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TE ROOPU PUORO WHAKAORA O AOTEAROA

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Journal Policy

The *New Zealand Journal of Music Therapy* (*NZJMT*) is a peer-reviewed open access and print journal, published annually by Music Therapy New Zealand (MThNZ) for music therapists, students, allied professionals, and others interested in music therapy. Our purpose is to raise awareness of music therapy and related approaches in the wider community, and to extend the knowledge and understanding of music therapists.

NZJMT promotes the values of MThNZ:[1]

- Life / Ora
- Reciprocity / Whanaungatanga
- Creativity / Auahatanga
- Professionalism / Te Taumata

A wide variety of submissions will be considered, including but not limited to: practice-based, research, theoretical or case study articles about music therapy; less formal, practice-based or autobiographical articles for the Community Voices section; interviews; arts-based elements; student contributions; relevant articles about related fields or allied professions, if clearly relevant to music therapy practice; and book and resource reviews.

The journal publishes only original material, except where reprint rights have been sought for an article of particular relevance to music therapy practice here. Articles declined by the journal may be recommended for publication elsewhere, e.g. the MThNZ *MusT* newsletter. Authors and reviewers are asked to consider the relevance of their work to contemporary music therapy practice in Aotearoa New Zealand and to read past issues of the journal and to download the submission guidelines.[2] First-person writing is preferred, where appropriate. Note our use of EPICURE and IMRaD checklists for evaluation of articles, and requirements for formatting and referencing.

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

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1 https://www.musictherapy.org.nz/about-mthnz/strategic-plan

2 https://www.musictherapy.org.nz/journal

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Please submit by April 1st 2024

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Erratum

In the following article, the heading **Songwriting** on p.59 should read **Research Question**. This is correct in the open access edition but incorrect in the print journal and in pdfs accessed via electronic databases.

Talmage, A., & Purdy, S.C. (2021). Choirs and singing groups for adults living with neurogenic communication difficulties: Semi-structured interviews with current and potential facilitators. *New Zealand Journal of Music Therapy, 19*, 54-85.

(2023). New Zealand Journal of Music Therapy, 21, 1-8.

Editorial: The Times They are A-Changin'

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Tēnā koutou katoa.

Welcome to the 2023 issue of the New Zealand Journal of Music Therapy.

Our title refers to a time of looking back and ahead, while being present in the here-and-now. Bob Dylan's (1963, 2019) song resonates 50 years on in 2023, a year of ever more transitions but also celebrations.

Congratulations to Adjunct Professor Daphne Rickson, who was honoured with the World Federation of Music Therapy's Lifetime Achievement Award at the World Congress of Music Therapy in Vancouver Canada, July 2023. This is the World Federation's highest honour, awarded every three years to an individual who has made a significant contribution to the field of music therapy.

New Zealand was represented at the World Congress by seven music therapists and one student. Standout presentations included Spotlight Sessions (themed keynotes with an international panel) featuring Dr Carolyn Shaw (*Diversity, Equity and Inclusion in Music Therapy)* and Kimberley Wade (*The Future of Music and Music Therapy in Healthcare*).

We are excited to share news of forthcoming MThNZ celebrations:

In 2024, Music Therapy New Zealand will mark two substantial milestones – the 50th anniversary of Music Therapy in Aotearoa New Zealand, and the 20th anniversary of the Master of Music Therapy programme at Te Herenga Waka – Victoria University of Wellington. Celebrations will include a Friday evening showcase event, an exceptional conference with the theme *Looking Back, Moving Forward*, and the launch of a new book documenting a history of Music Therapy New Zealand.

The back cover of the book is likely to emphasise the significance of the occasion with the words:

> Since 1974, hundreds of passionate people, members, and supporters of Music Therapy New Zealand, have laboured to increase awareness of the potential of music as a powerful resource in the support of human wellbeing. They have lobbied relevant government departments and universities, and provided the necessary training, support, and regulatory procedures to ensure practitioners provide safe and effective music therapy services to the people of Aotearoa. In 2023, over 90 Registered Music Therapists offer music therapy programmes to people of all ages and abilities. They work in many different settings including early intervention centres, schools, prisons, hospitals, aged care, and community settings, enriching the lives of thousands of people in need.

This is indeed cause for celebration!

(Adjunct Professor Daphne Rickson ONZM, Music Therapy New Zealand President Emeritus, personal communication, November 14, 2023)

Image description: Celebrating 50 years logo, with gold text and treble clef, black background.

At the same time, communities worldwide are adjusting to post-pandemic living and endemic Covid-19. We are mindful of the ongoing conflicts in many countries that destroy lives and communities. Closer to home, a new government is waiting in the wings, signalling more change. Through all of this, the work of music therapists continues. Music and musicking bring people together, fostering hope and trust. As music therapists, our own musicking sustains us as we seek to be present and responsive.

In this context, we are proud to bring you the twenty-first issue of the *New Zealand Journal of Music Therapy*. A word cloud of keywords for all *NZJMT* articles (Figure 1) highlights the wide range of topics published.[3] While not a systematic analysis of content, the keyword frequency indicates a diverse range of practice and research articles. We share global concerns with culture, inclusion, collaboration, the pandemic, and training, while working in ways congruent with our own contexts. While the full range of practice is not yet represented in the journal, we congratulate our 96 authors published to date, of whom 49 were music therapists or music therapy students in New Zealand at the time of writing. Others include international music therapists, other professionals, and two young music therapy participants. Many articles were co-authored, an option for would-be busy authors to consider.

Most *NZJMT* writing is broadly person-centred. Future authors could clarify descriptions of practice with reference to McFerran et al.'s (2023) mapping of orientations, approaches, models, methods, and models of music therapy practice. On this note, we look forward to Dr Carolyn Shaw's keynote address at the 2024 MThNZ conference, focusing on Post-Ableist Music Therapy (Shaw, 2022a, 2022b; Shaw et al., 2022).

This issue includes three articles from across the motu, addressing topics vital to contemporary music therapy practice. Consultative approaches, direct therapy, and cultural contexts are all highlighted. Liz Wallace reports on collaborative and consultative practices to support adults with intellectual disability in Ōtautahi Christchurch, through skill-sharing to resource family members and other professionals. Hospice care in Tāmaki Makarau Auckland is the setting for Megan's story, an account of music therapy in palliative care, in which Libby Johns weaves past and present, interactions

3 Information from *NZJMT, 3-21* (2005-2023); issues 1-2 (2003-2004) did not list keywords.

and reflections. Hyunah Cho 조현아 reflects on her experiences as a Korean Kiwi, sharing traditional Korean music in Ōtepoti Dunedin.

Reviews by Penny Warren and Alison Talmage recommend recent books about music therapy training and music therapy for people living with dementia respectively. Finally, our annual Publications and Thesis Alert encourages you to explore other scholarly writing by both experienced and emerging New Zealand music therapists. On behalf of Music Therapy New Zealand we offer warm congratulations to everyone.

Figure 1
Article Keywords

Image description: A word cloud containing keywords from the journal (2005-20023), presented in the shape of a treble clef; for accessibility, the word list is provided in Appendix A.

Alison:

The end of 2023 also brings changes to the editorial team. After sitting in the editor's chair for eight years, eight journal issues, I am retiring from this role in December. I have enjoyed supporting writers to finesse the best possible accounts of their work.

Editing is never a solo gig. A whole band of players, backing singers, managers, advisers, roadies, and other creatives make each issue sing. Every article published in the journal represents hours of professional practice and/or research, hours of thinking and writing, hours of reading and reviewing, and more hours of rewriting, revising, and copy editing.

My special thanks belong to May Bee Choo Clulee 吳美珠, Assistant Editor, for our four years of collaborative editorial work. May and I first met around 2005 at a meeting of the Auckland Music Therapy Society (as it then was). Our collegial relationship developed over several years together at the Raukatauri Music Therapy Centre and shifted into a new gear as journal editors. May's ethical values of diversity and inclusion have enriched the journal and deepened my understanding. During the stressful years of the pandemic our teamwork has provided a safe space to reflect on the past, present, and future.

I am grateful to all the editors who came before me – Barbara Mabbett, Natalie Nugent, Penny Warren, Karen Twyford, and Sarah Hoskyns – for setting high expectations and a supportive but challenging process. Thanks also to Dr Daphne Rickson ONZM for assisting May with the editorial role when I had a conflict of interests as author and editor. We also acknowledge the 2003 Council who launched the peer-reviewed *New Zealand Journal of Music Therapy*, building on the success of the *Annual Journal of the New Zealand Society for Music Therapy*.

Writing is not easy. For many music therapists, writing is an optional extra, squeezed into busy lives, out of hours. As practitioner-authors, your generosity in sharing your work is invaluable to our growing profession and ultimately to music therapy participants. As editors, we balance the tasks of supporting and gatekeeping. High quality writing (and multimedia elements) keep our niche journal on the world stage. It is never too early to discuss an initial idea, never too soon to ask for feedback on a pre-submission draft, never too late to reflect on past experiences. Submission dates are flexible, with further possibilities of publishing early online or holding an article over until the next issue.

Readers who are not yet authors may not realise the rigour of the journal publication process. International and local reviewers play a crucial, voluntary role, offering impartial feedback to writers. Formal research and

practice articles are sent for anonymous review, usually by two peer reviewers, at least one an experienced music therapist. Community Voice submissions are not de-identified and receive a single open review. Anyone daunted by this process can be assured of supportive advice from the *NZJMT* editorial team throughout the journey.

We are collectively proud of the Morva Croxson Prize, a writing competition suggested by Dr Sarah Hoskyns and named after a music therapy pioneer and Music Therapy New Zealand Life Member and President Emeritus. This initiative has encouraged several postgraduate music therapy students and recent graduates to translate assignments and theses into article format. I thank Sarah, Daphne, Claire Molyneux, and Rachel Austin for assistance with the journal and competition guidelines. Sincere thanks too to the Journal Advisory Panel for guidance on ethical issues arising from this competition and for supporting future aspirations for the journal. Thank you, Áine Kelly-Costello, for your feedback as Image Accessibility Adviser. We could also not manage without the assistance of our proofreaders, administrators, and executive officers.

Writers need readers: you, some of whom are – or will, I hope, become – reviewers and editors. *The New Zealand Journal of Music Therapy* is firstly for us, a space to celebrate and disseminate practice and research. Secondly, the journal contributes to advocacy. By sharing the journal with colleagues and friends, readers help to raise awareness and understanding of music therapy. Finally, we reach an international, interprofessional audience through open access publication and scholarly database listings.

I am stepping away from my editorial role, not from my enthusiasm for our journal. Readers, I look forward to your future writing. May and future editors, the journal will continue to develop in your capable hands, heads, and hearts.

May:

I wish to congratulate Alison for her eight years as Editor and reflect on some of her achievements - introducing the Morva Croxson prize for students and recent graduate writers; adding a Community Voices section with an open review process; and exploring innovation in journal content, structure, and writing styles. Alison is a strong advocate of music therapists writing about their work, in the journal and elsewhere. She has contributed greatly to the growing professionalism of our publication. I am grateful for the opportunity to have been a co-guardian with her, curating four issues together. We have had stimulating and sometimes robust dialogue over the years, and I have appreciated our collaborative approach, our complementary areas of interest, and our common valuing of inclusion and diversity in this publication.

I believe our working relationship resonates with the term *tuakana-teina* (Eruera, 2005; Mead, 2003). I encountered this matauranga Māori concept in my Kaitiakitanga Bicultural Supervision Course at Te Wānanga o Aotearoa a few years ago. I have appreciated Alison's care, guidance and role modelling when I first started in the role of Assistant Editor, and a growing reciprocity has developed over time. I have been enriched and grown in my passion for writing and editorial work. I wish Alison all the best for the future, and look forward to future collaborations we may engage in.

Alison and May:

2024 promises to be another big year, so *The Times They are A-Changin'* may be a keeper on the playlist, alongside other old favourites and new finds. Looking ahead to the MThNZ celebrations, we invited music therapists to suggest songs capturing this positive mood. Tune in to our collective Spotify playlist ("NZJMT2023: Celebrate!") here: https://tinyurl.com/4n3u47dd

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Appendix A:
Word List for Figure 1

The following keywords are included in the Figure 1 word cloud. Numbers in brackets indicate keyword frequency. Some keywords with similar meanings to others were slightly modified to emphasise frequency of the concept.

