

thus increasing the child's confidence that (s)he is in control.

### Conclusion

Music therapy can be an integral part of medical treatment given in the hospital. It increases the possibility that the patient will be treated with respect. The hospitalized child's healthy energies are brought out in music therapy and can help him/her cope with the problems, difficulties, and complications related to lengthy hospitalization and medical treatments.

The music therapist is not perceived by the child as related to the pain of the disease and/or medical treatments. This allows the child to participate willingly, knowing that the experience includes no pain or discomfort. Thus, the child benefits from the therapeutic aspects of the music therapy; and in addition, the trust that the child develops in the therapist can then influence the child when (s)he is receiving other, less pleasant, treatments.

Music therapy is perceived at Shaare Zedek Hospital as an adjunctive therapy to medical procedures. Through music therapy, it is possible to delve deeply into the hospitalized child's emotional life, enabling him/her to express fears, difficulties, and anxieties, and to learn to cope with them more effectively. In this way, the child endures the hospitalization more easily, as stated by Daniel Whitehead Hicky (1902): "No friend like music when the heart is broken, to mend its wings and give it flight again."

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SARA SHOSHANI, M.A., RMTI, Special Education, Registered Music Therapist works with infants and children, and supervises students of special education and music therapy. ADDRESS: 30 Carmel St.; Mavassevet-Zion, 90805; Israel; PHONE: 972 2 6555343; FAX: 972 2 6513946.

## The House of the Seven Muses –A Research Project Music Therapists In Collaboration With Other Creative Arts Therapists

Margareta Wärja  
Sweden

### Background

After several years of preparatory work to gain the financial and practical support of the Swedish state, in 1992 the research project called "Enkoste" was born with the support of a handful of dedicated politicians. Enkoste ["Enheten för konstnärligt skapande terapiformer; the Department for Artistic and Creative Therapy Approaches (author's translation)] was established as a collaboration among the creative arts therapy disciplines. The project was based upon an object-relations theoretical framework along with theories underlying the arts in therapy which are formulated around the creative process and the paradigm of arts as an aesthetic healer (Hillman, 1989; Kenny, 1989; Knill, Barba, & Fuchs, 1995; Levine, 1992; Levine, 1995; McNiff, 1981; Robbins, 1994; Summer, 1992) and its main goal was to gain more information about the effects of the creative arts therapies, including music therapy, in adult psychiatry. Enkoste was established at a time when the practice of music therapy in adult psychiatry in Sweden was entering a stage of growth and development; it ended in the spring of 1995.

### Enkoste: Description and Results

Two complementary goals were formulated: the first, to offer music, art, dance and expressive art therapies to enrich treatment options within the state funded psychiatric health care system; the second goal, to study the effects of these therapeutic approaches. A secondary aim of the project was to develop avenues for collaboration among the different creative arts therapy disciplines and, hopefully, to contribute to a deeper theoretical understanding of how these disciplines function together. The setting of Enkoste was a separate house on the grounds of Löwenströmska Psychiatric Clinic just outside Stockholm. The clinic gave some administrative and financial support to the project which otherwise was considered a separate department with its own research money and treatment responsibilities. The treatment team consisted of one director and six part-time therapists. There were two music therapists, two dance therapists, one art therapist, and one expressive arts therapist. The role of the therapists was to give treatment, either individually or in groups and to record the therapeutic process carefully through notes and, in some instances, through

video recordings. The therapists received weekly supervision for their work. A number of other professionals were involved on a contractual basis and three recognized, creative arts consultants were brought in from abroad on a regular basis to work with the whole team, and to provide individual supervision. In the area of research, testing personnel were involved along with independent researchers who assisted in analyzing and comparing the data with other clients groups. At this point in time three research reports with preliminary results have been issued by the project director (Bylund, 1992, 1993, 1994) and a final research report is due to be published this fall (1996).

