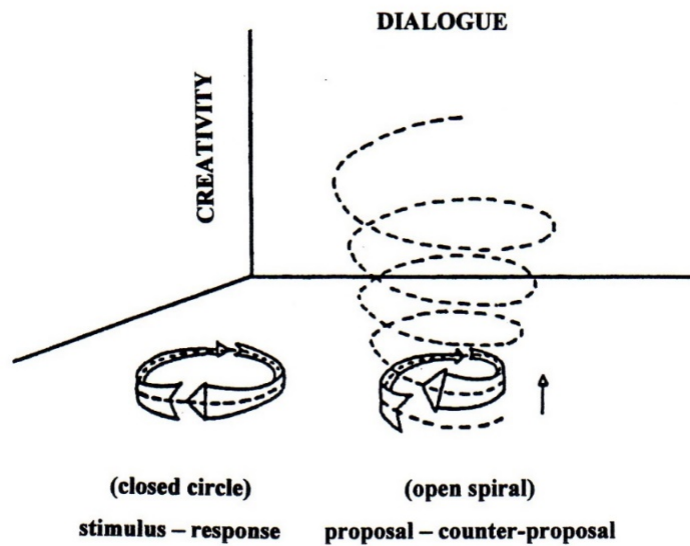


Figure 7. Example of dialogue presented by Milani Comparetti 1998.



Figure 8. Example of trio in the project.

The social aspects of these projects were especially important. Any individual development can only be understood in the sense of the co-ontogenesis of systems (Feuser, 2008). Martin Buber's statement *The human being needs a 'You' to become an 'I'* (Buber, 1965: 32) stresses that the development of the 'I' depends on the 'You' - the other people that one is in contact with and the environment available to the individual. Feuser also stresses the importance of this: "*We cannot help but recognise that any limitation of an individual's exchange with his/her environment – exchange that is necessary for both the individual and the entire species of which he/she is a member and includes culture-specific schooling as well as social exchange – will also limit his/her development and not just modify it*" (Feuser, 2008).

Building up of self-confidence and self-awareness can also be supported in group work and are important requisites for learning and living. Self-confidence can be seen as *“a necessary but still not adequate precondition for the maintenance and revival of the joy of discovery and desire to create and thereby for the search for creative and innovative solutions”* (Hüther, 2008).

Inclusive Pedagogy

Looking at Georg Feuser’s definition, we can recognize that there are many parallels in this artistic project.

According to Feuser inclusion means that

- **all participants** (without excluding anyone due to the type or severity of their disability)
- **work, play and learn together,**
- **in cooperation with each other,**
- **within one theme, activity or task at their respective developmental levels** taking their present levels of competence in perception, cognition, movement and behaviour into consideration (Feuser, 2001: 27).

Essential aspects of inclusive teaching are *individualization* and *cooperation* when working on a common subject or task. Students/participants cooperate within one theme, task or activity where working together may involve different social constellations. Nobody is excluded and the subject, task or theme is made available to everyone. At the same time, inner differentiation is made possible when the teacher/leader enables each student to experience and understand the topic on his/her own level and where individual tasks can be set that play a part within the common topic (Feuser, 1997).

The concept of **Elemental** is also a central aspect of this unique project where we can also see parallels between Elemental Music Education and as well as Community Music. Wilhelm Keller sees elemental music as the ‘music of the personality as it is’ and writes: *“‘Elemental’ cannot only be seen as ‘original’ but must also be understood as ‘focal’ or ‘central’. It is the realisation of an original, central musical potency anchored in each individual”* (Keller, 1984: 801). The Elemental was also for Carl Orff central to his artistic and educational work: *“The elemental remains a foundation that is timeless. The elemental always means a new beginning (...) The elemental is always productive.”* (Orff, 1978: 277). It is *“the force that brings forth the genuinely original, as the autonomously active and effective, the self-organising and self-renewing and as an event which autonomously sets itself in scene.”* (Jungmair, 1992: 136) The fact that elemental creativity exists independently from any determined age or from special talents or disabilities means that creative activities should be made available to everyone. This project shows one of the many possibilities.



Figure 9. Example of large group and a wind instrument from the project.

Future projects

In the future, we hope that projects will take place every 2nd year with the focus alternating between social-pedagogical goals as in 2014 and explicitly artistic goals as in 2016. Once again, they will be looking for diverse approaches and forms of expression furthering potential, creativity and artistic expression. In 2016, the project will also be filmed and a DVD documentary of the projects from 2014 and 2016 is planned including case studies, as well as an evaluation of both projects from the many perspectives of the participants.