Music therapy (30)
Research (13)
Culture (9)
Special Education (9)
Children (7)
Collaboration (7)
Community music therapy (7)
Autism (5)
Choir (5)
New Zealand (5)
Singing (5)
Songwriting (5)
Therapeutic relationship (5)
Wellbeing / quality of life (5)
Group (4)
Improvisation (4)
Inclusion (4)
Mental health (4)
Music therapist (4)
Speech–language therapy (4)
Assessment (3)
Case study (3)
Communication (3)
Consultation (3)
Early intervention (3)
Families (3)
Neurorehabilitation (3)
Older adults (3)
Speech (3)
Stroke (3)
Training (3)
Adolescents (2)
Adults with learning disabilities (2)
Affect or emotion (2)
Aphasia (2)
Communication (3)
Covid-19 (2)
Developmental disabilities (2)
Hauora (2)
Hospice (2)
Identity (2)
Interprofessional (2)
Interviews (2)
Multidisciplinary (2)
Music (2)
Music therapy student (2)
Musicking (2)
Occupational therapy (2)
Palliative care (2)
Parent/caregiver evaluation (2)
Parkinson's disease (2)
Practice (2)
Professional identity (2)
Reflective practice (2)
Taonga puoro (2)
Transdisciplinary (2)
Voice (2)
Accessible concert (1)
Autoethnography (1)
Behavioural (1)
Belonging (1)
Bereavement (1)
Bonding (1)
Brain injury (1)
Caring behaviours (1)
Cerebral palsy (1)
Charitable Trust (1)
Client groups (1)
Client-centred (1)
Co-therapy (1)
Community building (1)
Community musician (1)
Community support workers (1)
Conflict (1)
Coordination (1)
Coping (1)
Diasporic identity (1)
Down syndrome (1)
Employment (1)
Enabling Good Lives (1)
Focus groups (1)
Fragile X syndrome (1)
Gayageum (1)
Goal-setting (1)
Governance
Grief
Guitar (1)
Humanistic (1)
Identity music (1)
Individual (1)
Instruments (1)
Interdisciplinary (1)
Itinerant services (1)
Japan (1)
Kaupapa Māori (1)
Kinaesthetic empathy (1)
Kinaesthetic loop (1)
Kindergarten (1)
Korean (1)
Language (1)
Language and gesture (1)
Letter boards (1)
Literature review (1)
Long-term care (1)
Lullaby (1)
Mentoring (1)
Merleau-Ponty (1)
Models of working (1)
Mother (1)
Multiple disabilities (1)
Music group (1)
Music identity (1)
Music listening (1)
Music medicine (1)
Music preference (1)
Music technology (1)
Neurological conditions (1)
Non-pharmacological (1)
Online community of practice (1)
Online survey (1)
Orchestra (1)
ORRS funding (1)
Pay scales (1)
Peer-mediated intervention (1)
Person-centred (1)
Personal development (1)
Personal narrative (1)
Physical disabilities (1)
Physiotherapy (1)
Prosody (1)
Psychotherapy (1)
Rarotonga (1)
Receptive methods (1)
Rehabilitation (1)
Remuneration (1)
Repertoire (1)
Residential care (1)
Resource-oriented music therapy (1)
Rett syndrome (1)
Rhythm (1)
Roles (1)
Rongoa (1)
Samoa (1)
SCERTS (1)
School (1)
Selective mutism (1)
Siblings (1)
Sleeping (1)
Social identity (1)
Supervision (1)
Survey
Symposium (1)
Teachers (1)
Team approaches (1)
Telehealth (1)
Thailand (1)
Therapy process (1)
Verbal interaction (1)
Vignettes (1)
Voluntary work (1)
Waiata (1)
Wairua (1)

(2023). New Zealand Journal of Music Therapy, 21, 9-26.

Working It Out Together: Helping Community Support Workers and Family Members to Use Music to Benefit Adults with Learning (Intellectual) Disabilities

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Keywords

Adults with learning disabilities; community support workers; families; collaboration; community music therapy; wellbeing

Citation

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Abstract

This article describes the development of a music therapist's collaborative work with community support workers and family members to use music to benefit adults with learning (intellectual) disabilities. Examples of collaborative work are given, which show how individually tailored music ideas can improve wellbeing, enhance relationships with community support workers and family, and increase participation in the wider community. This type of collaborative work is recommended as a valuable way music therapists can use their professional skills to help others to use music to benefit adults with learning (intellectual) disabilities.

Introduction

Tēnā koutou.

I am Pākehā / New Zealand European, originally from Ōtepoti Dunedin. I have lived most of my life in Ōtautahi Christchurch. I acknowledge this area as being the tribal territory of Ngāi Tahu.

In this article I discuss the development of my work with community support workers (CSWs) and family members, to help them to use music to benefit people with learning disabilities. This article is based on a presentation at a Music Therapy New Zealand Symposium (Wallace, 2021). I give a brief literature review, give background to how this work came about, discuss the strengths and needs of this group of people with learning disabilities, the context of this work, the diversity of CSWs backgrounds, experiences and roles in this context, underlying theories and models, the process of this collaborative work and provide examples. I argue that music therapists can play a valuable role in helping CSWs and family to use music to benefit people with learning disabilities.

Background

This work focuses on community-dwelling past residents of the Templeton Centre, a former residential facility for people with learning disabilities in Templeton, on the outskirts of Ōtautahi Christchurch. At its peak around 500 to 600 people lived there. At that time parents of children who had learning and multiple disabilities were advised by medical professionals to place their children in institutions. I am using the term learning disabilities, as used by People First New Zealand Ngā Tāngata Tuatahi, a self- advocacy organisation led and directed by people with learning disabilities.[4]

Joan Webster (Registered Music Therapist, now retired), with support from Evelyn Ritchie (Welfare Officer), established music therapy at the Templeton Centre and worked to have music therapy accepted into the allied health team. In 1996 I was employed in the second music therapy position they created. This was during the time of deinstitutionalisation, when people with learning disabilities were moved out of institutions to live in the community. The parents of Templeton residents fought to ensure that their children would not lose access to services when the centre closed, resulting in a specialist

4 https://www.peoplefirst.org.nz

allied health team in the community for former residents. Initially, music therapy was omitted from this team; however, with lobbying it was included.

The Ministry of Health contract for this team was awarded to Therapy Professionals Ltd. (TPL). This business was established by Claire O'Hagan, initially as a physiotherapy private practice, mainly working with older people in the community. TPL grew to include occupational therapists, and with the contract to provide allied health services to ex-Templeton residents, dietitians, speech-language therapists and music therapists were added to the team. In the contract discussed here, much of the work of all disciplines is done through collaboration and consultation with residential or community day programme staff and family members. This work is now funded by Whaikaha Ministry of Disabled People.[5]

Claire had a vision of a transdisciplinary team, which was influenced by the work of Carol Davis, physiotherapist, writer and researcher (Davies, 1988). The transdisciplinary philosophy of encouraging sharing of experience and knowledge, and working together across disciplines for the benefit of the people we work with, continues under the present manager, Shonagh O'Hagan, Claire's daughter (O'Hagan et al., 2004). This has been a supportive culture within which to develop the work discussed in this article.

At the time of deinstitutionalisation in the late 1990s, approximately 460 people were living at the Templeton Centre. We have had over 200 people referred for music therapy. Initially the number of referrals was overwhelming. Joan and I developed a process where only people whose needs were not being met elsewhere were accepted onto the music therapy waiting list. Our focus became people who are nonverbal or have difficulty with verbal communication and social situations.

A government funding freeze, and a policy of reducing the contract hours as people die, have led to a reduced service including music therapy. Because of the limited time available, there is a waiting list for music therapy. As well as individual sessions and small group sessions, I work with CSWs in residential homes or community day programmes and with family members, to help them to use music beneficially. Initially this work developed as a

5 https://www.whaikaha.govt.nz

response to the limits to the music therapy hours. As the work developed it became clear it was worthwhile in its own right.

Working in this way was not part of my music therapy training, which I started through the New Zealand Society of Music Therapy accreditation programme before studying music therapy at the University of Melbourne in 1994-1995. As community music therapy (CoMT) and indirect music therapy work continues to expand, I believe this is an area which would be useful to include in music therapy training.

Brief Literature Review

Music therapists around the world have developed and written about work that has moved outside the traditional session model, to frameworks such as CoMT and indirect music therapy. CoMT can be conceptualised as an ecological approach, with multiple modes of practice, where resources are shared collaboratively (Wood, 2016) and including the music therapist following "where people and music lead" (Pavlicevic & Ansdell (2004 p.30). Growth in the development of alternative, multiple modes of practice includes the development of music resources with clients for their own use, as described in Rolvsjord's (2010, 2016) resource-oriented music therapy. Rolvsjord advocates for empowerment, focusing on clients' resources and potentials.

Ansdell (2002) wrote that "Community Music Therapy is an approach to working musically with people in context: acknowledging the social and cultural factors of their health, illness, relationships and musics." He argued that "the aim is to help clients access a variety of musical situations, and to accompany them as they move between "therapy and wider social contexts of musicing". Indirect music therapy has been described as consultation and collaboration with lay people or other professionals, and sharing knowledge and skills to change social care systems (McDermott et al., 2018; Stige, 2002).

An area showing growth in music therapists working with support workers and family members is the care of people with dementia (Baker et al., 2012; Beer, 2017; Hanser et al., 2011; Hsu, 2017; McDermott et al., 2018; Melhuish et al., 2019; Thurn et al., 2021). The study by Melhuish et al. (2019), showed that a systematic and collaborative approach, music therapy sessions and

exploring suitable ways for music to be used outside session times, yielded positive outcomes for clients and carers.

We can also learn from work in school settings, where music therapists are changing how they work, to include collaborative work (Pethybridge, 2013; Tomlinson, 2020; Rickson, 2008; Rickson & McFerran, 2014; Rickson & Twyford, 2011; Twyford, 2012). Rickson and McFerran (2014) discuss a change to therapists' roles to "building collaborative relationships with learners, teachers, and others; valuing them as equals; and promoting their participation by building on their strengths, resources, and potentials" (p.27).

Music therapists also work in family homes. For example, Thompson (2014) surveyed parents about their use of music in the home with their child with autism spectrum disorder and demonstrated that music therapy could be a successful way to support capacity building in families by embedding therapeutic music experiences into their daily life. Similarly, Castelino's (2021) comments about supporting families with young children are also relevant for other client groups.

Music therapists' work with Community Support workers and family members of adults with learning disabilities is underrepresented in the music therapy literature. Castelino (2019) discussed the need for music therapists to let go of the "expert hat" and to be flexible, adapting their approach to the unique needs of each family and finding family-focused solutions. I have adopted a similar approach in the work described in this article.

Context of this work

The People with Learning Disabilities Supported in this Work

These clients discussed in this article are a diverse group of people, with varying strengths and needs in their day-to-day lives. Ages range from those in their 30s to those in their 80s. This group is predominately Pākehā, with smaller numbers of Māori, Pacific, and Asian people.

A vulnerable group, many of these clients have experienced trauma in their lives, including abuse and neglect. Their needs vary from requiring all activities of daily living and personal cares to be undertaken for them, to being independent enough to travel on their own by bus and do their own shopping. Some are physically very mobile, while others are wheelchair users. Some use verbal communication; others use low or high tech

communication devices, Makaton, or New Zealand Sign Language. Additional sensory challenges, hearing and/or visual impairments affect some people. Some are autistic. Challenges with dementia, neurological conditions, and/or mental health issues are also part of the lives of people within this group.

Location

Currently, the people referred to TPL under this contract live in approximately 95 different residential care homes. Some people live with family some or all of the time. Family involvement varies. While a few people live on their own, and a few others live with one other person, most live in homes with four or five others, and there are a few homes where ten people live together.

There are 26 different residential care providers and more than ten organisations that provide community day programmes. Each residential and day programme provider is different. Some are not for profit trusts; others are businesses. Some are part of national organisations; others are local. There is a bicultural trust and a non-profit charitable Christian Trust. Each home has its own culture, which can change due to internal reorganisation or new staff and residents.

Community Support Workers in this Context

The CSWs are a diverse group, including Māori, Pākehā, and people from all over the world. For many, English may be their second language. They have a range of backgrounds and experience, which may include having family members with learning disabilities, having training in this area, and years of experience, or this might be their first experience working with people with learning disabilities. They have varied music skills and preferences. Their role varies, depending on the needs of people they are supporting. It is low paid work and can be very busy.

Underlying Theories and Models

The Waitangi Tribunal's (2019) Hauora report recommended principles for the primary health care system, which are also applicable to the wider health and disability system, to help work towards equitable health outcomes for Māori. These include guarantees of tino rangatiratanga (self-determination), and principles of active protection, equity, options and partnership. These

guarantees and principles are essential for addressing the current inequities in health for Māori. People of other cultures can also benefit from these principles. Te Tiriti o Waitangi principles are helpful in this work with people with learning disabilities, CSWs and family, in terms of working in partnership, having them determine the focus of the ideas and participate in developing music ideas, and respecting and protecting their cultural values. We work together to develop music ideas to benefit the person with the learning disability, that include their preferences of music, including music from their cultural backgrounds, music activities they can participate in (independently or with support), and opportunities for choice-making and initiation.

The Enabling Good Lives model (2023) is a new approach to supporting disabled people that is currently being rolled out by the government. The principles from this underpin the work in this contract. They include self-determination, person-centred, ordinary life outcomes, mainstream first, mana enhancing and relationship building. This model was also endorsed by an evaluation study at the Raukatauri Music Therapy Centre (Lowery et al., 2020).

Interdependence is celebrated in Shaw's (2022) description of Post-Ableist Music Therapy. She states that "As the posthuman subject is an interconnected interdependent relational entity, it counters pursuits toward the myth of wholeness ('making the person whole') and doesn't hold independence as a core measure of success" (p.9). Shaw's ideas relate to this work in terms of using musical ideas to develop relationships between the person with a learning disability, CSWs, and family. We develop ideas which provide the support people need to access music, and support less disabling environments, such as relaxed concerts.

Warner (2017), writing about trainee music therapists working with assistants on placement during vocational music therapy training, argues for "an acknowledgement of [assistants'] knowledge of clients" and the need for "critical reflection on the issues of difference that might be present between the trainee and assistant" (p.69). These issues can include age, class, status, and culture. Warner notes that "contemporary multicultural working practices, such as tolerance and respect of difference, the recognition of dominant or privileged narratives and the capacity to allow different cultures to sit alongside one another, offer new and expanded ways of thinking about the practice of assistance within music therapy." She states that "assistants are

people first and foremost with their own histories, abilities, hopes and needs" – which is very relevant to this work with CSWs and family members. Her comments are helpful as I strive to be aware of and respect the differences between myself, the person with a learning disability, CSWs, and family members – differences that may include age, gender, culture, status, communication, music preferences, and skills. Respecting these differences is essential to develop positive working relationships.

