

Commentary on a round table on music therapy

**Round table on music therapy
“Music Therapy: the long way to
evidence based methods. Pending
issues and perspectives” at the
conference “Neurosciences and
music – II. From perception to
performance” in Leipzig, Germany
5th-8th of May 2005**

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What happened in Leipzig in May this year? Some of you may have heard the rumors about a music therapy round table at a [Neuroscience and Music conference](#) in Germany. There was a very enthusiastic and controversial discussion and some concrete attacks aimed at a certain person at the round table. To make a long story short: What I experienced as a participant of the conference, and as an attendee in the audience, was a strange thing.

Round table participants

But let's take a short look on the participants. The round table coordinator was Luisa Lopez from the Child Neurology Unit of the University of Rome. As a discussant Robert J. Zatorre from the Montreal Neurological

Institute and McGill University gave comments on the short introduction by Eckart Altenmüller (University of Music and Drama, Institute of Music Physiology and Musicians Medicine in Hannover, Germany), Michael Thaut (School of Arts Colorado State University Fort Collins, USA) Thomas Hillecke and Anne K. Nickel (both from the German Centre for Music Therapy Research in Heidelberg) and Patriccia Sabbatella (University of Cadiz, Spain)

The conference and music therapy

The conference looked at very interesting basic research on music perception and performance, held sessions on music and language, mental representations, music and performance, developmental aspects and impact of music on education, neurological disorders and music, held workshops on music and neuroimaging (Robert J. Zatorre), music and neurophysiology (Christo Pantev), the evaluation of musical disorders (Isabelle Peretz), music and development (Laurel Trainor), which featured the current state of the art from a neuroscience perspective. Up to 60 researchers from around the world and up to 300 participants came together to listen and discuss the results presented. Furthermore over 100 posters relating to the topics above were displayed.

Some of the research has a direct link to what music therapists do in practice, and some results are surely only that kind of basic research which is nice to know for a music therapist but does not meet the practice needs of music therapy. But as you may see below, this is a topic for a basic epistemological discussion, which cannot be decided from the stance of one perspective only. You might remember Hanne Mette Ochsner Ridder's words and [report on the ESCOM conference in Hannover](#), Germany (Ochsner Ridder 2003), where she says that music therapy is a discipline

which has evolved out of practice and is aimed at the needs of the patient, his specific illness and behaviour, his personality and biography, this means doing music therapy is related to a situation which is based on an interaction between a patient and a therapist. Music therapy happens at a certain place and its setting, which might be a hospital, a hospice, a private practice, a school, a forensic hospital, in seminars for personality development, in ethnotherapy settings or whatever the setting may be. The reason for music therapy is that people need help. Since the beginnings of music therapy, we have been influenced by other disciplines like medicine, psychology, pedagogics, philosophy and surely by our root disciplines which are the music sciences in general. This is what Thomas Hillecke and Anne K. Nickel pointed out in their introductory remarks at the round table as well, when they presented the different research projects done in Heidelberg, Germany. We use music in different practice formats, which are “close to the practice” (Aldridge 2003) and aimed at the patient. This means there are [“Many Faces of Music Therapy”](#) as the title of the 2004 EMTC conference in Finland suggested or - as some may remember the title of the world conference of music therapy in Washington 1999 - there are “Many Voices, but One Song”. So, how many music therapy research approaches are possible for music therapy?

The discussion

What happened then in Leipzig? The perspective of neuromedicine tried to dominate research in music therapy. From this perspective, represented by Michael Thaut, we would need money to fund our research (like all other disciplines), we should forget about the relationship issues between the patient and the therapist, we should forget the research coming out of social science research and practice ideas, which have made valuable contributions to understanding music therapy practice issues, but we

should comply with the dogmatic school of evidence based medicine to become recognised as natural science based research in medicine. This would happen as an evolutionary process in the medical sciences, as current development in the US shows. EBM would successfully rule out old scientific music therapy paradigms like social science, psychology, art research, and other subjective approaches publishing in needless journals, and we all should pay attention to neurological music therapy as a sub-, sub-discipline of the sub-discipline neurology of the sub-discipline medicine of the sub-discipline life sciences in the body of science. We should reduce our relationship perspectives to evidence models that might help us to get recognised as partners by clinicians.

The audience reacted promptly. First a clinician from Cologne in Germany said that she would be happy to work together with artists that make the life on the ward livelier and bring a different perspective on the relation of personality and illness. The psychologist Björn Merker from Uppsala University in Sweden agreed to this statement and went even further. He reminded the audience of the long tradition of shamans, which used music and remedies and ritual and so on to aim at a basic change of spirituality, personality and the patient's view of the world and himself. My own contribution to this discussion addressed for the epistemological perspective of science and its methods. How can one say that social sciences, literature sciences, art sciences, cultural anthropology, psychoanalysis etc. are no sciences, only because they are not evidence based? Have neurologists and EBM researchers found the world formula to say so? Then another voice raised and asked how one could be so "arrogant" to say that most of the research published in music therapy research is useless, because it is not directly heading for and formatted for impact factor journals? How to legitimize this, when the "major players in music therapy" are absent? This surely overshoot the mark, and

insulted those being invited to speak there. The situation worsened when the coordinator of the round table Lisa Lopez tried to apologize that some known music therapy researchers (I do not want to mention who was named) in music therapy that were asked to come, but were unable to attend. The faces in the audience went down... This was just a short glimpse of what was discussed during the last hour of the round table¹.