The Enkoste patients were carefully screened and tested (through projective testing and videotaped interviews) before treatment started. Forty-four patients were enrolled in the project [at the time of the second report (Bylund, 1993)]. Over eighty percent of these patients were diagnosed with severe personality disorder. Many had a history of prior treatment, but for the duration of the project this was the only therapy they received. According to a self-rated measure, patients reported suffering from their symptoms an average of sixteen years before coming to the project. Each patient was discussed thoroughly in the team before treatment started and a decision was made regarding which creative arts modality would be most appropriate. Another battery of tests was conducted after one and a half years of treatment and again, after treatment had ended. Tests measuring intrapsychic changes were used along with self-rating scales which measured "quality of life." Preliminary results after 14-15 months of treatment showed that the methods used were effective. Patients seemed motivated, remaining in treatment at a significantly higher rate than comparable patient groups involved in traditional verbal psychotherapy. Another result was that the use of psychotropic drugs was considerably lower for those patients who had used medication before the project. In addition, hospitalizations were reduced to a minimum. According to the test results (using SCL-90, levels of symptoms; Lubarsky's Health and Sickness Rating Scale measuring comprehensive functional level; and Kajandi, measurement of qualities of life) symptoms were reduced to a level which was under the mean level for comparable out-patient groups. Despite the fact that the general functioning level of the Enkoste patients at the beginning of treatment was, on the average lower than a group of patients in verbal psychotherapy, the general functioning level was found to have increased significantly at the second battery of testing. The experience of quality of life was improved to a level just above or just below the average non-patient depending which quality was measured. Examples of qualities of life are the living situation; work; relationship to friends, to parents, to children; experiences of freedom, self acceptance; ability for emotional experiences; and feelings of wholeness. An interesting result of our study is that, for the Enkoste patients, the last two qualities mentioned were improved from a low measure to a level far above the

experiences of average non-patients.

These preliminary results relate to all patients regardless of which treatment modality was used. The final report on the project will include the analysis of data from a Rorschach Test measuring whether structural changes within the personality have taken place. The final results of our tests will give us a clearer idea about the effectiveness of each modality.

### Music Therapy at Enkoste

As one of the music therapists on the Enkoste team I will highlight the music therapy part of the project. Music therapy was conducted in three ways. One approach in individual music therapy was through improvisational models as described by Bruscia (1987), Katsh and Fischman (1985), and Nolan (1994). Another individual approach was The Bonny Method of Guided Imagery and Music (GIM) as presented by Bonny (1978), Goldberg (1992, 1994), and Summer (1988) in combination with expressive music therapy. The third approach was an expressive arts group where music was used in guided fantasy journeys, in group improvisations, and as means for intermodal transfer. [Intermodal transfer term refers to changing from one modality to another as a way to deepen the therapeutic process and to enhance the aesthetic experience (Knill, Barba, & Fuchs, 1995).] Although I am not yet able to give a final report upon the therapeutic results using these approaches in music therapy, I am able to describe how music functioned as an aesthetic healer in the Enkoste project.

### Case Studies

Susanna, a 45-year old mother of three, entered music therapy with a desire to heal her crippled body and to work on painful memories. She had suffered from abuse and significant losses as a child, presented multiple somatic problems, and showed difficulties in areas of attachment, separation, and differentiation. She had been unemployed for eight years and was attempting to go back to work full time. During her two and a half years of treatment she worked primarily in GIM, along with an occasional expressive music therapy session where she would put significant images into a musical form. One early GIM experience presented the image of an evil queen who wanted to destroy her. In subsequent sessions this theme, which related to her negative self-image and her biological mother, was explored further. Susanna had difficulty tolerating strong affect, yet in her sessions her affect was able to be expressed and held safely, contained within the images themselves. One breakthrough occurred about one year into treatment as the music evoked the image of a depressed mother who was unable to care for her newborn infant. Susanna was stuck, and experienced a sense of numbness. I suggested a musical improvisation. After some warm-up music she moved into a realm which I call the "arena of authentic music." This is a space of timelessness and profound

creativity wherein the music which comes forth is an expression of the Self (Wärja, 1994). The sound has its own form and, like a fetus traveling through the birth canal it demands to be born. The self seeks expression, its sound demands to be shaped into an audible form. Susanna moved between small bells, drums, and larger gongs. As she played tears were streaming down her face; the music was created by caressing the instruments, hitting them, shouting at them, holding them close, and thrusting them away. In the months that followed Susanna could connect with her feelings more fully and began to differentiate between a larger range of feeling states. She faced images holding intense affect such as hate, rage, terror, shame, and longing. In her daily life she was able to keep her job without somatizing. At the conclusion of her treatment Susanna's somatic symptoms of severe rheumatism and allergy had decreased significantly.