Helping CSWs and Family Members to Use Music

The person with the learning disability and their wellbeing is central to this work. The work is diverse and specific to the person, the CSW and family who are involved. We develop it together. It may happen on its own, alongside music therapy sessions, or after a block of music therapy sessions. CSWs or family can ask for help, and I also offer this option to house managers. I aim to build an encouraging positive relationship with the CSWs and family members, to build their confidence and creativity to use music beneficially.

I have found it helpful to start by meeting with the person, CSWs and family and asking what they are doing already musically. For example they may be putting music on for the person to listen to, or dancing together. Being positive about what they are doing already musically can help build their confidence and encourage them to extend these activities. This is a strengths-based approach which highlights what is going well and builds on this (Berry at al., 2022). This approach is similar to Rickson's (2008) approach in school settings, where "it is likely to be helpful to begin with what the teacher and teachers-aide is already doing, and to develop existing programmes taking into account what resources are available and what could be provided for them, what skills they have" (p.92).

Discussing what the person, CSWs and family are hoping for, and their expectations about the benefits of using music, is helpful. Being realistic about the person's strengths and needs, can help develop appropriate ideas, for example considering how long the person's attention span is, and the time needed to wait for a response.

We talk about what the person with learning disabilities musical preferences and skills are, what the CSWs and family member's musical preferences and skills are, and what they feel comfortable doing. Twyford (2012) notes it is

“important to encourage school staff to do what they feel most comfortable doing and can realistically achieve within the time and resources available to them” (p.65). The aim is to find common musical ground, which might be singing, dancing, playing instruments, or listening to music. We discuss what is possible within the context of the house or day programme, and what is realistic for the CSW or family within the time they have available and their skills.

We discuss what resources the person, the house or day programme has and what they need. The people provided for in this contract live on government-funded support and often have very little spare money. Buying instruments for birthday or Christmas presents may be possible. If the person has had music therapy previously, I can often recommend specific instruments they have positively responded to, that are good quality, durable, and appropriate for the individual. We work together to come up with ideas. It is important to acknowledge the CSWs and family member’s skills, experience and knowledge of the person with the learning disability. The decisions about which ideas will be tried are led by the CSWs and family, as they are the ones who will implement the ideas.

McDermott et al. (2018) highlight that music interventions may not always be beneficial. Murakami’s (2021) Music Therapy and Harm Model details potential harm that can happen within a music therapy session, an issue that has implications for this collaborative work. I address this by discussing with CSWs and family members the importance of monitoring people’s responses when engaged in listening to or making music. I suggest ways of protecting them from harm, including too loud music and musical overstimulation, and support them to provide positive, healthy music experiences. I usually document the ideas as a resource for CSWs, family, and future staff. We agree on a time when I will contact them to review how the ideas are going.

Reviewing

Reviewing how the music ideas are going is a very important part of the process and part of building positive relationships. Often this happens a month or two after ideas have been developed, to give CSWs and family members a chance to implement some of the ideas. Some CSWs and family like to have regular contact, and reviewing at intervals may continue for some time if it is seen to be beneficial. Twyford (2012) notes “follow-up work in

some form should be considered to ensure that momentum, modifications and reinforcement for ongoing work can be achieved" (p66).

Having a positive relationship is important so that CSWs and family feel comfortable enough to discuss what is actually happening, as not all of the ideas will have happened for a variety of reasons, or ideas have been tried and not worked. We discuss what went well and why and what did not work and why, which may lead to adapting ideas or developing new ideas. Hsu (2017) when talking about working with caregivers in dementia care states: "Time should be allowed for music therapist caregiver communication. Then caregivers can try out what they have learned from music therapists and incorporate the new ideas and methods into their practice. Most importantly, ongoing support should be available to help resolve difficulties and evaluate effectiveness" (p.125). Ray (in McDermott et al, 2018) describes music therapists providing ongoing support for Certified Nursing Assistants and residents by adapting activities and providing updates of music as needed. In this work with CSW and family, ongoing support is essential.

Inclusive Community Music Resources

I keep a list of inclusive community music opportunities in Ōtautahi Christchurch, to pass on to CSWs and family. These include relaxed concerts by the Christchurch Symphony Orchestra and the New Zealand Symphony Orchestra, where people can move around, vocalise, or leave; and outdoor concerts, for example, Christchurch City Council outdoor summer concerts. Being an audience member at concerts is an important role and can promote wellbeing for the person, CSW, and family member.

Ōtautahi has a number of inclusive community music opportunities and resources, including Te Roopu Tuhono inclusive kapa haka group, the Friendship Choir, Humdinger singers, Jolt dance company's inclusive dance classes and performances, the Learning Needs Library (which has percussion instruments for loan), Enrich Community Chaplaincy Trust (who coordinate with churches to provide inclusive services with singing), and the Southern Centre's multi-sensory experience.

Examples of Practice

The following are some examples of this work. Names have been changed to protect privacy, and written consent has been gained for sharing these examples.

Michael, Sarah and Grant

Michael is a 69-year-old Pākehā man, who is autistic, has Parkinson's disease and dementia, is non-verbal, and is a wheelchair user. This work with family and CSWs followed individual music therapy sessions. Sarah (CSW) and I talked about what music activities Michael liked. She said he liked listening to music and had liked going out to the Buskers Festival. We discussed the possibility of him being taken to outdoor concerts and relaxed classical concerts. We also discussed instrument and instrument app possibilities for use at home. At our next meeting I met with Michael, Sarah, and Michael's brother Grant. Grant was excited about attending concerts with Michael, as their family has a strong connection to music, particularly Western classical music.

I brought instruments and instruments apps to trial. Michael showed interest in looking at them and moved his finger to make them sound. Following this, Grant bought him an iPad and later some chimes. The CSWs and Grant were very pleased to see Michael moving his hands to make the chimes and apps sound, and moving his head to make the AUMI Adaptive Use Musical Instrument app sound. One of the CSW suggested they could take the iPad with them when Michael has to go to hospital to help distract him while they are waiting. We also discussed practical aspects of transport to concerts and events. At a recent review Grant said he can organise transport to take Michael to concerts. The possibility of attending concerts with his brother could be a way of developing their relationship and also a way for Michael to participate in the community.

John and Belinda

John is a 72-year-old Pākehā man, who is non-verbal and autistic. He had individual music therapy sessions, which included vocalising to songs, vocal improvisations, moving to music and playing instruments. He knows a wide range of songs and can vocalise parts of melodies. Through the music therapy sessions and discussions with CSWs we discovered songs John

knew and liked to listen and vocalise to. I provided song lyrics for the staff, which included songs for calming, enjoyment, participation and interaction.

Once the sessions finished the team leader Belinda asked if she could have the chords for the songs. She plays the ukulele and wanted to play and sing songs with John. I provided lyrics of the songs with chords, which she made into a song book.

Belinda is around two generations younger than John and is from a different cultural background. When I rang to review how things were going, Belinda said she had only tried a few times and felt overwhelmed by the number of songs that she did not know and by trying to learn songs from YouTube. We discussed focusing on his favourites that she already knew.

Differences in age and cultural background influence the songs we know and share. It takes time to learn new songs and CSWs do not have that time available within their work hours. By focusing on John's favourite songs that Belinda already knew, we aimed to find musical common ground. Belinda also said that some of the chords were too difficult. I was able to simplify them for her. When I followed up again, she said that had helped but she was still having to look up ukulele chords on her phone at the same time as trying to sing them, which was difficult, so I provided a chord chart on one page for her, to make it easier. She commented that it was good to have seen and heard John in music therapy to see what he enjoyed, what songs he hummed to, and what instruments he played

Staff sing with John at home, in the van and at picnics. They sing Amazing Grace with him to relieve anxiety. They do action songs with him and copy his movements in movement to music. Belinda said she had used the action song *Head, Shoulders, Knees and Toes* with John at his doctor's appointment to help diagnosis when he had had a stroke. They give him percussion instruments to play, and they play with him.

Belinda said, "It was nice to incorporate staff at the house in music ideas." She reported that they were not able to consistently provide a music time for John every week. This example shows the need to be realistic about the time CSW's have to do music with people. It also shows the importance of supporting their musical skills, helping simplify things to make music making easy, and validating what they are doing already.

Mary and Ruth

Mary is in her 40s; she is Pākehā and has physical and learning disabilities. She is non-verbal and is a wheelchair user. I worked with Mary in a group of two in 2020. The aims in music therapy were to extend her pleasurable experience, maintain her independent hand movement, and to increase her communication. Sessions included playing instruments and instrument apps, and using switches to choose and for greetings.

From July, Ruth (one-to-one carer) assisted in the music therapy group, and after sessions we discussed what she could do with music with Mary on her own. One of these ideas was to continue using an iPad with instruments apps on it to encourage Mary to stretch out her right hand and arm. We put music instrument apps on it that Mary had liked in music therapy. Ruth was able to use it at home with her, gradually moving it further away as Mary moved her hand out.

When music therapy finished, I met with Ruth, and we came up with more music ideas, including buying a lollipop drum for Mary, using a switch with lines of songs recorded on it, and sharing information about relaxed concerts she could attend.

Part of my role is to talk about the trial and error aspects of this work and provide reassurance that not all of the ideas may work. When we reviewed, Ruth said she “felt silly” trying to use ends of lines of songs on the switch as Mary had not participated in this at all! Another issue was that the music shop had not been able to get the lollipop drum due to Covid supply issues. In another review, we problem solved to get an appropriate piece of foam to build up the drum stick handle to help Mary hold the drumstick. We discussed setting up the iPad so Mary could use it independently with her left hand, as well as someone holding it and moving it out as her right hand relaxed and Ruth facilitated this.

This example shows the importance of regular checking in, to see how things are going, and building trust so CSWs are comfortable to feed back what does not work as well as what works. Reviewing gives opportunities to modify or let go of particular ideas and support other creative ideas the CSW has come up with.

Peter and Christine

Peter is in his 40s. He is Pākehā and has a learning disability, tuberous sclerosis, a right hemiplegia, visual impairment and epilepsy. His mother reported he is functioning cognitively at around a 12 to 18 month level. I saw him individually at his day programme, initially with staff support until he felt comfortable to be on his own with me. When music therapy finished the manager of the day programme asked if I could meet with her and other staff to come up with music ideas they could use with him.

I met with Christine, a CSW who had sat in some of the music therapy sessions. She makes up songs for Peter and uses instruments and movement to music. We shared ideas about what setting works for him, e.g. having music in their sensory room away from distractions in their main room, where he likes to watch other people come and go, and likes to continually spin on a revolving chair. We discussed what movement to music and instrument activities he had liked in music therapy and instruments Christine had seen him use. We discussed Peter's short attention span. I suggested interspersing instrument activities with movement to music activities. I gave ideas of how to simplify and extend songs by making up new words and suggested changing words to simplify actions in movement to music.

When I visited again, they had a keyboard mat up on the wall which Peter was enjoying using. I was able to give some improvisation ideas about using this, for example call and response. His mother had bought the percussion instruments we had discussed, and they were using them.

Christine fed back to me that it was helpful meeting with me, as she had not done anything like this before. This example shows the importance of ideas which are appropriate for the strengths and needs of the person, and realistic in terms of attention span and a setting away from distraction.

Findings

This work has shown that working with CSW and family to develop music ideas can enhance relationships between CSW, family members and adults with learning disabilities. Another finding is that it is essential for the music therapist to develop a positive relationship with the CSW and family so that they are comfortable sharing what has worked and what has not worked. The importance of reviewing how things are going and having ongoing times to communicate how things were going was another finding of this work. The

need to respect differences of age, class, culture, communication and music preferences and skills, in order to build positive relationships, was highlighted. The role of music therapists in understanding and informing others of the potential harm of music listening and participating was another important finding. The music therapist needs to be realistic about the time available for CSWs to support music activities with adults with learning disabilities, and the practicalities that can be barriers, e.g. transport to concerts. The music therapist can support CSWs' creativity in using music and help simplify things to make music-making easy.

Conclusion and Recommendations

In this article I have described the development of collaborative work with CSWs and family members, to help them use music to benefit adults with learning disabilities. I have looked at the diverse strengths and needs of the people with learning disabilities, the contexts of the work, the roles of the CSWs, and the range of backgrounds, skills and experience of CSW and family members. I have discussed the underlying theories, models, and processes, and provided examples.

In this work I try to help CSWs and family to develop and use music which is appropriate for the person with learning disabilities and realistic within the context, including time available and skills of the CSWs and family, and provide information on mitigating the potential harm of using music. I aim to build their confidence, encourage creativity and make using music easy! This work creates individually tailored music ideas for people, which improve wellbeing, improve relationships with CSWs and family, and increase participation in the wider community.

Working it out together is another way, as well as music therapy sessions, that music therapists can use their professional skills with music to improve the wellbeing of adults with learning disabilities. This work will continue to evolve. I believe it would be helpful for music therapy training to include working in ways like this and I encourage other music therapists to develop these ways of working.

I believe music therapists can play a valuable role in helping family members and CSWs to use music to benefit adults with learning disabilities.

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Music, Making, and Meaning: Megan and Me, A Reflection on Practice from Music Therapy in Palliative Care

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Abstract

This case study is about Megan's music therapy journey, as part of her palliative care at Hospice West Auckland. Using first person reflective writing I wish to promote the use of reflexivity and positionality in practice and publications. My reflections aim to capture the essence of how Megan and I worked together in music therapy sessions and highlight the need for flexibility while working in palliative care in a Hospice setting. Furthermore, this article adds to the limited literature in New Zealand on music therapy in palliative care. Megan and I worked together in an out-patient setting, in the patient's home, and via phone/video calling during a Covid-19 lockdown. We engaged in learning to play a popular song, composing a song/music video together with family, exploring different mediums of creative expression during online sessions, and in shared clinical improvisation and reflection together. I draw from the existing literature and I discuss what arose from sessions and the newness that emerged over 12 months of music therapy. My personal reflections are woven into the writing to offer perspective and insight into my experience.