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The Effect of Peer Modeling on the Rate of Appropriate Social, Academic, and Musical Behaviors Exhibited by Students with Disabilities in Multiple-Age Settings

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The primary purpose of this study was to examine the effect of peer modeling on the rate of appropriate musical, social, and academic behaviors exhibited by elementary and middle-school-age students with disabilities. Peer modeling involves a student correctly performing a target behavior or skill following a visual or aural demonstration by a peer model. Modeling has been established as evidence-based practice for children and youth with autism spectrum disorder (ASD) and other disabilities. Participants were elementary and middle school students with disabilities in multiple classrooms at two schools in the Southeast. Researchers assessed the rate of correct responses made by students with disabilities both before and after observing peers perform musical, social, and academic tasks correctly. Results indicated that for elementary students with disabilities, percentages of correct musical, academic, and social responses all increased with peer models; however, only significantly so for social tasks. For academic behaviors, the percentages of incorrect responses were significantly higher without a peer model than with a peer model. For middle school students with disabilities, the percentages of correct musical, academic, and social responses all increased significantly with peer models. In addition, the percentages of incorrect responses were significantly higher without a peer model than with a peer model for academic and social tasks. These data indicate that: age may be a factor when assessing the effectiveness of observational learning, and that social tasks are perhaps more easily acquired through peer modeling than are academic or musical tasks. The findings may also suggest the middle school students were more aware of, or are more influenced by their peers' behaviors, or that they were able to sustain attention longer on the peer models' execution of target behaviors.

Keywords: Peer modeling, students with disabilities, social, academic, and musical behaviors

Observational learning occurs as a function of seeing, retaining, and replicating novel behaviors executed by other people (Boundless, 2016). Also called modeling, it is a type of learning closely associated with the work of psychologist and social learning theorist, Albert Bandura (1986). Bandura described four conditions for observational learning to occur: (1) the observer

must pay attention to an action, (2) remember the observed behavior, (3) be able to replicate the behavior, and (4) be motivated to produce the behavior. Because children and adolescents spend a considerable amount of their school day with classmates, peer modeling was a natural outgrowth of observational learning theory. Peer modeling involves a student correctly performing a target behavior or skill following a visual or aural demonstration by a peer. Peer modeling has been established as evidence-based practice for children and youth with autism spectrum disorder (ASD) and various other disabilities (Autism Speaks, n.d.).

Peer modeling is one several cooperative learning strategies that can be used to help students with disabilities learn academic, social, or musical behaviors. Students with disabilities, especially those with intellectual disabilities, often struggle with acquiring new skills or behaviors. Modeling increases the ability of learners to perform the new skill/behavior and supports the generalization and maintenance of the skill/behavior.

Modeling is cost-efficient, convenient, requires few additional resources. In addition, it is time efficient, and involves little or no disruption to the typical teaching cycle. Effective peer modeling requires the target child have ample attending and imitative skills. If the target child is rewarded for correct responses, the more likely he or she is to replicate the desired behavior. In addition, the more the target child likes or respects the peer model, the more likely the desired behavior will be replicated (Boundless, 2016).

Peer modeling has been found to be effective in numerous settings, and to facilitate various desired behaviors (Rigsby-Eldredge & McLaughlin, 1992; Schrandt, Townsend & Poulson, 2009). In addition, it has been established as evidence-based practice for children and youth with autism spectrum disorder (ASD) and other disabilities (Landa, Holman, O'Neill, & Stuart, 2011; Matson, Box, & Francis, 1992). In order for an intervention to be considered evidence-based practice, efficacy must be established through high quality, peer-reviewed research in scientific journals using:

- randomized or quasi-experimental design studies (two high quality experimental or quasi-experimental group design studies),
- single-subject design studies (three different investigators or research groups must have conducted five high quality single subject design studies), or
- combination of evidence [one high quality randomized or quasi-experimental group design study and three high quality single subject design studies conducted by at least three different investigators or research groups (across the group and single subject design studies) (National Professional Development Center, 2016).

Employing typically developing peers as models of appropriate behavior for children with disabilities has been a common practice for more than five decades (Jones & Schwartz, 2004). Schunk (1987) reviewed peer modeling research on the effects of model age, model sex, model competence, number of models, and model background. He found that peer models can facilitate various types of behavioral change in children; however, similar attributes shared by peer models and observers do not automatically enhance the influence of modeling. He also suggested that peer models can assist classmates in acquiring social skills, enhancing their self-efficacy, and remediating their skill deficiencies. Hallenbeck and Kauffman (1995) concluded that peer

models are not always sufficient to ensure the imitation of appropriate behaviors by students with disabilities, that substantial changes in regular classes would be required to induce the desired imitation of peers.