Thomas, a 33-year old single male with no prior psychotherapeutic experience, was referred to the expressive arts group which I co-lead with the expressive arts therapist. Thomas was a gifted musician suffering from performance anxiety, panic attacks, and insomnia. The freedom to make music without "performing" seemed deeply liberating for Thomas, and he entered the creative field with awe and a child's curiosity. The interpersonal learning that took place and the experience of not being alone with his problems in this group of three male and three female clients clearly had a strong effect on Thomas's well-being. One sequence of events started with a drawing in which he expressed his feelings in the moment. In the drawing there were a few angular shapes in different primary colors. As the drawing was explored in a drama, he had a strong insight into his family of origin and the controlling subliminal communication that existed under the surface between family members. Some months later Thomas conducted a musical psychodrama (Moreno, 1980) in which he understood more fully how restricted and controlled he felt as a child, how he was forbidden to make mistakes. He realized that he now lived with an inner meticulous and sadistic tyrant. This understanding tore apart his view of himself as a happy-go-lucky Bohemian musician. But, most importantly, he was able to connect and stay with the feelings of despair, and fear of abandonment that the music had shown him. This authentic contact with his true self made it possible for him to begin to perform publicly again. At the conclusion of treatment, Thomas's panic attacks had decreased, his sleeping had significantly improved, and he was enjoying success as a performing artist.

### Conclusion

The collaborative work in Enkoste was a rich and rewarding experience. There is still much that can be discerned from the testing data, process notes, and video recordings to bring forth new perspectives on treatment. I believe that working together as creative arts therapists will give us a stronger impact, more

momentum, and will also enhance and deepen our theoretical understanding. A united path brings a holistic view addressing the whole range of senses which is desperately needed in the field of psychiatry where treatment tends to be compartmentalized and pathologized. Most importantly, the arts focus upon the aesthetic, on beauty, and that part of each individual that has a will to live despite deep suffering. The arts cannot cure us, nor save us, but the arts can bring riches and meaning to our lives.

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MARGARETA WÄRJÄ, RMT, FAMI, is a music psychotherapist at Löwenströmska Hospital and in private practice in Stockholm, Sweden. She is Co-Director of the Swedish Institute for Expressive Arts Psychotherapy and a trainer in the European based Guided Imagery and Music (GIM) training run by Therapeutic Arts Psychotherapy and Training Center of San Francisco, CA. ADDRESS: Folkungagatan 108; 116 30 Stockholm; Sweden; PHONE/FAX: 46-8-644 75 66.

## Music Therapy Practice With Autistic Children And Children With Autistic Tendencies

*Karin Schumacher*  
Germany

### Context of Practical Music Therapy Work

I work in a day school for autistic children and children with autistic tendencies, ages five through thirteen years old. The children are taught and cared for each day by specialist teachers and therapists. I work with each child individually for up to forty-five minutes, once a week. Work with the parents and other members of the treatment team is also integrated in my work.

### Basic Theories

Every human being needs another person to help develop his predisposition accordingly. When one's ability to make contact with another human being is disturbed, one suffers not only from developmental disturbances, but also from isolation. The main problem is that through this lack of contact and isolation the motivation for further development is lost. The ability to build a relationship with oneself, as well as with other people and objects, is based upon the ability to coordinate sensory perceptions and to process them meaningfully. If this ability is missing there develops a fundamental contact and relationship disturbance which results in stereotypic behavior, lack of eye contact, and play and speech disturbances. These symptoms lead to the diagnoses: early infantile autism, psychoses, or autistic tendencies. In earlier decades, the Anglo-American literature utilized the labels "autistic" and "psychotic" children synonymously (Rutter, 1977). The basic contact, relationship, and developmental disturbances that begin before the third year are diagnosed as "early infantile autism." This diagnosis is first described by Leo Kanner (1943) and by Hans Asperger (1944) as "autistic psychopathy." The cause is probably a disturbance of the senses of perception and coordination, which could be of a genetic, physical and/or psychic nature.

In my music therapy practice I work with autistic children with various degrees of mental retardation. I also work with children who show autistic tendencies for different reasons (such as early brain damage, emotional deprivation through repeated broken relationships, or through sexual abuse with psychotic symptoms and mutism).