An Initial Reflection

I felt pulled to write this story because I was so proud of how the work unfolded and how music guided me, and Megan appeared to feel the same way. But it has taken a long time to get it on paper. A plethora of reasons, the physical ones are easy to articulate. However, I can see now that I have been held up by that which is less tangible.

I realised my memory had clouded, painted with positivity; The sense of honour that I was the lucky therapist picked for the job, the romantic story line of Megan's therapeutic journey, how she was so brave as she leaned into her life with a terminal illness… "stop" I hear a quiet voice inside me. I take a moment to breathe…

Pain, melancholy, an empty feeling emerges… is there space for new feelings, after all this time? Memories arise, and feelings not yet felt take over. I hear a voice, as if it were mine, I have heard it so many times before; allow all the emotions to be present. This feels like therapy 101, I humbly return to the basics.

From this place, one that feels connected, I continue.

I (Libby, the author) have referred to myself in the first person, intending to acknowledge positionality and my relationship to this work at all times. I use italics to show my personal reflections. Megan's family allowed me to share her journey in music therapy and asked me to use her name.

Context: The Place(s) and The People

Hospice

Hospice West Auckland (HWA) is a community-based palliative care service, offering specialist medical, psychosocial and spiritual care for people diagnosed with a life-limiting illness. HWA seeks to offer holistic care to patients, clients, carers, family and those bereaved.[1] HWA's interdisciplinary

1 The term *patient* is used to identify a person admitted to service with specialist palliative care needs, and *client* is to acknowledge a carer or family member receiving psycho-social services for grief and loss support or bereavement services.

team provides services (medical, psychosocial and educational) to individuals and groups settings in the community and in outpatient clinics (Hospice West Auckland, n.d.).

The music therapy position is situated within the social care team, focusing on psycho-social care. I worked with the counsellor, integrative therapists (offering massage, aromatherapy, and lymphedema massage), arts therapist, rongoā Māori practitioner, and spiritual advisor. We worked independently and collaboratively within our team and with other teams (such as the doctors, physiotherapists, nursing team and social workers). Patients and clients could be referred to several services over the course of their time with HWA.

Libby

After graduating in 2013, I began working as a Registered Music Therapist (NZ RMTh) in New Zealand, working with children in private and school settings. Years later, the social care team manager at HWA approached me to see one patient on a short-term contract. It is important to note that music therapy was not new to HWA at this time, having hosted student placements and employed Claire Molyneux NZ RMTh, who scoped out a music therapy position two years prior and planted the seeds so the position could continue.[2] My time at HWA grew from one hour a week as a contractor to three days employed over the course of five years. At the time of my employment, only two other music therapists were employed in a Hospice setting in New Zealand. Several other hospices were able to have contracting music therapists as a part of their interdisciplinary or multidisciplinary teams. I work using a humanistic (Ansdell, 2018) and improvisational music therapy (Bruscia, 1989) approach, also drawing on psychodynamic principles (Kim, 2016).

Megan

From our first meeting, Megan struck me as creative, passionate, caring, playful, and a lifelong learner. From our conversations, it appeared she loved her family, friends, pets and 21-second-long hugs. She spoke with

2 I remember, on my first day onsite at HWA, being shown a computer file filled with resources and guidance created by Claire Molyneux and being incredibly grateful for all that she had set in motion.

confidence and gratitude about her successful career. Megan was referred to Hospice with a terminal illness in her late forties. She remained active with her palliative care specialist and support networks. Megan lived and was cared for at home by her husband, children (teenagers and young adults) and family, with medical support from her GP and Hospice.

The Rationale for this Case Study

In New Zealand, the literature regarding music therapy in palliative care continues to grow. Music therapy in palliative care has been documented by Brooks and O'Rourke (2002), Hepburn and Krout (2004), Squires (2011, 2016), Savage and Johnston Taylor (2013), and Jeong (2016). Other creative therapies are also reported in palliative care, such as art therapy (Halliday, 2016) and multi-modal arts therapy (Marks, 2022), which offer insights into therapy practice and the creative therapies as a part of the interdisciplinary or multidisciplinary team. Jeong's (2016) invitation for further exploration as to how music therapy can support quality of life has encouraged me to think about the techniques I used and their therapeutic benefits, both reported by Megan and observed by me. I have used the structure of a case study, using clinical notes and reflections to describe the music therapy experience from the therapist's perspective.

Megan planted the seed for this case study in what was to be our final session. She wondered aloud whether her experience with a terminal illness could contribute to research in any way. Megan was interested in her learnings throughout her life and palliative care journey and how this might be offered to the world. Megan continued questioning, allowing and revealing new ideas connected to herself and her world experience. She shared this with the people in her life and hoped that her learning might continue on. I had anticipated having another session with Megan to ask for her consent for this case study, but did not get the chance. Megan's health deteriorated quickly over the following month, and we were not able to meet or talk over the phone before she died.

The music therapy literature internationally calls for more research in the palliative care field, specifically about standardised interventions and methods. However, I have found myself stretched thinly over a diverse population. Constantly varying elements – such as location, frequency of sessions, duration of therapeutic intervention, and reasons for referral –

mean that research of this nature is out of reach at present. This case study aims to contribute to the existing literature on music therapy in palliative care in New Zealand as well as promote the use of positionality and reflexivity within academic writing.

Ethical Considerations

After Megan's death, I needed to capture our music therapy journey for my reflective practice. The seed that Megan planted had stayed with me. It felt important to give Megan's family time after her death before I proposed my wish to write about the music therapy sessions. I was also aware of the request I would be making, asking for their consent. I now also wish to acknowledge my own challenges to follow through and the time that has passed since consent was initially given. There is a responsibility to publish with accuracy and integrity, and I am aware of how hindsight and time can alter memory and perception. I asked Megan's husband for consent at the end of 2020, began writing in 2021, got stuck in 2022, and returned with motivation in 2023.

> *Am I stuck? Looking back I notice my tendency to want to change the way things unfolded, however now I feel back into these memories and wonder if the "stuckness" was part of the process in helping get to a place where I could feel more, reflect with greater insight and be vulnerable enough to express authentically.*

I reiterate that Megan's family requested that her name be used, not a pseudonym. The *New Zealand Journal of Music Therapy* usually encourages pseudonyms, to protect people and their stories. On this occasion, Megan's family expressed their wish that her name be used to acknowledge her and what arose from sessions and the significance of her palliative care journey in music therapy. Halliday (2016) came across a similar request, whereby the family saw the publication as a way to acknowledge the loved one's legacy. HWA has consented to this case study and to being named as the organisation involved.

Literature Review

Palliative care seeks to provide specialist services to people living with life-limiting illnesses, to support health and well-being. There is often a focus on symptom and pain management and supporting patients to live every moment (Hospice West Auckland, n.d.). However, there is also a strong emphasis on non-medical interventions to support the wellbeing of the patient and family. Literature on music therapy in palliative care is now readily available on an international level, with Cochrane reviews (Bradt & Dileo, 2010; McConnell et al., 2016), a systematic review (Pérez-Eizaguirre & Vergara-Moragues, 2021) and a scoping review (Nyashanu et al., 2021) all demonstrating a wide range of research and articles.

Music Therapy in Palliative Care

Music therapy is "the planned use of music to assist with the healing and personal growth of people with identified emotional, intellectual, physical or social needs" (Music Therapy New Zealand, n.d.). In the field of palliative care, Pérez-Eizaguirre (2021) found several authors to support the notion that the goal of music therapy was to prevent and alleviate suffering and improve quality of life. Music therapy in palliative care has been found to be a complementary part of the interdisciplinary team approach because it aligns with the holistic approach of palliative care to address the physical, emotional, spiritual and social needs of the patient and families.

Music therapy has been shown to be effective for individuals with life-limiting illnesses, demonstrating positive outcomes in various symptom management and experiential domains. Studies have shown its efficacy in alleviating chronic and acute pain (Gallagher, 2018). Music therapy has been found to effectively reduce anxiety in patients (Hilliard, 2005; Horne-Thompson, 2008) and address shortness of breath (Gallagher, 2001). Furthermore, engaging in music therapy has been linked to an improved quality of life among patients (Hilliard, 2003). It has also been shown to reduce feelings of isolation (Aldridge, 1999), while supporting spiritual connections (Wlodarczyk, 2007). Music therapy has also been identified as a valuable intervention for individuals experiencing grief and loss (Dalton, 2005). Music therapy is effective because it draws on a variety of techniques also backed up in the literature explored below.

Music Therapy Techniques in Palliative Care

Music therapy techniques in palliative care can be placed into four broad categories: receptive, creative, recreative, and combined (Clements-Cortés, 2016). Clements-Cortés provides insight into the development of techniques in palliative care, and the range required in order to meet therapeutic goals. Techniques include listening or playing familiar music, lyric analysis, composition and songwriting, improvisation and playing instruments. Learning to play an instrument or familiar music is less commonly written about in palliative care. However, it can be seen as another technique used to meet the patient where they are comfortable, and offer a focus or project-orientated approach when beginning a new therapeutic relationship (Gill, 2008; Jeong, 2016).

Songwriting is a widely used technique in music therapy with people across the lifespan (Johnson, 2018; Krout, 2006; Moreno, 2021) and in a variety of settings including palliative care. In 1997, O'Callaghan acknowledged the potential songwriting had in palliative care to support therapeutic outcomes. This may include processing, exploring and validating emotions as well as promoting self-expression through verbal and non-verbal means. Furthermore, songwriting in palliative care can be another way for the patient to leave behind a legacy.

Clements-Cortés's (2016) fourth category, "combined", identifies music therapy techniques that may also incorporate other mediums, such as movement, drawing and talking. Drawing in music therapy is not widely documented, with music therapists often guiding the focus towards the shared experience of music making. In Guided Imagery in Music clients are often invited to draw a mandala towards the end of the session in response to the programme of music played to them during the session (Grocke & Moe, 2015). According to Bruscia (1998), we might find drawing in music therapy to fall within one of the following levels of music experience: non-musical, paramusical, or extramusical. In personal correspondence with Andrew Tutty NZ RMTh (June 17, 2023), Claire Molyneux described the use of "mark-making" before or after improvisation in clinical work to "further explore and support the process of illuminating what might be held in the improvisation and vice versa". Further correspondence with Andrew (June 22, 2023), also acknowledged the use of the visual arts in music therapy sessions, over ten years ago, to support developmental goals and a multi-

sensory experience for kids with complex needs: “I have flashbacks of kids and drums and paint flying everywhere.”

Musicking

The term *musicking* (Small, 1998) suggests that music is an active experience, whether listening, creating, performing, practising, or being entertained. It can be a helpful term in music therapy because it offers the notion that everyone present to the music is fundamental to its existence, affecting and contributing to the music regardless of the individual's level of input. Musicking further suggests the idea that music connects us as individuals and collectives, music is not apart from us. Whether patients are active or receptive, the live music experience (together with the music therapist) is felt to be a product of the therapeutic relationship and hence a medium for social exchange, both verbally and non-verbally, inter- and intra-personally.

Ansdell offered, "We begin any musical journey outside ourselves" (2018, p.180); I have often thought the opposite! First, something stirs inside me and then finds its way – consciously or perhaps unconsciously – to be expressed musically. However, my experience of musicking now leads me to observe that the environment, people, and emotions present all contribute to sound, expression and creativity.

I am connected to music most when I feel myself as a woven piece of the music and those musicking with me, rather than being aware first of myself and secondly another person. The latter is a feeling I commonly associate with performing and fosters a strong sense of self-critique and isolation. Being woven into the experience is not to say that I am lost in the music and therapeutic relationship, but rather that I am aware of my role: to be present, clinically informed and guided by my environment.

Music Therapy and Telehealth

Telemedicine and telehealth were not new concepts before the onset of the Covid-19 pandemic and the subsequent safety measures, such as quarantine, isolation, lockdowns, and social distancing. Music therapists had documented and scoped out telehealth opportunities in various settings prior to the pandemic (Baker et al, 2021; Fuller et al, 2019; Vaudreuil et al, 2020). However, in 2020, as the pandemic developed worldwide, there was a surge

in the uptake of telehealth services within the music therapy profession internationally. Music therapists looked to using online and video calling platforms to enable continuity of care (Baker & Tamplin, 2021). The disadvantages appeared many, including the internet connection reliability, time lag or latency of video connection, fatigue of online work for both client/patient or therapist, and challenges around privacy and interruptions during the sessions. However, advantages were also experienced, such as maintaining therapeutic relationships, developing new techniques, and sharing experiences only available online.

The creativity and skills of Registered Music Therapists in Australia and New Zealand enabled them to adapt to the changes brought about by the pandemic and working from lockdown environments (Baker, 2022; Fuller, 2021; Talmage et al., 2020). Post-pandemic, many music therapists now offer services online or via telehealth as part of their practice.

Megan's Music Therapy

Referral and Overview of Sessions

The HWA spiritual adviser referred Megan to music therapy after a discussion they had together, talking about meaningful experiences. Megan acknowledged her wish to learn how to play *Working Class Man* (Cain, 1985) on the piano, suggesting it was on her "bucket list". Megan and I worked together for 13 sessions over the course of 12 months, from July 2019 to July 2020. On reflection, there appears to have been three episodes of work; however, during the therapy process, it did not feel as clearly defined.