Researchers have shown that behavior development in typical developing children is greatly facilitated by observing others, especially peers. Unfortunately, children with autism spectrum disorder do not typically imitate their peers; hence, their frequently cited characteristic of social awkwardness. Numerous researchers have examined the effect of modeling as an intervention to address social behaviors (Charlop, Schreibman, & Tryon, 1983; McDowell, Gutierrez, & Bennett, 2015). Charlop, Schreibman, and Tryon (1983) found that children with autism were capable of social learning through observation of a peer model. Additionally, generalization and maintenance of correct responding were greater when the children learned through observation rather than by trial and error. McDowell, Gutierrez and Bennet (2015) found there was a significant difference between students with autism who observed a video model and a live model, and that participants were more successful with the video model. In addition, pre-intervention imitative abilities were shown to significantly predict success. Children with the poorest imitative abilities were shown to be more successful with the video modeling intervention, while those children with greater imitative abilities were more successful with the live model.

Appropriate peer models are not always physically available; therefore, recent researchers have examined the use of video peer modeling. Videos can be played repeatedly, which is beneficial to students who learn through repetition. In addition, video models provide a concrete visual for the observer. Combining video modeling with peer mentoring—using peers of students with disabilities to practice skills, provide feedback on the skills, and provide increased chances for social engagement—can foster a greater impact in providing social skills instruction. Ogilvie (2011) discussed how teachers can create effective videos using peer models and provided a step-by-step guide for social skills instruction for students with autism spectrum disorder using video models. Decker and Buggey (2014) compared the effects of video self-modeling and video peer modeling on the oral reading fluency of elementary students with learning disabilities. Results indicated that both video self-modeling and video peer modeling resulted in improved oral reading fluency of students with learning disabilities.

Bellini and Akullian (2007) completed a meta-analysis that examined the effectiveness of video modeling and video self-modeling (VSM) interventions for children and adolescents with autism spectrum disorders (ASD). Results suggested that video modeling and VSM are effective intervention strategies for addressing social-communication skills, functional skills, and behavioral functioning in children and adolescents with ASD. Results also indicated that these procedures promote skill acquisition and that skills acquired via video modeling and VSM are maintained over time and transferred across persons and settings. The results suggest that video modeling and VSM intervention strategies meet criteria for designation as an evidence-based practice.

Purpose and Need for Study

Peer modeling is an evidenced-based practice; however, there is a need to examine its effect on student behaviors in secondary music education settings. No studies could be found that meet the criteria for evidenced practice with middle school students or in music education students. Music educators have expressed a need for interventions that result in musical progress made by all students, and improved social interactions among students. In addition, music educators have expressed a need for interventions that require few demands on their time. Peer modeling appears to meet these needs; therefore, the purpose of this study was to examine the effect of peer modeling on the rate of appropriate musical, social, and academic behaviors exhibited by elementary and middle-school-age students with disabilities.

Method

Participants

Participants for the present study were elementary and middle school students in multiple classrooms at two schools in the Southeast United States. Ten were elementary students, and ten were middle school students. Students' disabilities included intellectual and physical disabilities, autism spectrum disorders, and multiple disabilities.

Operational Definitions

Peer modeling: a student correctly performing a target behavior or skill following a visual or aural demonstration by a peer model.

Peer: a student who is roughly equivalent in development to the observing student.

Model: a student whose behaviors are attended to by the observing student and serve as cues for correct responses.

Modeling refers to behavioral change that is derived from observing others (Schunk, 1987).

Procedures

Procedures for the present study were based on those used by [Werts, Calwell, and Wolery \(1996\)](#). In addition, care was given to make sure: target students could imitate others' behaviors and sustain attention long enough to watch the model perform the target skill, the peer models were close in proximity to target students, peer models were liked and respected by target students, and target students were prompted to attend to the peer model before being asked to imitate their behaviors.

Peers demonstrated musical, academic, and social behaviors throughout the course of data collection. Researchers assessed the rate of correct responses made by students with disabilities both before and after observing peers perform musical, social, and academic tasks correctly. Responses recorded before observing a peer perform the target task were recorded as baseline responses. Responses recorded after observing a peer perform the target task were recorded as intervention responses.

Setting and Assessment Procedures

Because the nature of the study was action research, music sessions were carried out in the students' regular music classrooms and with the typical classroom configuration. Little change was made to the typical lesson procedures with the exception of the researcher prompting participants to watch or listen to the peer model when recording the intervention responses. Researchers recorded participant responses, either correct or incorrect, for all musical, social, and academic behaviors.

Results

Because the researchers followed their normal lesson plans, the number of data points for each type of behavior varied. Consequently, the percentages of correct and incorrect responses for each type of behavior were used for the final analyses. Results for are reported by each of the research questions.