To resume, the fact that this discussion happened on such a - for those who are interested - brilliant conference is a reflection on what happens in fruitless discussion on evidence based methods. There have always been certain trends of the scientific Zeitgeist, which put music therapy under pressure to steer into the harbour of a certain discipline of scientific orthodoxy. As we were at a music therapy conference, we heard all those differing voices, ideas and struggles, but could also see and hear, all the different voices of the orchestra that are 'music therapy'. It was funny to recognise how most of the researchers attending the discussion in Leipzig revealed themselves as music lovers, who wanted to get closer to the how and why of music and its functions, but were prudent enough not to reduce music to a certain single methodological approach. No, they felt and formulated as Sandra Trehub from Montreal did, that this specific perspective on neurological music therapy at the round table was 'another political act' which tries to make some moves into the universe of music and the diversity of research approaches connected to it. In short: to reduce music and therapy to its neurological functions. The audience rejected this move and the politics behind. "But we need money to do our work", we heard from the panel and we should care for those, who are in charge to decide. So we might have to ask ourselves: "Which evidence - for whom, by whom?" (Aldridge 2003)

1. Further information (email neuromusic@fondazione-mariani.org).

Closing remarks

Anyhow, I have to mention that most of the critical comments were aimed for the idea of a paradigm change to evidence based music therapy research as realised in neurological music therapy. The other participants of the round table, like Thomas Hillecke and Anne Nickel have stressed the diversity which is inherent in music therapy, that research and practice models appropriate to the client's situation have to be formulated carefully and that a discussion about research models has to focus on the patient's needs. Further that more research and publications on assessment and evaluation of music therapy are need and for some reasons -as Patriccia Sabbatella pointed out- is missing, but is a vital part of research culture around the world.

I hope this report, written from a perspective of subjective impressions heard before, during and after the round table reflects some thoughts and emotions which were in the minds of music therapists, when they are told that all their work is published in unimportant journals, when all the contingency, ambiguity, opacity and subjectivity which gives life to the music therapy sessions are regarded as scientifically worthless, when all the smiles on the faces of their patients are nothing, or subtle changes discovered by the handicapped child's parents after the sessions are nothing, because they cannot be coded in a EBM design, because you cannot randomise a concrete human being in time and space.

„You can fool some people sometimes but you cannot fool all the people all the time“ as Bob Marley has sung. I am aware of the benefits that evidence based ideas have brought to the practice of clinical research, the clearings it has made for those who were caught in a trap of badly drawn clinical trails that were mostly aimed and polished for promoting pharmaceutical remedies. This has changed since Archie Cochrane invented

his metaanalytic approach. But as a social scientist, that he was, he would have had a more sophisticated understanding of what practice is about.

Related articles:

[Conference report](#), photos and [commentary](#) on the round table in CODEX FLORES (in German)

[Can music therapy ever be evidence-based?](#) Jane Edwards 2004

[Strategies for searching electronic databases](#) Gilbertson, Simon; Aldridge, David 2003

[Evidence Based Music Therapy](#) Vink, A.; Bruinsma, M.. 2003

[Assessment and Clinical Evaluation in Music Therapy: An Overview from Literature and Clinical Practice](#) Sabbatella, Patricia E. 2004

[Evidence Based Music Therapy](#) by Thomas Wosch 2004

[One Size Fits All, or What is Music Therapy Theory For?](#) By Mary Rykov, 2005

[It must be a sign of getting old - Reflections on a music therapy research symposium](#) by David Aldridge 2005

Aldridge, D. (2004) A story told from practice: the reflective inquirer in an ecology of ideas. In (D. Aldridge, ed.) *Case Study Designs in Music Therapy*. 9-31. London: Jessica Kingsley.

References

Aldridge, D. (2003). Staying close to practice: which evidence, for whom, by whom? *Music Therapy Today*, MusicTherapyWorld.net: <http://www.musictherapyworld.net/modules/mmmagazine/showarticle.php?articletoshow=71>.

Ochsner Ridder, H. M. (2003). 5th ESCOM Conference September 8 - 13, 2003, Hanover University of Music and Drama, Germany. *Music Therapy Today*, MusicTherapyWorld.net: <http://www.musictherapyworld.net/modules/mmmagazine/showarticle.php?articletoshow=72>.

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This article can be cited as

Fachner, J. (2005) Commentary on a round table on music therapy. *Music Therapy Today* (online) Vol. VI (3) 468-475. available at <http://www.MusicTherapyWorld.net>