The frequency of sessions varied, as did the location of sessions. Megan and I had short periods of weekly or fortnightly sessions, many occasions where we might meet monthly, and a long 2-month gap between sessions, due to summer holidays and scheduling issues. We also had to adapt to working online and over the phone during the first Covid-19 lockdown. We met at Megan's home (nine sessions), online/telehealth (three sessions), and once at the HWA therapy room. Horne-Thompson (2003) explores the differences between working in the patient's home and the hospital or in-patient unit and emphasises the importance of adjustments needed in the music therapist's approach. I will explore this in the music therapy sessions section below.

Episode One: Making

Megan was receiving palliative chemotherapy around the time of our first session. Having booked the session in advance, it was not certain that we would be able to meet. On the morning of the session, Megan confirmed that although she was not feeling well, she would like to continue the session as planned.

> ***Session 1***
>
> *When entering Megan's family home, what stood out was the curation of meaningful objects and memories, all with their place, not overwhelming, but intentional and thoughtful.*

Meeting for the first time, we briefly discussed Megan's wish to learn her "bucket list song". My immediate thought was that this would most likely be short-term work, perhaps three or four sessions. Megan would learn her "party song" and end the sessions. Megan had a keyboard that had been gifted to her, and she was new to the instrument and the notion of learning music. We thought about what would be useful and retainable. We agreed that playing the chords and singing the melody would be our approach, rather than developing the skills to play the melody and harmonic accompaniment. We focused on the first verse and the chorus of the song.

Megan decided that she would like to colour code the chords and keys, so she could continue to practise in her own time. Megan's strengths in organisation arose. The keyboard was now covered in an array of coloured sticky notes, a sculpture of sorts, our first experience of creativity together.

My initial concern with Megan's referral was that I was not a music teacher, nor able to teach piano. Unsure that I would be able to offer Megan what she wanted, I found lyrics and basic chords to accompany. Megan's idea to use colour coding in order to be able to practise by herself, left me somewhat unsure about my role and how I would shape future sessions. Post-session practice was not commonly associated with music therapy. Music therapists Jeong (2016) and Gill (2008) refer to learning familiar music in sessions, using an instructional approach. This was new for me; however, it felt important to follow Megan's wish and guide her, as a teacher might, showing her how to play *Working Class Man*.

Session 2

Our second session saw Megan and I continue to explore the song. Megan acknowledged that she had not done any practice since our first session. I was not surprised as there was a lot to take in; returning to the sticky note-covered keyboard was overwhelming for me too. Firstly, we had to understand the chord to play (from the sheet music), followed by finding the colour-coded chords, and then arranging fingers over the notes to press down. It felt taxing, so I offered the idea that we might pick two chords and become familiar with these, alternating between them. This led us to experiment with rhythms and different ways of playing the notes of the chords, simultaneously or arpeggiated. By limiting our musical options, we found more freedom in the music we created.

In this session, I found myself reflecting on my role as a therapist:

> *Was it my job to find a way to proceed with this "task", creatively and with motivation? Or was it ok to be listening and feeling into that which wasn't being said? The mental fatigue required to learn the chords and sequence felt draining and laborious. It certainly didn't seem enjoyable. Megan had initially talked about learning "Working Class Man" as a way to bring people together at a party, being able to sing and play the piano for everyone to join in and have fun. I didn't feel like I was doing a great job at making this fun for Megan. I was also aware of the medical treatment and physical fatigue Megan had acknowledged at the beginning of the session. My feeling was that Megan needed to be engaged in music-making that gave her energy, not depleted her resources. As we switched to a playful and arguably more musical approach to learning the song, I questioned whether this was in line with Megan's bucket list request or what I wanted for Megan. Had I taken the referral too literally and tried to teach Megan (as quickly as possible) and ended up practising outside of my skill set as a music therapist? Was this request even realistic?*

While writing and reflecting on Megan's music therapy, I remembered a poem I had written during my time at HWA for our interdisciplinary reflective

rounds.[3] At the time I had begun to see a theme arising in sessions with several different patients. This poem was an attempt to capture my feelings around what was realistic.

Time is always Time

I think of all the times when relationships have begun and ended in a flash
Death came quickly or they chose 'no more'. Time felt short either way
I reflect on the grand plans, the intentions to learn or the emotions too big to process
I feel the urgency the deep despair that 'time is running out'
I'm confused at the reality, the picture I see seems rather different to theirs
I wonder how can I hold their picture, not mine.
But wait, their dreams are still big, why would tomorrow change what they experience today.
They know something I do not.
So I need not judge, a grand plan can start today, who knows where it leads,
Let's start and see

Session 3

We met together for a third session, and it was apparent that Megan wanted something else from this session. Megan requested that we talk and invited me to sit down in the living room, away from the keyboard. I listened as Megan shared about how music had played a part in her life. This led us back to talking, this time, about *Working Class Man*. Megan and her friend had come up with the dream to sing and play it spontaneously at a party, having fun and compelling others to join in. As we engaged in lyric analysis of *Working Class Man*, meaning and connection emerged. Megan linked her experiences and beliefs to the words.

3 Our reflective rounds were based on the philosophy of Ken Schwartz (The Schwartz Center, https://www.theschwartzcenter.org) and offered our interdisciplinary team a place to come together and share difficult emotions and social issues arising from practice, with a focus on relationships.

Other songs and lyrics came into focus as the conversation developed. Megan acknowledged that her music tastes had changed over time and felt that her connection to songs had changed as her life did. Talking about music seemed to help Megan reflect on and process challenging areas of her life relating to health and relationships. Megan explored openly as her memories connected her with significant feelings. What emerged was Megan's creativity: ideas about capturing memories in art form to connect her with family and friends. Megan talked about an album cover she had designed as part of a process-oriented group experience in another setting, as well as creative writing, another avenue for her self-expression. Megan talked about feeling at ease in art making and writing; however, she felt that music-making had not been accessible in the same way. In our sessions Megan often chose to experience the music by listening receptively, rather than playing the instruments.

Further Sessions

The following sessions continued without any focus on learning *Working Class Man*. Instead, we talked about music, creativity and processed the emotions and meanings that arose. I always had a small collection of instruments with me and on several occasions, I asked if I could share a short piece of improvised music on an instrument, such as a sansula[4], koauau[5], or another instrument uncommon in everyday popular Western music. The times I offered this were based on clinical observations: as a starting point for the session, as a non-verbal reflective tool, or as a way to share time and process together without using verbal communication.

> *Usually, I would find myself explaining why I hadn't used music and instead used talking as a prominent part of a music therapy session. How strange then, that I find myself reasoning as to why I used music in a music therapy session.*

Using music to begin a music therapy session is common and has been "normal" for much of my time as a music therapist. However, in palliative care, I noticed this was not always what many clients and patients wanted. Beginning with talking, as one might in meetings, appointments or catch ups,

4 A modern development based on the kalimba, with tuned tines suspended over a resonant chamber: https://www.hokema.de/products/hokema-sansula-basic

5 A traditional Māori flute: https://collections.tepapa.govt.nz/object/325859

appeared to be Megan's preference. I often wondered if the intensity of music making in palliative care was confronting to the point that patients and clients needed time to warm up into the therapeutic space. Megan and I used music to begin the session on several occasions because she was unsure of what she wanted to say, and perhaps the improvised music helped bring to the surface that which needed to be processed.

Using music as a non-verbal response to the themes and feelings that arose in conversation can be a fairly unusual experience for patients and clients. I have often found myself acknowledging this in sessions before we played. Offering a non-verbal response allowed the patient to interpret meaning for themselves, and I found it led to a conclusion, new insight or pause in the conversation. This allowed feelings and thoughts to emerge that otherwise felt hidden or disguised by words.

Thirdly, I offered music when talking appeared to be fatiguing for Megan. Megan would always acknowledge her energy levels at the start of the session and during the session if she noticed a change. Listening to live or recorded music was a way for us to continue the session without creating cognitive and psychological fatigue. It was a balancing act of engaging in the therapy process to her benefit whilst not depleting her resources and potentially not having energy for the rest of the day. Sharing the time together in music appeared to offer an opportunity for creative, rather than verbal, processing which could reduce fatigue from social interaction, whilst continuing to hold the time and space for therapy.

After four sessions, Megan shared that she had written lyrics to a song. She asked if I would read the lyrics and she gave me insight into the meaning behind the words, although not disclosing all the inside jokes. I enjoyed the mystery. However, her interest in composing this song was not only for self-expression. Megan had a wish to collaborate with members of her family. Megan's sibling had a background in playing, performing, recording, and producing music. Megan invited her sibling and niece along to a session, and they began exploring and experimenting with sounds and styles. We used a variety of instruments to improvise and jam over different chord progressions. Taking turns to choose the tempo, rhythmic patterns, harmonic qualities, and instrumentation. I felt my role was important here to help translate words, feelings and gestures into musical form.

The song took shape over the next few months, as did the collaborative approach between Megan and her brother. Megan offered feedback as her sibling recorded and edited the music and subsequently a music video emerged. It was incredible to watch this unfold and come to life. I never heard the finished product, and although I know it existed, I somehow enjoyed the not knowing. The process was more significant for me.

I wondered – with the song now completed and the difficulty of setting another session time, due to Megan's other commitments and health appointments – was this the end of our work together? I reflected on how the initial referral had been to learn a song and connect with others she loved. The intention had continued, albeit with original material. Megan was now left with the experience of learning a song, connecting and collaborating creatively with her people, and having a music video to show for it. Her album cover, now home to her song.

Two years later, I sat at the piano and improvised, transporting myself back to the experience of this finish, with an unfinished ending:

> *I started with four fingers on four notes, my hands spread out wide, large gaps between each note. They all sound together and immediately the harmony sends me floating. As the notes pulse together they add lift, like the occasional flap of a gliding bird.*
>
> *My finger slips and a new rhythm emerges, I follow my fingers, my attention draws towards the physical nature of my play. Perhaps emotional respite. As my fingers begin to move independently from one another, I feel the music once again, the momentum draws my attention, the music mirrors an emotion inside me. I'm floating, light and without a skin to feel my outline.*
>
> *The music continues, my hands are still spaced while my fingers begin to explore the notes around them, harmony shifts and the notes begin to flood the room, another way to float. Perhaps the musicking has shifted, offering me an opportunity to connect with my outline this time.*
>
> *The sense of floating is significant here as I wait and remain available for Megan to connect, if she needs.*

Episode Two: Meaning

Megan and I connected once again after the summer holiday period (late December to early February). Megan had gone on an overseas holiday and reported feeling well and having enjoyed the summer with family and friends. Megan sounded lively over the phone as she requested we arrange another session together at her home. I remembered Megan saying, "It will be good to catch up," or perhaps it's what I thought. I was delighted that we might meet again after such a long time. It was unusual for me in my role at HWA to have this opportunity to reunite. However, our plan to meet was interrupted by the March 2020 lockdown. Restricted to our own homes, we began to connect, initially over the phone.

Although I remember feeling exhausted after online sessions, I also found a significant amount of newness in sessions and the way that both the client/patient and I interacted. We were both in our respective homes, sharing the same unknowns of the pandemic. Music therapy online required a dynamic shift in session style. In this case I was now talking on the phone, via a headset, connected to my laptop, with my instruments in the room next door.

Drawing on the nature of improvisational music therapy, I looked for ways to connect to my existing patients and clients, as well as those newly referred to the social care team. It was no longer possible to control the privacy of the therapeutic space or assume that we would be able to connect in the same way from in-person sessions to online or over-the-phone sessions. One client decided we would have “drawing competitions”; another suggested we create a “found objects band” (including items no longer needed for palliative care medical intervention, which also offered the client, who was a grandchild, ways to explore their grandparent's terminal condition), whilst others wished to talk on the phone or via Zoom, referring to music on occasion or requesting I play for relaxation or reflection. It was noticeable that children were significantly more adaptable to the changes of online music therapy than adults, whilst young adults demonstrated an ease and preference to using video calling rather than phone call sessions, which was often a preference for adults.

Megan was now thinking about her funeral and how she intended to foster connections between her loved ones and within themselves too. Megan was insightful in the way she thought about her journey with terminal cancer, the

learnings she had, and how she felt she wanted to share this with the world. In particular, Megan was interested in how people might gain from her experience. She wanted for others that which she was experiencing: connection to self. Megan sounded passionate that she would be remembered by feelings as much as by thoughts or memories. She was sincere and grounded as she spoke and expressed herself, this conversation was full of creativity and passion, whilst it also appeared to be challenging emotionally.

As I would in a music-making experience, I listened to the conversation, the tones and quality of sound in Megan's voice, the themes that arose, and the phrases used, which all communicated elements independently like words and collectively like a poem.[6]

> *Do I respond now? no, maybe wait, I don't think that was a gap left for me.*
> *Which key are we in? Can I possibly know, a topic far from my reality,*
> *The tempo feels right, I can feel her groove, but I'm not sure how to play along.*
> *Her phrasing and 'flow of thought' feels structured, naturally dancing along.*
> *The timbre, intense, so pure and raw drawing straight from the core of her being.*
> *Dynamics? "mezzo piano", yet undulating as her emotions "cresc." and "dim."*
> *You ask me a question, my opportunity to respond and let you know that I have listened.*

6 The following musical terms are used in this poem:

Key – a certain group of pitches/notes or scales used in a composition; it helps musicians understand how to harmonise with one another in improvisation and collaborative work;

Tempo – the speed of the music;

Groove – the rhythmic feel of the music;

Timbre – often translated as the "colour of sound"; in this case I am referring to the quality of sound coming from Megan's voice, moving from vibrant to volatile as she expresses herself;

Dynamics – the volume of the music;

Mezzo piano – moderately quiet/soft;

Cresc. – the abbreviation for crescendo, gradually getting louder; and

Dim. – the abbreviation for diminuendo, gradually getting quiet/softer.