Research Question #1: What is the effect of peer modeling on the rate of appropriate musical, social, and academic behaviors exhibited by elementary-age students with disabilities?

Because the number of data points for the three types of behaviors—social, academic, or musical—varied, percentages of correct and incorrect responses for each type of behavior were used for analyses. Differences between baseline and intervention responses were computed using dependent t-tests. Results indicated that for elementary students with disabilities, the frequency of correct musical, academic, and social responses all increased with peer models; however, only significantly so for social tasks. Results of the t-tests elementary-aged students are reported in Table 1 and Figure 1.

Research Question #2: What is the effect of peer modeling on the rate of appropriate musical, social, and academic behaviors exhibited by middle school-age students with disabilities?

As for research question #1, the number of data points for the three types of behaviors—social, academic, or musical—also varied for middle school-aged students. Consequently, percentages of correct and incorrect responses for each type of behavior were also used for analyses. Differences between baseline and intervention responses were computed using dependent t-tests. For middle school students with disabilities, the percentages of correct musical, academic, and social responses all increased significantly with peer models. In addition, the percentages of incorrect responses were significantly higher without a peer model than with a peer model for academic and social tasks. Results of the t-tests elementary-aged students are reported in Table 2 and Figure 2.

Table 1

T-tests for Correct and Incorrect Responses with and without Peer Model by Goals

Grade Level	Goal	Peer	<i>t</i>	<i>df</i>	<i>p</i>	Finding
Elementary	Music	without peer	.43	8	.67	ns
		with peer	2.09	10	.06	ns
	Academic	without peer	3.53	8	.00	Sig more errors
		with peer	1.42	8	.19	ns
	Social	without peer	.72	6	.49	ns
		with peer	5.67	10	.000	Sig more correct

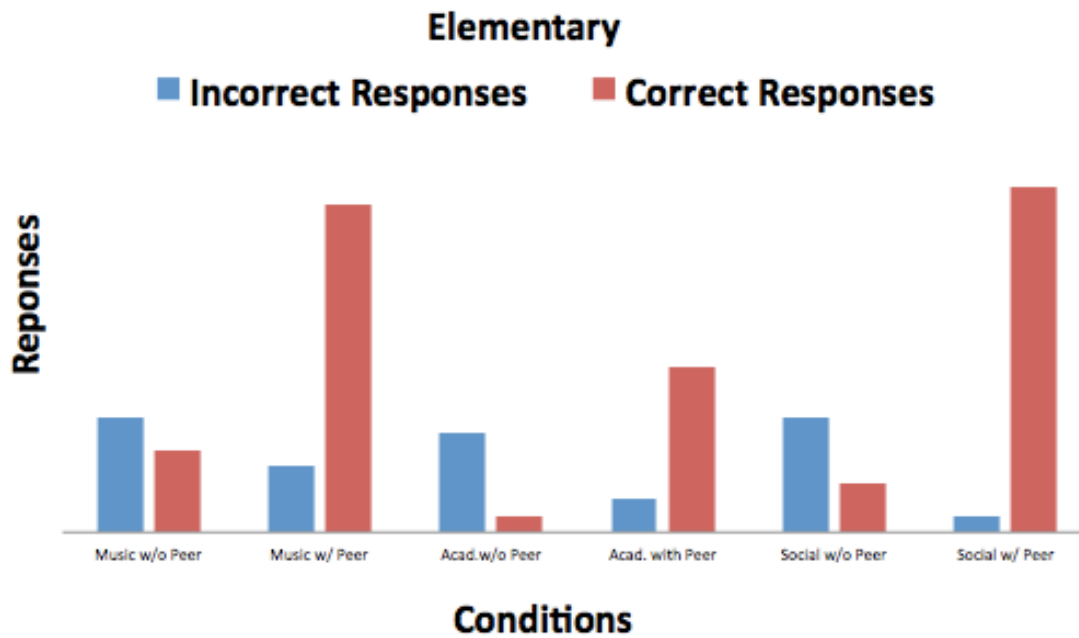
*Figure 1. Responses across conditions for elementary grade level.*

Table 2

T-tests for Correct and Incorrect Responses with and without Peer Model by Goals

Grade Level	Goal	Peer	<i>t</i>	<i>df</i>	<i>p</i>	Finding
Middle School	Music	without peer	.74	12	.47	ns
		with peer	3.82	12	.002	sig more correct
	Academic	without peer	3.53	8	.00	sig more errors
		with peer	2.82	6	.03	sig more correct
	Social	Without peer	2.68	12	.01	sig more errors
		With peer	2.86	8	.02	sig more correct