Megan had given a lot of thought to her funeral, and it was clear in her well-formed ideas that it was an important part of this journey for her. She was certain she was not going to impose knowledge, but rather offer experiences for people to come to their own knowing. I remember ending this conversation and looking out my window at the vibrant mandarins on the tree and thinking I will remember the essence of this conversation for the rest of my life.

Our next two sessions moved to video calls as the lockdown requirements remained in place. We had talked previously about Megan engaging in her art-making and now online I wondered how we could share the experience of being together in the creative process. Megan had created a space for herself in her garage, her lockdown art studio. We could not make music together due to the time lag, so we trialled musicking and mark-making together, an extramusical experience wherein the mark-making was intended to be affected by the musicking. Firstly, we talked about themes, current thoughts, and ideas that arose, and then I offered music, improvising on an instrument Megan had requested. As Megan heard the music, she created images and words. Acknowledging each other through the screen, we found a way to end together, our body language communicating through the Zoom screen. Following this we reflected back to each other using Megan's experience of the music and the visual images she created. We reflected together on what came up and the experience we had shared, based on the previous discussion and how we felt in the present moment. I was aware that the music I made did not have the same ability to respond to Megan's creation, in the same way that the drawing could respond to the music. I took as much direction from Megan as she would offer, including instrument choice, musical directions, and thematic influences. During our musicking and drawing moments I focussed on the feelings, thoughts and musical desires that arose in me. When we stopped creating together, and Megan had reflected on the process, I responded to her creation by noticing what appeared to have influenced the musicking.

Episode Three: Music

We met once more, in person, and for the first time in my therapy room at HWA. Lockdown had lifted and Megan was full of colour and vibrant as we interacted. She knew how she wanted to spend her energy – having fun, socialising and expressing herself. For the first time in almost a year, Megan

and I played music together. This time our music was completely improvised, a dance of sonic interaction. The music was a conversation, far from performance, and completely shared in expressive quality. Organically, just as a conversation might, the listening role shifted from one to the other and then together. However, what differed from a verbal conversation was the way we could be heard together, anticipating each other's rhythm, a pause, or creating harmony together. Our improvisation came to an end, and I was aware, once again, of how effortless musicking can feel, when the intention is to explore and communicate, rather than produce and perform. The way our improvisation began, unfolded, and returned to the silence became the topic of conversation. Meaning was drawn from the experience from individual and collective perspectives, as we discussed the similarities and differences within the improvisation. Megan referred to her anxiety as she chose an instrument and then began to play, whilst I felt nervous as we embarked on this new experience together. In this way we could process our experience together by first talking about our independent actions, thoughts and feelings that occurred (during and surrounding the musicking), then drawing meaning from the shared improvisation by reflecting on the process as a whole or including other memories and ideas that surfaced as part of the musicking.

This ended up being our final session before Megan died. Unexpectedly, although not uncommon in Hospice work, Megan's health changed quickly after this session, and her family, and the medical team put in a significant effort into symptom management and keeping her comfortable at home.

I don't think we ever said Good-bye,
how does our story end?
Each day I find you woven in,
where should I begin?

Discussion: The Therapy Process

Our sessions together varied and felt dynamic to me, shifting to the need and experience in the moment. What became evident was the importance of the therapeutic relationship. Music continued to lead and guide our coming together, but in doing so opened the potential to be flexible, listen, share, feel empowered to explore, and be courageous to process feelings that arose. Zooming out, and looking at the shape of our sessions, it appears we took a

year to find our way to clinical improvisation, using the shared experiences prior, to build trust and eventually a therapeutic relationship with which to explore what was happening interpersonally.

On reflection, learning to play *Working Class Man*, to share at a social gathering, was as much about Megan's wish to facilitate spontaneous singing at a party, as it was perhaps to bring people together and share time and space together musicking. Megan used her song composition to bring her family together, finding ways for people to contribute to the lyrics, music, and video in ways that felt safe and meaningful to them. She did not wait for her health to deteriorate but rather leaned into the opportunity while she had it. After her song was created and recorded, Megan explored what had come from this project. She returned to her sense of self with further insight and inquiry. Horne-Thompson (2003) describes how music therapy in palliative care offers the patient an opportunity to explore music-making and perhaps perform (or produce in Megan's case) which may well lead onto other opportunities to explore parts of themselves at the end of life.

My experience with Megan in musicking and mark-making opened up a new area of interest for me and technique in my practice as a music therapist. It was the process of reflective practice and writing that helped me identify this interest and be curious as to how it came about and what it offered Megan. It was in my own master's research (Johns, 2013) that I found newness to emerge from meaningful moments in clinical improvisation. The improvised nature of telehealth, together with an existing therapeutic relationship, offered Megan and me an opportunity to grow and develop together.

The title of this article was one of the first things I wrote and evolved as my reflection on practice made it onto the page. Initially, it read "Meaning. Making. Music." This reflected how each word had its part of the story, independent from the others. After the first round of feedback, it was suggested that comers might replace the full stops, I agreed and found myself adjusting the sequence of words to "Making, Meaning, and Music"; my thinking now aligned with the episodic nature of the sessions. The punctuation also offered a sense of flow and connection between the words. As I read, reflected, critiqued, adjusted and extended deadlines, I noticed that the title's sequence might benefit from another rearrange, and I found myself wanting to remove all punctuation and gaps: "Musicmeaningmaking". Music was now at the start to help anchor the writing in the music

experiences, whilst shifting “making” to the end so that it too was perceived as an essential element. However, this seemed to dissolve not only the definition of each word but the meaning too.

Meaning is something that happens inside of us as a result of reflection and time. In this case study, the meaning was created from intra-personal and inter-personal experiences with musicking, mark-making, verbal conversation, and silence. It is also explored as a stage (non-linear) of grieving (Kessler, 2019). Kessler explains that we cannot know how long it will take for meaning to emerge, nor does meaning require an understanding of the experience. As Megan's music therapist, I processed and reflected after sessions and explored the therapy process with my supervisor. Now three years on, I have been intrigued to find the depth of meaning I have created from the experience of writing and reflecting on the therapeutic relationship.

I have thought about the analogy of throwing a net out, and slowly drawing it back in towards you. Perhaps, initially, we might be unsure of what we aim to catch but have an intention to cast, trusting our intuition. Items might get lost or slip through the gaps as we draw the net in closer; perhaps we adjust the speed to avoid losing too much. However, the speed might be necessary, depending on the time allowed. As the net gets closer, we have moments to reflect. We may be challenged by what we see, realising it does belong in our net, or no longer serves us. Confronting, it might be. As the net moves right in close, we might notice items that do not belong in the net and set them free once more. The remaining items could have meaning, be it familiar, unfamiliar, or perhaps surprise at what we find. And then, once the items have been taken from the net, observed, developed, rejected, understood, mistaken, cherished, and acknowledged, we are left with ourselves. Our meaning, our thoughts, our process. Megan cast her net wide, with an intention to learn. It developed into creating, it offered challenges, opportunities to connect, make meaning, explore newness and draw closer to herself. Megan found ways to work with and find meaning in all that she caught and drew in close, living as her body changed and challenged her sense of self and belonging.

Why was I stuck?

I realise now that I desperately wanted to write about Megan and her journey, and I felt shame when I felt my own needs surfacing in the process, 'this is supposed to be about Megan, not me!'. The stuckness was frustrating as I couldn't understand why it existed. I now see it was a helpful pause, encouraging me to explore the interstitial space a little more. As Megan processed and designed her funeral she shared her intention for those attending. She didn't want to be remembered for what she did but how she made people feel, and hoped that experiences at her funeral would bring people together and offer guests insight into their own experiences. I find myself teary with a smile as I realise Megan has led me to write this paper; be overwhelmed with the feelings that she has opened me up to; and fostered insight which I have gained having known her. Although my memories of the music, art and lyrics we created together soften and become distant, my feelings remain vivid.

Conclusion

The primary motivation behind writing this paper was to contribute to the existing body of music therapy literature specific to New Zealand. This case study provides a first-hand reflection on the practice of music therapy within the palliative care setting. The journey with the patient showcased the significance of adopting a client-centred approach and maintaining flexibility in this environment. The therapeutic process unfolded across various settings, including outpatient sessions, the patient's home, and remote sessions during a Covid-19 pandemic lockdown. The collaborative work encompassed diverse activities such as learning to play a popular song, co-creating a song with the patient's family, exploring different modes of creative expression in online sessions, and engaging in shared clinical improvisation and reflection. The experiences detailed in this case study align with existing literature on music therapy, affirming the positive impact of music therapy in palliative care.

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Community Voices

“Comfort like home food”: Gayageum (가야금) in Dunedin

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Review

This article received a single open review

Abstract

This article describes the possibility of the therapeutic use of *gayageum* 가야금 for Korean people in New Zealand. During my time in Dunedin (2016-2022), I performed gayageum music for Korean New Zealanders. Conducting informal interviews, the majority of participants experienced feelings of “comfort”, “relaxation”, and “home”. These findings suggest two conclusions: (1) gayageum music can be a resource for New Zealand music therapy practice with first-generation Korean immigrants; and (2) the possibility of studying the diasporic meaning of gayageum in New Zealand.

Introduction

Through this article I aim to share the narratives of Korean individuals' journeys in New Zealand. Throughout my six-year stay in New Zealand I had the privilege of being invited to perform the *gayageum* (가야금) on various cultural occasions for the Korean community residing in New Zealand. It allowed me to connect with my fellow Koreans, or dongpo[1] 동포, and to understand the emotions evoked by the music. I received an impression that the music was giving them a way of finding their own voice; I observed that the gayageum music provided them with a means of discovering their voices. Given my background as both a music therapist and an individual who studied the gayageum, I became increasingly curious about whether gayageum music could serve as a valuable musical resource for Korean individuals seeking music therapy in New Zealand. With this question in mind, I embarked on a journey to explore this possibility, and this article serves as a recounting of that experience.

Korean Kiwis

According to the 2013 census, Korean immigrants in New Zealand, also known as Korean Kiwis or Korean New Zealanders, are New Zealand's fourth largest Asian ethnic group, after China, India, and the Philippines (Statistics New Zealand, 2014). Korean Kiwis are a relatively new immigrant group compared to other immigrant groups here (Kim & Agee, 2019). In 2019, New Zealand was the fifth most popular Organisation for Economic Cooperation and Development (OECD) member country for Korean immigrants (OECD, 2021).

As a result of New Zealand's 1987 immigration policy, the number of Korean immigrants has increased through both skilled immigration and investment immigration. Accordingly, the Korean population in New Zealand in 1986 was 369, but 26,434 in 2006, a seventyfold increase (Wallis & New Zealand Department of Labour, 2006). In 2018, they were 35,664 people among 707,598 Asian immigrants (Statistics New Zealand, 2023). Park and Anglem (2012) found that about 70% of Kiwi Koreans lived in the Auckland region and 17% in Canterbury. The 2018 census showed that 70% were still living in the Auckland region, and 10.4% of Koreans in the Canterbury region

1 *Dongpo* refers to overseas Korean groups, emphasising the ethnic links between Koreans.

(Statistics New Zealand, n.d.). Epstein (2006) reported that Koreans who migrated during the wave of immigration were educated, upper-middle class, and relatively wealthy. The main purpose of Koreans moving to New Zealand was to have a new life or to educate their children (Kim & Yoon, 2003; Yoon, 2000). The statistical information and previous studies show that New Zealand may have more Korean immigrants in future.

Korean Kiwis are reported to have unique linguistic and cultural backgrounds (Chang et al., 2006; Epstein, 2006; Park & Anglem, 2012; Statistics New Zealand, 2007). Chang et al. (2006) reported that 89% of Korean New Zealanders are first-generation immigrants who speak only Korean and have a strong attachment to Korean culture. According to Statistics New Zealand (2007), Korean Kiwis use Korean as the primary language within their families, and at least one in three Koreans reported not using English in their daily lives (Statistics New Zealand, 2007). Park and Anglem (2012) reported similar findings and found that Korean Kiwis have a transnational lifestyle, living between their homeland of Korea and their new home in New Zealand. The development of information and communication technologies, such as the internet, increased the transnationality of Koreans.

Korean immigrants in New Zealand feel a significant linguistic and cultural difference, which limits both their participation in social activities in a new environment (Park & Anglem, 2012) and their employment opportunities (Meares, et al., 2010). Moreover, some Korean New Zealanders suffer from cultural and psychological difficulties, acculturation stress, and identity crises due to language difficulties and a lack of family and social support networks (Kim, et al., 2016). Additionally, the conflict caused by cultural differences between first-generation immigrant parents and their 1.5-generation children is another difficulty experienced by Korean New Zealanders (Lee & Keown, 2018). The cultural difference experienced between these parents, familiar with traditional Asian culture, and their children, who have adapted to a new cultural context, was the main cause of family conflict between them (Lee & Keown, 2018). First-generation immigrant parents showed difficulty in adapting to a new culture, while 1.5-generation children experienced confusion and ambiguity about their identity and sometimes faced cultural conflicts (Kim & Agee, 2019).

A further factor is *gireogi appa* (기러기 아빠) literally “goose father”. This South Korean term refers to a father who works in Korea while his wife and children

stay abroad for their children's education. Families experienced many difficulties when they came to New Zealand to educate their children, while one parent worked in Korea (Lee & Keown, 2018). Goose parents reported physical and psychological exhaustion, due to playing the role of both parents, alone (Lee & Keown, 2018). Despite the need for well-rounded mental health care, support systems which take a culturally sensitive approach are unfortunately scarce (Kulshrestha et al., 2022).

My Story in New Zealand

I moved from South Korea to Dunedin to study for my PhD in music therapy, and then I became a Korean Kiwi in 2021. Therefore, I am a first-generation immigrant, migrating for the purpose of education. I decided to apply for a New Zealand residence visa for opportunities for my future children's education and a Kiwi lifestyle that appreciates work-life balance.

I engaged closely with Korean Kiwis during my time in New Zealand, and my experiences with them correlated with the above research in terms of their difficulties and transnational lifestyle. Like the people in the research, I lived between New Zealand and Korea. The internet helped me to live this transnational lifestyle. I consumed Korean culture by watching Korean dramas and ordering Korean products. I attended virtual workshops in Korea.

In Dunedin, I performed gayageum for cultural festivals and events and taught Korean and Kiwi children how to play gayageum. Being both a performer and a music therapist, I was more focused on the therapeutic aspects of my playing. I tried to communicate with the audience by inviting them to sing and play other rhythmic instruments (drums, woodblocks, temple blocks, rainsticks, etc.) with the gayageum music. For me, gayageum was a bridge to connect Korea and New Zealand. Through gayageum, I could find my cultural identity by positioning myself between Korea and New Zealand. While playing the traditional Korean instrument, I could celebrate my Korean identity. I felt that I was welcomed with gayageum in this new home that appreciates diversity. The feedback I received after my performances informed me that the Korean audience experienced a similar feeling from listening to my gayageum music. At those moments, I wanted to explore more about their feelings to find the other aspects of gayageum as a potential therapeutic instrument for this specific population.

Gayageum

The gayageum (Figure 1) is a traditional Korean string instrument that has 12 silk threads, 12 wooden bridges, called *anjok* (안족) – the *goose foot* – which support the threads, and a wooden, resonant box. I have learned gayageum since I was around 11 years old and studied it at university. Although this is a traditional Korean instrument, it was rare to learn gayageum in my childhood, due to its high price and a lack of tutors. I was lucky that my mother was learning gayageum at that time, so I could access the instrument and a tutor. As other Koreans have also described, listening to the gayageum gave me a sense of familiarity and relaxation, even though it was not a common musical instrument at that time. It might be because gayageum music was engraved in my Korean blood, or because I learned the history of gayageum in my school.

The gayageum is the only instrument among the traditional Korean string instruments to have evidence of its origin in Korea in ancient times (Han, 2001). In the chapter *Akji* (악지) in *Samguk-Sagi*[2] (삼국사기) of 1145, it is reported that the gayageum was one of the three representative string instruments, along with the *geomungo* (거문고) and *hyangpipa* 향비파, after the unification by Silla (Encyclopedia of Korean Folk Culture, n.d.). Lee Kyu-bo (1168-1241) of the Goryeo Dynasty left a poem called *加耶琴因風自* (*바람결에 우는 가야금*, *The Gayageum Crying in the Wind*) (Moon, 2015). Two Joseon Dynasty paintings – Kim Heegyeom's 1748 painting *Seokcheon Hanyu* (*석천한유도*) and *Chonggeum Sangryeon (청금산련*) by Shin Yun-bok (1758-?) – show how Korean ancestors enjoyed the gayageum (Moon, 2016).

Later, songs on the theme of the gayageum were popular. For example, the singer Hwang Geum-sim (1921-2001) sang *가야금 열 두 줄* (*Twelve Strings of Gayageum*) and another singer, Kim Yong-im (1965-), sang *열 두 줄* (*Twelve Strings*). These songs show that the gayageum is deeply rooted for Koreans, both nationally and culturally. The gayageum and its music have become a major factor in the diasporic identity of overseas Koreans (Koo, 2015). Diasporic identity is the collective, ethnic, cultural, and national identities,

2 *Samguk-Sagi* (*History of Three Kingdoms*) is a historical record of the Three Old Kingdoms of Korea: Goguryeo (고구려), Baekje (백제), and Silla (신라).

Figure 1

Hyunah is playing the gayageum for Korean immigrants in Dunedin

Image description: I sit on a chair, playing gayageum at a Korean community event. While my right hand makes the melody by plucking the strings, the left hand creates resonance and vibration. In this photo, I am wearing hanbok, 한복, the traditional Korean costume.

See an example of gayageum performance:

https://youtu.be/qEZNEk5fFno?si=BrYVE2xgsH2wZ4s8

Photo credit: Dunedin Korean Society

(https://dmec.org.nz/dunedin-korean-society-culture-group)

as well as transnational migrant identities in a global society (Yim & Kim, 2017; Yoon, 2003).

According to Yoon (2003), Korean immigrants experience isolation in the early stages of migration while undergoing these various diasporic identities, and as they stay longer, they experience accommodation and assimilation. Assimilation was an inevitable survival strategy for Koreans who voluntarily emigrated abroad and became a cultural minority in their new home (Yoon, 2003). However, complete assimilation is impossible, as minority groups are distinguished and differentiated by the dominant majority group (Yoon, 2003). Under these circumstances, Koreans who emigrated abroad tended to choose a strategy of adaptation while maintaining their ethnic and cultural identity (Yoon, 2003). On the contrary, sometimes, third-generation and later Korean immigrants gradually assimilate by marrying people from the dominant majority group and participating in mainstream society (Yoon, 2003). However, as mentioned earlier, the history of Korean immigration in New Zealand is relatively short. Korean Kiwis are first, 1.5, or second generation, and still in the stage of adaptation rather than assimilation.

The Diasporic Identity of Gayageum

An example of diasporic identity of gayageum is Koo's (2015) study of the diasporic identity of Korean-Chinese in Yanbian, China and their relationship with gayageum music. During the Japanese colonial period (1910-1945) the Joseonjok 조선족, who migrated from Korea to Yanbian for the independence movement or for work, were a relatively new ethnic group, in comparison with other ethnic minorities in China (Koo, 2015). The gayageum was not well known to the Korean Chinese until the 1950s, after the colonial period. However, three musicians contributed to the establishment of the ethnic and cultural identity of the Korean-Chinese with gayageum music in Yanbian in China (Koo, 2015). Kim Jin (1926-2007) learned *Gayageum Sanjo*, a traditional Korean music genre as well as a specific piece of music, from North Korean musician Ahn Ki-Ok (1894-1974) and introduced this to the Korean-Chinese in Yanbian. Cho Seon-hee (born 1935) improved the 12stringed gayageum to a 23-stringed gayageum during the Chinese Cultural Revolution (1966-1976).

Gayageum music was reformed by integrating the Western and Chinese styles of music (Koo, 2015). Cho Seon-hee tried to have a balance between

tradition and modernity (Koo, 2015). Kim Song-sam (1955-present) recreated North Korean music and tried to balance traditional Korean music and new innovative sounds. Since the 1980s, when exchanges between South Korea and China became active, new trends in South Korean gayageum music have also been introduced to Yanbian (Koo, 2015). Consequently, gayageum music for Korean-Chinese differs from South Korean music, which preserves gayageum music as a symbol of national heritage (Koo, 2015). Accordingly, Bakhtin (1981) interpreted Korean-Chinese music as a social phenomenon that emerged as a result of efforts to interact with others and enter the new world, not as a special musical experience for individual musicians (Koo, 2015).

This history shows that gayageum music is a component of diasporic Korean music for Korean-Chinese people. It is a way to provide a space for Korean-Chinese musicians to creatively assert their vision and interpretation of what diasporic Korean music is (Koo, 2015).

Gayageum in Dunedin

As I was in Dunedin for my PhD, I investigated the emotional response of first-generation Korean immigrants in Dunedin, New Zealand, to gayageum music. I played gayageum for Korean people in various places at different times. Sometimes, at Korean festivals, I played Korean music, such as the traditional folk songs *Arirang* (*아리랑*, *My Beloved One*) and *Doraji (도라지*, Balloon Flower), and Hwang Byeong-gi's *Soop* 숲 (*Forest*), on the gayageum. At other times, in the community events, such as a Dunedin Art Gallery event, I played gayageum for the Māori waiata *Pōkarekare Ana* or the hymn *Amazing Grace*, and sometimes improvised.

After Korean people had listened to my gayageum music, I received informal verbal comments. I found their responses very precious as they were authentic, genuine, and insightful. Hence, I wrote down what they said and completed a thematic analysis (Terry et al., 2017) to understand both the implicit and explicit meaning of the data (Alhojailan, 2012). The process of thematic analysis in this article was based on my academic training. First, I memoed all the collected data in written form (in Korean), then I translated them into English. The data were thematically colour coded, then I made a thematic map with the emerging themes, to understand the relationships between themes.

As a result, “relaxation”, “comfort”, “cultural identity”, and “home” emerged as key themes. When first-generation Korean immigrants in Dunedin listened to the gayageum music, they felt “relaxation” because the gayageum music and sounds provided “comfort like home food”, “comfort like home”, “comfort from the sound itself”, and a “feeling of relief”. Some people felt “nostalgia” by having a “reminiscence from childhood”. For them, gayageum music connected to their “home”. For some people, the gayageum was a “cultural identity as a Korean” and they could experience “catharsis” through gayageum music, as it reminded them of their Korean cultural identity and cultural roots. Additionally, some reported that “I want to share this feeling with people from other cultures” and “My body responds instinctively to (gayageum) music”. Figure 2 shows a visualisation of the data; the larger the font size, the more frequently mentioned the words.[3]

Reflection

My own experience of being a Korean Kiwi and understanding the value of identity and cultural connection widened my scope for emotional expression. There are many possible variables that might induce the audience’s reported emotions. The gayageum playing techniques (i.e. pitch bending, creating feelings of lament) could have fostered emotional expression, capturing the essence of Korean music and preserving the deep cultural meaning of the songs, making the music relatable for the audience. My cultural and musical authenticity could have played a role in providing the wider expressive scope. Despite these variables, this article has provided insight into music therapy practices and studies for the first generation of Korean immigrants.

Conclusion

I have identified two main points in the findings of my thematic analysis and reflection. These relate to the impact of cultural experiences and the importance of future research.

Firstly, these findings inform us about the available music resources to first-generation Korean immigrants we may encounter in New Zealand music therapy settings. As reported in previous studies, Koreans who are still in the

3 For accessibility, a word list from this word cloud is provided in Appendix A.

Figure 2
Word cloud

Image description: A word cloud, displaying word frequency in the author' s thematic analysis. The most common words are relaxation, Korean, cultural, identity, and home. Other, less frequent words are body, catharsis, comfort, culture, feel, feeling, food, hometown, instinctively, music, nostalgia, people, reminisces, sense, share, tone, and want. A colour image is available from https://www.musictherapy.org/journal/2023-2

stage of adapting to New Zealand's mainstream society, as first-generation or 1.5-generation immigrants, often experience psychological and social difficulties (Kim & Agee, 2019; Lee & Keown, 2018). In addition, the Covid-19 pandemic, beginning in 2019, may have had a negative psychological and social impact on Koreans in New Zealand. In particular, the psychological impact of the coronavirus cannot be ignored for Koreans in New Zealand, a minority group with concerns for their families far away in Korea. In this regard, listening to either live or recorded gayageum music can provide a positive experience for Koreans, which may improve their psychological health.

Providing an opportunity to listen to and talk about gayageum offers people a chance to think about their cultural and ethnic identity as Koreans. This opportunity can help Koreans in New Zealand to develop a variety of identities and provide a psychological connection to their homeland, just as gayageum music did for Korean Chinese in China. While the contexts of these endeavours may differ, the shared experiences related to the gayageum can contribute to identity development, which in turn offers a viable resolution to the parent-child conflicts frequently encountered by Korean immigrants in New Zealand (Kim & Agee, 2018). Listening to or playing gayageum music has the potential to spark conversations about their identities, thereby assisting 1.5-generation Korean immigrants in New Zealand, who often grapple with identity confusion, to discover and reaffirm their cultural identity (Kim & Agee, 2018).

Secondly, it will be meaningful to study the diasporic meaning of gayageum for Koreans in New Zealand in future research. Participants' responses to gayageum listening showed the possibility that gayageum and its music might have a connection with Korean Kiwis' diasporic identity, either consciously or subconsciously. Studying this topic might provide an understanding of the experiences of Koreans in New Zealand, adding new perspectives and interpretations. In addition, studying the meaning of other traditional Korean instruments for Korean immigrants would be interesting. For example, I found that many Korean communities in different regions in New Zealand have *sa-mul-nor* (사물놀이) groups, which play four different Korean percussion instruments – *buk* (북, a barrel drum), *jang-gu* (장구, an hourglass-shaped drum), *jing* (징, a large gong), and *kkwaenggwari* (꽹과리,

a small gong).[4] Sa-mul-nori groups play an important role in Korean festivals in New Zealand. Such research would contribute to diversity and inclusion in New Zealand culture by providing an expanded understanding of different cultures.

Acknowledgements

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4 This video shows an example of sa-mul-nori: https://youtu.be/J35vH40_gsc

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Appendix A:

Word List for Figure 2

The following keywords are included in the Figure 1 word cloud. Numbers in brackets indicate keyword frequency: some keywords with similar meanings to others were slightly modified to emphasise frequency of the concept.