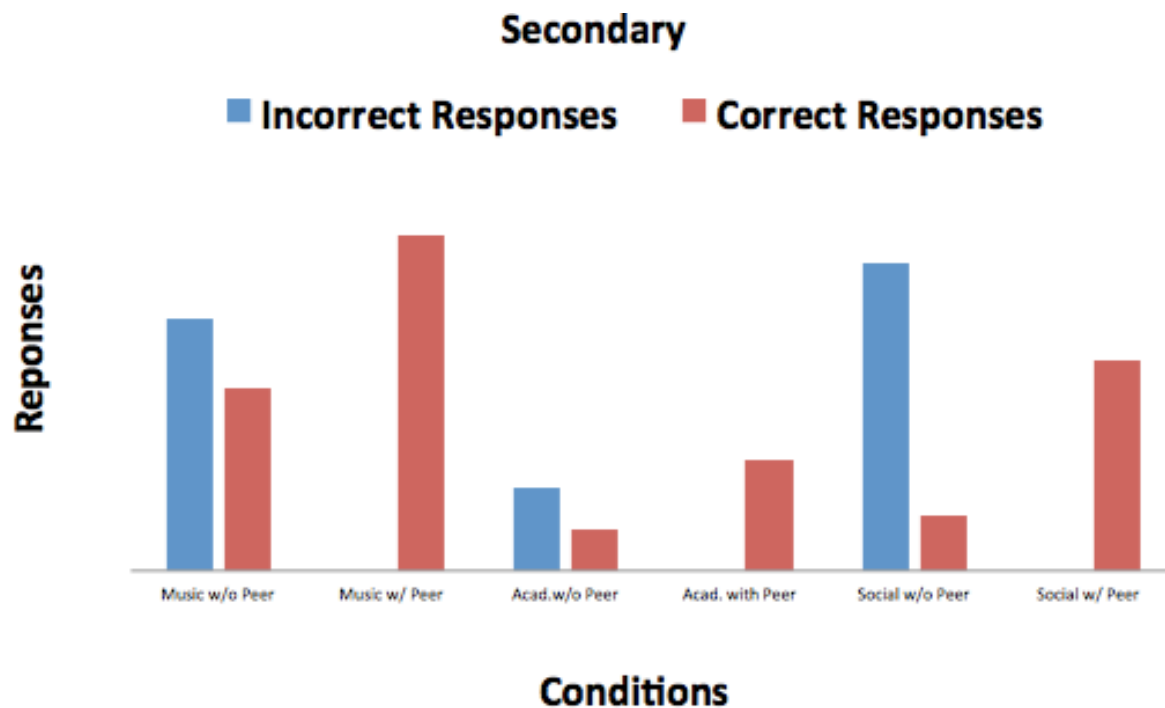


Figure 2. Responses across conditions for secondary grade level.

Discussion

Peer modeling serves as “one of the theoretical cornerstones of inclusion” (Jones & Schwartz, 2004, p. 187). Children learn much of what they know through imitation; therefore, facilitating the observation of appropriate models is important to their academic, social, and musical development. Children with disabilities often have difficulty in acquiring new skills, and may need multiple opportunities to observe others engaging in a desired behavior. Inclusive

classrooms generally provide children frequent opportunities to observe and learn from same-age peers, though certain conditions are necessary for observational learning to take place. The target child must be capable of completing the desired task, and find the peer model motivating. It is also helpful if the peer model is in close proximity to the target child, and the target child has been prompted to attend to the peer model. In the present study, all tasks were appropriate to the child's curricula, peer models were in close proximity to the target child, and all children were prompted to attend.

Results of the present study indicate that age may be a factor when assessing the effectiveness of observational learning. Children must be able to sustain attention long enough to attend to a peer model, and children's attention span generally increases with age. Older participants in the study, middle school students, were more successful at acquiring the modeled behaviors than the younger, elementary students. The findings may also suggest the middle school students were more aware of, or were more influenced by their peers' behaviors.

Most social behaviors are learned through imitation; therefore, it may be that these types of behaviors are more easily acquired through peer modeling than academic or musical behaviors. Younger participants made significant gains in the number of successfully completed social tasks, though no significant gains in academic or musical tasks. Some young children may require direct instruction along with observational learning in order to successfully complete academic or musical tasks. Older students made significant gains in all three types of tasks with a peer model. In addition, they made significantly fewer task errors with a peer model than without.