Higher frequency words

Relaxation
Korean
Home
Cultural
Identity

Lower frequency words

Body
Catharsis
Comfort
Culture
Feeling
Food
Hometown
Instinctively
Music
Nostalgia
People
Reminiscence
Sense
Share
Tone
Want

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Book Review

Developing Issues in World Music Therapy Education and Training: A Plurality of Views (2023)

Edited by Karen Goodman (Charles C. Thomas Publisher)

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Warren, P. (2023). [Review of the book Developing issues in world music therapy education, education by K. Goodman.] *New Zealand Journal of Music Therapy, 21,* 67-71. https://www.musictherapy.org.nz/journal/2023-2

As an educator in music therapy training in Aotearoa New Zealand, I relished the opportunity to review *Developing Issues in World Music Therapy Education and Training: A Plurality of Views.* The book's emphasis on multiple viewpoints caught my attention; a broader international perspective of music therapy affords me a location of myself as a practitioner in relation to the wider, diverse music therapy community.

The editor, Karen Goodman, is an experienced music therapy educator and Professor Emerita at Monclair State University. Her book on education and training (Goodman, 2011) is the only single-authored book on music therapy training in the world. She has edited one prior title which discussed perspectives of music therapy education and training in a changing world (Goodman, 2015). The book reviewed here is a sequel, offering a unique window into current music therapy education, with viewpoints presented in 15 chapters by 19 contributing authors from around the world.

A standalone opening chapter by Simon Gilbertson explores different aspects of music therapy education through the philosophical lens of *transversality*. This concept is present throughout the book – the idea that

each chapter exists in its own space, whilst also intersecting with others in some way, without changing its essence. Gilbertson highlights that there is no one-approach-fits-all answer to the ongoing challenge of describing music therapy practice and music therapy education and training.

Five sections follow, each focusing on a different area: “New Frameworks and Content”, “Online Formats”, “Inclusivity”, “Professional Opportunities”, and “Ongoing Issues and Possibilities”. Contributors include authors from Australia, Canada, Germany, Israel, Norway, Spain, the UK, and USA.

The five sections of the book offer one way of framing the topic, however upon reading, five other common themes emerged, discussed in the next sections.

1. Historical Reflection and Positioning

Questions are posed in chapters describing the journey of a music therapy training course. Through rich descriptive writing, the reader is introduced to a range of music therapy trainings, approaches, theories, and specialisms. Chapters from Israel, the USA, Germany, Australia, and the UK describe factors that influenced their development. Each of these countries also has multiple training courses, raising challenges in finding a sense of professional cohesion.

2. Anti-Oppressive Practice

Jane Edwards and Sue Baines build on their earlier work in their chapter, ”Queering the Curriculum”, grounded in the evolving and expanding lens of anti-oppressive practice (Baines, 2021; Baines, & Edwards, 2019; Baines et al., 2019). This is well positioned after Dale Taylor’s chapter reflecting on the impact of systemic bias on US music therapy course development and curriculum content. The ongoing journey of uncovering unconscious bias, by applying anti-oppressive and social justice frameworks, is an essential part of being an educator.

3. Identity

Identity is multi-faceted and is described in relation to specific music therapy approaches, specialisms, research, and theory. Several chapters discuss developing professional identity within training and through continuing professional development. Gitta Strehlow (Chapter 3) proposes that the

overarching learning goal for music therapy students is that of developing their professional identity. Aksana Kavaliova-Moussis (Chapter 14) discusses the impact on professional identity for music therapists with dual training in a second profession.

4. Professional Regulation and Recognition

Professional regulation is frequently mentioned in the book. Efforts are being made in many countries to professionalise music therapy. Currently, government regulation of music therapists exists only in the UK. Avi Gilboa (Chapter 2) describes the decision to move all Israeli training and education in music therapy to master's level as part of this process of regulation. In contrast, Dawn Iwamasa (Chapter 15) highlights that, in the USA professional licensing exists in only a number of states, with self-regulated certification available countrywide. As many are aware, the professional regulation of music therapy in Aotearoa New Zealand is an ongoing conversation (Fletcher, 2016).

5. Supervision

Another professional issue is that supervision is not a requirement of many regulatory bodies. However, within Aotearoa New Zealand regular supervision is a condition of certification (Music Therapy New Zealand and New Zealand Music Therapy Registration Board, 2022). Jeanette Kennelly, Natalie Jack, and Beth Dun (Chapter 10) discuss a supervision framework they developed in Australia, offering clear and helpful focus areas for music therapy supervisors. Their underpinning research and knowledge gathered over time has also led to changes in the regulation of Australian music therapists, including mandatory supervision for new graduates.

Apart for these five interconnecting themes, I was also interested in Gilboa's exploration of how music therapy training programmes are responding to the differences in learning styles of Generations X and Y and future Generation Z students (Chapter 3). To increase accessibility and embrace diversity among student music therapists, flexibility of teaching styles, formats, and placement settings are being explored in the current training in Aotearoa NZ. On a related topic, Leslie Orozco Henry (Chapter 6) discusses the development, benefits, and challenges of using online teaching platforms in

music therapy training. This reflects current New Zealand training, where hybrid and blended frameworks are the dominant options currently being explored.

I had expectations that Goodman's book would invite the reader to a journey of critical reflexivity, resulting in a greater respect for the diversity that exists in our professional community. To some degree I believe this was achieved; however, the positioning of music therapy education and training in most chapters was essentially Western-oriented. I was disappointed to find only general reference to developing considerations of Indigenous frameworks within education and training. Increasing importance is now placed on contextualising music therapy training, such as in the work of Indonesian music therapist Kezia Putri (2022; 2023). In her presentation at the recent World Congress of Music Therapy, Putri explored the therapeutic potential of Indonesian traditional instruments becoming a strong component in the Indonesian music therapy programme. In Aotearoa New Zealand we have a commitment to greater dialogue and collaboration between Indigenous and Western-oriented educators, to facilitate the growth of both frameworks alongside each other (Roestenburg & Hoskyns, 2022).

I noted some copy editing errors, and the impact of graphics was sometimes lost due to the black and white format. I hope these issues will be addressed in a future edition.

Overall, this book offers an eclectic and often engaging collection of views and perspectives of music therapy education and training. Readers have the freedom to align themselves to a diversity of values and orientations, whilst still identifying with the collective music therapy community, without the hardened edges that can create distance and conflict (Chapter 1). I recommend this book to music therapy practitioners, students, educators, and anyone who has an interest in music therapy training and education.

Publisher Link:

Book preview:
https://www.mys1cloud.com
/cct/ebooks/9780398086107.pdf

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Book Review

Music and Dementia: From Cognition to Therapy (2020)

Edited by Amee Baird, Sandra Garrido, & Jeanette Tamplin (Oxford University Press)

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Citation

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Music and Dementia: From Cognition to Therapy, edited by Australian researchers Amee Baird (clinical neuropsychologist), Sandra Garrido (music psychologist) and Jeanette Tamplin (music therapist), addresses a significant health issue affecting individuals, families and communities worldwide. My interest in this book arises from both professional and family experiences of dementia, also known as *mate wareware*. I am one of 80% of people in Aotearoa New Zealand who know or have known someone living with dementia (Alzheimer's New Zealand, n.d.). This figure will only increase with the projected rise in the population of older people and in the prevalence of dementia in this country and internationally (Alzheimer's New Zealand, 2017; Stats NZ - Tatauranga Aotearoa, 2020; World Health Organization, 2017). This book aims to resource everyone involved in dementia care, while also advocating further research.

The book is structured in three parts: (1) "Why music for people with dementia?", (2) "Impact of music on cognition and emotion in people with dementia", and (3) "Music therapy in dementia care". In Part 1, the rationale for offering music experiences to people with dementia is presented via three

perspectives. The introduction, by music therapist Amy Clements-Cortés, highlights a shift from a medical model towards holistic social care, and a continuum of practice, from recreational to therapeutic musicking, that values both receptive and active methods. Chapter 3 (Bracatisano and Thompson) discusses the "Therapeutic Music Capacities Model", a framework with some ideas in common with Donora's (2000) model of musical affordances. The intervening chapter, by Ghilain et al., focuses on neurological mechanisms, particularly rhythmic entrainment. This important chapter could have been edited for great accessibility for readers less familiar with neurological terms and functions.

Parts 2 and 3 focus respectively on music-based approaches and music therapy, each with several stimulating chapters describing evidence-based perspectives on practice. I wondered whether similar introductory sections could have been edited – for example, multiple references to the film Alive Inside (with inconsistent citation). A strength of these chapters is the discussion of relevant research. Additionally, Chapters 10 and 12 provide two systematic reviews of the literature, particularly useful for practitioners without database access.

The chapter that I most enjoyed focused on skill-sharing in the care of people with advanced dementia, by Hanne Mette Ridder and Julie Ørnholt Bøtker. Presented as a case study with commentary, this chapter acknowledges Kitwood's (1997) influence on dementia care and champions collaborative and consultative practices, musical attunement, and relationships. This perspective resonates with Liz Wallace's article in the present journal and the Enabling Good Lives (2023) framework for disabled people in New Zealand.

Becky Dowson and Orii McDermott's chapter about the complex issue of assessment also references Kitwood's person-centred care, while also valuing quantitative measures. The authors discuss the purpose, process, and presentation of assessment data, and provide an overview of common outcome measures. Acknowledging the unreliability of proxy reporting, they suggest methods such as photo elicitation to let people speak for themselves. When this is not possible, they stress that meaningful assessments require training and time.

The role and diversity of musicking in the social care of people with dementia is no surprise to us, as music therapists. The growing awareness of other professionals and the wider public presents both opportunities for us both to

expand our services and to advocate safe uses of music in other contexts. In a rapidly changing field, keeping up with both medical and music-centred research is challenging. I hope that a future edition of this book will include a chapter on dementia choirs, such as Thompson's (2020) inspiring research, and information about ongoing dementia studies, including Homeside (Baker et al., 2019), MIDDEL (Baker et al., 2022; Lee et al., 2022), and Together in Sound (Cassidy, 2020; Molyneux et al., 2022). I would also welcome opportunities to learn about challenges and initiatives beyond the western contexts represented in this book. The implicit assumption that methods are universally applicable leaves me curious about other geographical and cultural contexts.

One word, used frequently throughout the book, made me pause to reflect on how we language our practices: *intervention*! I am often puzzled by the casual use of this term – in this book and in other music therapy writing – as a synonym for music experiences. I wonder whether this term is used intentionally or without thought about the literal meaning. From my perspective, "intervention" is philosophically incongruent with person-centred social care and music therapy approaches emphasising attunement, relationship, and consultation.

This book is both a theoretical and practical resource that expanded my knowledge of contemporary approaches. I was heartened by the links between theory, research, and practice, as well as the mainly accessible style. Consequently, I recommend this book for everyone seeking a greater understanding of music therapy for people living with dementia or aiming to incorporate music into their own practice.

Music and Dementia is available as a print or e-book. A copy is available in the Music Therapy New Zealand collection, hosted by the IHC library.[1] The contents list and chapter abstracts are available on the publisher's website.

Publisher Link

https://tinyurl.com/2p99zzam

1 https://www.ihc.org.nz/how-we-can-help/library

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Theses and Publications Alert

This annual listing highlights music therapy theses and scholarly writing by New Zealand Registered Music Therapists beyond this journal. Warm congratulations to these authors.

Master of Music Therapy Theses (2023)

Hernandez, T.J. (2023). *"Where are you from?" – Navigating oppression, power, and privilege in music therapy spaces: A critical autoethnography on intersectional identities* [Unpublished master's thesis]. Te Herenga Waka – Victoria University of Wellington. https://doi.org/10.26686/wgtn.24188922

Langham, E. (2023). *Creating space to grow: Exploring the concept of "safe space" through music therapy practice in a residential service for people with neurological disabilities* [Unpublished master's thesis]. Te Herenga Waka – Victoria University of Wellington. https://doi.org/10.26686/wgtn.23983893

Von Bertouch, Z. (2023) *The value of interpersonal cultural cognisance and the culturally-oriented self in music therapy* [Unpublished master's thesis]. Te Herenga Waka – Victoria University of Wellington. https://doi.org/10.26686/wgtn.24288970

Publications (2022, not listed in NZJMT, 20, 2022)

Shaw, C. (2022) Breaking up with humanism: Finding new relational possibilities in supporting mental wellbeing in music therapy practice. *Australian Journal of Music Therapy, 33*(2), 1–19. https://www.austmta.org.au/ajmt/volume-33-2

Publications (2023)

McConnell, J., **Pureti**, K., & **Rickson**, D. (2023). Mauri tui tuia: Dance movement therapist, music therapist, and early childhood teachers' collaborative bi-cultural response to community trauma. *Kairaranga, 24*(1), 71-85. https://kairaranga.ac.nz/index.php/k/article/view/300/300

Spiro, N., Sanfilippo, K.R., McConnell, B., Pike-Rowney, G., Baraldi, F.B., Brabec, B., Pike-Rowney, G., Van Buren, K., Camlin, D., Cardoso, T., Çifdalöz, B., Cross, I., Dumbauld, B., Ettenberger, M., Falkenberg, K., Fouché, S., Frid, E., Gosine, J., Graham, A., Grahn, J., Harrison, K., Ilari, B., Mollison, S., Morrison, S., Pérez-Acosta, Perkins, R., Pitt, J., Rabinowitch, T.-C., Robledo, J.-P., Roginsky, E., Shaugnessy, C., Sunderland, N., **Talmage**, A., Tsiris, G., & de Wit, K. (2023). Perspectives on musical care throughout the life course: Introducing the Musical Care International Network. *Music & Science, 6*. https://doi.org/10.1177/20592043231200553