At the completion of the study, the teachers reported all students had made musical progress, and appeared to have increased and improved their social interactions. In addition, the teachers reported the peer modeling intervention required only minimal preparation time to implement, and little to no financial resources; however, these findings were only anecdotal. Future researchers may wish to formally assess the impact of peer modeling on students' musical progress, and teachers' time and resources. In addition, researchers may also wish to examine the effect of peer modeling on children without disabilities as well as those with disabilities. In the present study, no data were taken on the behaviors or musical progress of students without disabilities.

Results of the present study corroborate the findings of other researchers who have examined the effect of peer modeling on behaviors and found it to be an effective intervention for children with disabilities. With little demand on teachers' time or resources, peer modeling is a relatively simple intervention to implement. In addition, with its implementation, students' musical progress is not adversely affected, and social interactions are likely to be increased and improved. Because imitation is an innate human behavior, modeling does not require training, but rather setting conditions that facilitate its use. Future researchers may establish peer modeling as evidenced-based practice in music education as well as general and special education.

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Training Studio Music Educators to Teach Students with Autism

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CANADA

Diagnoses of autism spectrum disorder are on the rise. Research in music cognition has demonstrated a strong proclivity towards music in people with autism. Learning a musical instrument can be a significant accomplishment and enjoyable activity for people with autism. However, the majority of studio music teachers have received little or no training on how to address the many and varied challenges of teaching students with autism. This lack of training can lead to poor attitudes towards accepting students with autism or less than adequate music education if the appropriate educational environment is not developed. The objective of this research was to determine the effectiveness of a training intervention on the preparedness and perceived self-efficacy of studio music teachers. The training consisted of a two-day training workshop on teaching music to students with autism followed by three hours of lesson observation with students across the autism spectrum. Data was collected through pre- and post-test questionnaires, daily experience logs, and interviews. Results demonstrate that the training intervention was effective in improving participant knowledge and attitudes towards teaching students with autism in a private music studio setting.

Keywords: Music training, students with autism, private music studio

Context

Autism is a complex disorder marked by impairments in communication, behavior, cognition, as well as sensory abnormalities. Autism is a spectrum disorder, which can make it even more complicated as there is a wide range of variations on the ways in which autism can manifest in different individuals. Autism is often associated with comorbidities which can add to the complexity as well, including ADHD, learning disabilities, obsessive-compulsive disorder, anxiety and depression.

Though the statistics vary between nations, it appears that the rate of autism diagnosis is increasing. This elevated incidence suggests that music educators are very likely to work with students on the autism spectrum. Research in music cognition has demonstrated that many individuals with autism have strong abilities in music and could benefit from music education (Applebaum, Egel, Koegel & Imhoff, 1979; Bonnel, Mottron, Peretz, Trudel & Gallun, 2003; Heaton, Hermelin & Pring, 1998). Music education can be a normalizing experience for people with autism as it allows them to explore their strengths and interests like those who are typically-developing outside of a therapeutic context. However, the complexity of autism requires that any teacher understand the disorder and be able to adapt the curriculum and learning modality to the needs of each student.

In studies of university music education students, it has been demonstrated that there is a lack of training and preparation for working with students with special needs (Heller, 1994; Helps, Newsom-Davis & Callias, 1999). Studio music teachers are even more likely to be under-

prepared as many of them have not studied music education in university but instead have chosen their profession based on their proficiency on their instrument. Yet, private studio music teachers are plentiful and, due to the high rates of diagnosis, are very likely to be asked to teach students with autism at some point. Training on the nature of autism and how private music lessons can be adapted are critical to creating a successful music learning environment. In particular, it has been reported that behavioral issues including outbursts, impulsivity, and disruption are the greatest challenges for music teachers, with the second greatest being managing on-task behaviour, attention and engagement, and dealing with sensory challenges (Gilbert, 2014). These are all common in students with autism. The root causes of these issues need to be understood by music teachers so that they can approach all students with a high level of empathy and respect. From there, adaptations that can help manage these issues can be learned and applied in the lessons.

Research Questions and Design

The purpose of this research project was to determine whether or not a two-day training workshop paired with three hours of lesson observation would improve the preparedness and perceived self-efficacy of studio music teachers. Research on special education training for private music teachers is virtually non-existent, but studies on training for music education university students has shown a combination of lecture and fieldwork to be effective (Hourigan, 2007; Whipple and VanWeelden, 2012). The intervention was designed to include both of these elements in order to provide the most effective training possible. The duration of the intervention was determined in an effort to be accessible to many studio music teachers. Though a more extensive workshop and observation period would possibly be more effective in developing teacher knowledge and improving self-efficacy, the intervention was purposefully kept short as the primary goal was to develop a model that would be accessible to studio music teachers and thus have the greatest impact on improving capacity. If it can be shown that this type of intervention can be helpful in empowering teachers to work with students with autism, then it could be implemented by various organizations. This would improve access to appropriate music education for these special learners.

This study seeks to answer the following research questions:

1. What level of knowledge do studio music teachers possess regarding students with autism that they may encounter?
2. What are studio teacher attitudes towards working with students with autism?
3. Do studio music teachers feel prepared to work with students with autism?
4. Would the completion of a two-day training workshop, followed by three hours of fieldwork, alter answers to the previous three questions?

Methodology

This study employed a three-phase mixed methods approach with both concurrent and sequential components (Fitzgerald, 2011). The first phase included both qualitative and quantitative elements. As the qualitative element, an interview was conducted with all participants. The interview was semi-structured and included questions about participant education, previous experience with people with autism (either in a personal or educational setting), teaching

background, and attitude towards working with students with special needs. The quantitative element in the first phase was a pretest questionnaire. The questionnaire used a 5-point Likert scale ranging from “strongly disagree” to “strongly agree.” The questionnaire had three sections testing participants’ knowledge and attitudes in different areas: first, general knowledge of autism; second, knowledge of adaptations used in general education and music education for students with autism; and third, attitudinal measures and measures of self-efficacy. The questionnaire was researcher-developed and was based on the Stone Autism Questionnaire (Helps et. al, 1999) and the questionnaire developed by VanWeelden and Whipple (2007). The pretest questionnaire was administered prior to the training intervention.

The second phase of the methodology was administered during the training intervention, both the workshop and lesson observation. The second phase included only qualitative measures in the form of daily experience logs. At the end of each day of the workshop, participants completed their experience logs in which they provided feedback on what they found most useful and how they felt about the training experience. The logs included prompts (e.g. “what I found most helpful today was...”) as well as space for comments. At the end of the lesson observation participants completed a final experience log, in which they provided feedback on their experience of the training intervention as a whole. The data collected from the experience logs provided much insight into how the participants viewed the training as well as feedback into how the experience could be improved.

The third phase of the methodology was the post-test questionnaire. It was identical to the pretest questionnaire and was administered after the training intervention was complete. The purpose was to measure any improvements in knowledge or attitude. This quantitative data in combination with the qualitative data from the experience logs would provide a complete picture of the effectiveness of the training.

Participants

The participants were eight female private studio voice and/or piano teachers. The experience ranged from university students who were just beginning to teach privately, to teachers with up to 28 years of experience. Previous work with people with autism also varied widely, from none at all to working extensively with students with autism in a school setting as an educational assistant or being parent to a child with autism. None had extensive experience teaching music to students with autism in either a school or private lesson setting. All participants expressed an interest in teaching music privately to students with autism in the future.

Training Intervention

The workshop portion of the training took place over a weekend (two days), with five hours of sessions each day. The material was presented in a mix between PowerPoint presentation, hands-on demonstrations, and open discussion.

The first day of the workshop focused on developing a foundational knowledge of autism. The characteristics of autism were explored, and the possible ways in which they could affect music learning discussed for each. Adaptations that could be used in private music lessons were

demonstrated for each element. The following topics were discussed and presented on the first day of the workshop:

- Diagnostic criteria from DSM-5
- Social communication
- Restricted or repetitive interests
- Common comorbidities
- Auditory processing and perception
- Motor skills and movement
- Behavioural challenges
- Learning strengths and challenges
- Executive function
- Knowledge and personality of the teacher
- General adaptations for music learning

On the second day of the workshop, an occupational therapist was invited to speak in the morning session. The focus of the occupational therapist presentation was the sensory needs of students with autism, how to recognize the sensory profile of your student, and meeting sensory needs in a private music lesson setting. The afternoon of the second day was spent in applying the concepts learned to possible lesson situations. Sample lesson plans for students of different profiles were presented and attention paid to adaptations that were used, how the lesson was structured to reflect the sensory needs of the student, and discussion of any potential issues that could come up during the sample lesson and possible solutions for each.

The second phase of the methodology also included three hours of lesson observation. All observation took place at Lotus Centre for Special Music Education in Ottawa, Canada, a not-for-profit organization that develops and delivers music education programs for students with special needs. It is important to note that this was observation only, not true fieldwork as the participants were not actively involved in forming the lesson or leading any activities. Care was taken to ensure that each participant had the opportunity to observe students with varying profiles, but also students that met the interest of the participant. In almost all cases private lessons were observed, but since two of the participants were vocal teachers and interested in possibly working with a special needs choir they were permitted to spend one hour of their observation with the Lotus Centre for Special Music Education choir. Participants were given a brief overview of each student and had the opportunity to ask questions of the teachers after the lessons. Following the observation, participants completed the final experience log.

Results

Quantitative data was collected from the pretest and post-test questionnaire. The results from the questionnaires shows an increase in most questions pertaining to general knowledge about autism and educational supports, but since the scores on the pretest were already quite high the difference was not statistically significant. The only question in this category with a statistically significant difference was “people with autism have difficulty processing sensory input,” which

increased from 4.00 to 5.00. This increase is not surprising given the attention paid to sensory issues in the presentation by the occupational therapist during the workshop. The categories of questions with the most significant improvement were attitudinal measures and measures of perceived self-efficacy. The pretest and post-test results are provided in Table 1.

Table 1

Pretest and Post-test Results in Attitudinal Measures and Measures of Perceived Self-Efficacy

Question	Pre-test mean	SD	Post-test mean	SD	Two-tailed <i>p</i>
I feel comfortable teaching students with mild or high-functioning autism	3.75	0.96	4.25	0.66	0.10
I feel comfortable teaching non-verbal students or those with severe autism	2.75	1.19	3.63	0.85	0.04
Teaching students with autism is more difficult than teaching students with other disabilities	2.38	0.85	2.38	0.69	1.00
I feel adequately prepared to work with students with autism	2.75	1.08	3.88	0.59	0.01

There are two results of note here. The pretest and post-test mean for “teaching students with autism is more difficult than teaching students with other disabilities” remained exactly the same at 2.38. Given the positive feedback provided in other data collected, this is not necessarily to be viewed as a negative attitude but rather as a realistic view. Much of the time in the training was spent discussing potential difficulties students with autism may face in a music lesson and how those difficulties could be addressed. The fact that the participants still felt after the training that teaching students with autism would be more challenging than other students may be a reflection of this discussions during the training intervention. Second, the most statistically significant improvement on any question was “I feel adequately prepared to work with students with autism,” which increased from 2.75 to 3.88. This question was really the crux of the training intervention and the question with the most importance in terms of determining whether or not the training was successful, as allowing the teachers to feel prepared to teach students with autism was the ultimate goal.

The daily experience logs offered qualitative data on what the participants found most helpful and what they would have liked to explore in more depth. Many participants expressed that what they found most useful was specific strategies that could be employed in the lessons. Examples of strategies that participants noted were balancing firmness with humour and affection, rewarding all accomplishments, starting with small goals, incorporating coordination activities, and creating an appropriate learning environment. Four participants commented that they especially enjoyed learning about sensory tools and resources. Several noted that they enjoyed exploring the sample lesson plans and going through possible lesson scenarios.

For the prompt “I would have liked more information on...,” several participants noted that they would have liked more details and more time spent on topics that were covered, including resources, discussion on how to deal with challenging behaviour, in-depth discussion of sensory

issues, and going over more sample lesson plans so that they could see demonstrations of more activities and for students of different profiles.

The comments on the overall experience or the structure of the training was overwhelmingly positive. Here are some of the comments: *“I really appreciate the opportunity to learn at this workshop! It gave me more confidence and desire to teach students with special needs in the future. And I find it is worthwhile!”*; *“After this workshop, I feel more prepared to work with children with ASD and others.”*; *“It is clear to me that this is a special place where people really care about each other. People with ASD have great untapped potential to grow up and make their mark on society if we let them...I will definitely work more on rhythm with my students. I see that they get so pitch dominant that their rhythm suffers.”*; *“[The study was] a thorough package that successfully provided educators with knowledge of ASD, of students with sensory challenges and relevant activities (music related) and strategies. The observation provided real-life experience working with children primarily with ASD. It helped to solidify the theory-based knowledge learned.”*

Discussion

The results demonstrate that the training intervention was successful in improving studio music teacher preparedness to teach students with autism. In both the questionnaire and experience logs, the data shows that the participants’ attitude and willingness to work with this population improved, and many commented in the experience logs that they felt more prepared as a result of the training. The combination of workshop and observation was well-received.

The primary objective of this study was to determine whether or not a training intervention that was designed to be of a duration and intensity that would be accessible for working studio music teachers would be successful in preparing them to work with students with autism. While it seems that the training worked well, the notion of accessibility needs to be examined. Many potential participants expressed that they were interested in attending the training but could only attend one day of the workshop, or could only attend the workshop but not the observation. Since the goal was to increase capacity in the community through developing a training protocol in which the maximum number of teachers could participate, a more condensed schedule may be desirable. However, it would be difficult to address all the necessary topics with any less time, and in fact almost all participants noted in the experience logs that they would have liked more time, more detail, or to reconvene after the observation for more discussion. This study should be viewed as a starting point in an effort to improve training for teachers working in a private studio setting who are interested in providing a meaningful music learning experience for students with autism.

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