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OUTCOMES AND MICROPROCESSES IN MUSIC THERAPY

Wosch Thomas, Professor Dr.

University of applied sciences of Wuerzburg and Schweinfurt / Germany [EU]

Within the last ten years music therapy research was growing immense. Especially outcome research developed very fast and could fulfill the world leading evidence based medicine criteria of the Cochrane-Review. Some little examples of it will be presented beside some more detailed outcomes of Wosch and Roehrborn about their clinical study of 1160 in-patients over seven years in psychotherapy. How does work music therapy, which items of effect it has, will be brief presented in examples of Microanalysis-Research of Wosch.

Key words: music therapy, research, psychotherapy, Microanalysis-Research.

Вош Томас РЕЗУЛЬТАТИ ТА МІКРОПРОЦЕСИ В МУЗИКОТЕРАПІЇ / Університет прикладних наук Вюрцбурга та Швайнфурта. Німеччина [СС].

За останні десять років збільшилась кількість досліджень з музичної терапії. Особливо швидко розвивалися дослідження, спрямовані на виявлення результативності музичної терапії. Це дозволило музичній терапії виконати критерії всесвітньо відомих оглядів Кохрана. Декілька невеликих прикладів даного виду досліджень, а також декілька більш детальних прикладів з дослідження, проведеного автором впродовж семи років із залученням 1160 пацієнтів психіатрії, наведено у статті. Як впливає музична терапія? Які ефекти музичної терапії? Ці питання будуть також розроблені на прикладах мікроаналітичного дослідження Воша.

Ключові слова: музикотерапія, дослідження, психіатрія, мікроаналітичне дослідження.

Вош Томас РЕЗУЛЬТАТЫ И МИКРОПРОЦЕССЫ В МУЗЫКОТЕРАПИИ / Университет прикладных наук Вюрцбурга и Швайнфурта. Германия [ЕС].

В течение последних десяти лет увеличилось количество исследований по музыкотерапии. Особенно быстро развивались исследования, направленные на выявление результативности музыкотерапии. Это позволило музыкотерапии выполнить критерии всемирно известных обзоров Кохрана. Несколько небольших примеров данного вида исследований, а также несколько более детальных примеров из исследования, проведенного автором в течение семи лет с привлечением 1160 пациентов психиатрии, представлены в статье. Как воздействует музыкотерапия? Каковы эффекты музыкальной терапии?

Эти вопросы будут коротко рассмотрены на примерах микроаналитического исследования Воша.

Ключевые слова: музыкотерапия, исследование, психиатрия, микроаналитическое исследование.

This article will give a brief overview and short examples of current music therapy effect research around the world and of microanalysis in music therapy. With these two focuses the article touches the horizontal level of the state of the art of outcome research in music therapy and at the same time also in the vertical level very detailed issues of very small changes which happen in and through music therapy. With these points hopefully also a brief overview of West European, North American and Down Under music therapy of the year of 2008 can be given.

The article is divided into three parts. The first part is the brief overview of effect research in music therapy including their success in social services and health care systems. The second part will introduce into some

details of one outcome research in clinical practice of music therapy in psychosomatics. The third and last part will be an example of what happens in music therapy, which can be observed in microanalysis.

For a long time between 1920 and the mid of the 1990-ies music therapy had no outcome research, which was accepted in the standards of psychotherapy effect research. In 1977 wrote i.e. the two Germans Strobel and Huppmann, that music therapy needs scientific proofs of its effects [17]. Even in 1994 the Swiss scientist Grawe and his team could not find acceptable studies for their meta-analysis of effects in psychotherapy [5]. However, in 2008 we reached the shift. In this year we have about seven Chochrane Reviews for the treatment of special disorders with music therapy. The Chochrane Review is the highest international evaluation of psyche therapies based on the evidence based medicine level one. Here we can find positive reviews of music therapy in the cases of autism, schizophrenia, pain treatment and others. Due to this i.e. in Germany these treatments with music therapy are included into the official medical list of indications OPS since 2006. This success has to be continued within the next years for other disorders and for other fields of practice of music therapy such as social services and education. One example for the positive reviews is the Chochrane Review of Gold and colleagues of music therapy in the treatment of schizophrenia [4].

Four of 31 studies in this field between 1994 and 2004 could be included in the Chochrane Review for music therapy in the treatment of people suffering from schizophrenia in an acute phase. The four studies counted between 37 and 81 in-patients each. The main outcomes of these investigated music therapies were significant effects related to control groups in the reduction of the negative symptoms of schizophrenia. This means, that the affect was not to much or to less aroused, that social interest of the in-patients could be successfully increased and that they also could become motivated in the course of music therapy. For these effects were necessary in minimum 20 sessions of music therapy. The weakness of all four studies was, that there were no follow up groups to check also the long term effects of music therapy.

Such investigations of long term effects can offer in 2008 the first results of our study "Alex", which we did in Germany. This is not a study in the evidence based medicine level one. It is a research in clinical practice on the level two. However, it can give first tendencies of long term effects of music therapy related to other psychotherapies.

From 2002 to 2008 1160 in-patients in a German clinic of psychotherapy and psychosomatics took place in this study (Clinics Erlabrunn gGmbH in Saxony / Germany). In the naturalistic setting of this clinic could be differentiated six different approaches of treatment. Three of these six approaches focused or included music therapy. Three others were focused in different approaches of verbal psychotherapy. The three approaches focused in music therapy or including music therapy are a group music therapy with Regulative Music Therapy [13], individual verbal psychotherapy including active group music therapy [12], [3], [15] and individual verbal psychotherapy including individual Regulative Music Therapy [11]. Regulative Music Therapy is a method of music therapy working with listening of music in a very special and high systematized therapeutic process. Active music therapy contains different approaches of music making of the client working with clinical improvisation, dancing, music and movement and elementary painting with music. One example for the weekly schedule of one of the three approaches is the group music therapy with Regulative Music Therapy. Weekly this group has 12.5 hours of music therapy (which seems to be the highest amount of weekly hours of music therapy treatment worldwide) and beside music therapy 6 hours of relaxation training (i.e. Autogenic Training), 4.5 hours of sport activities (i.e. walking), 3.5 hours of art therapy, 3 hours of verbal group psychotherapy and 2.5 hours of psychotherapeutic physiotherapy. From this example it becomes clear that music therapy is not the only one treatment of this group. However, in the weekly hours and in the focus of the treatment of the medical doctors, psychologists and special therapist music therapy is here the main approach of this treatment. The other three approaches which are focused in verbal psychotherapy are a psychodynamic group (Intended Dynamic Group, Höck 1976), an individual verbal psychotherapy with integrated training of perception and an individual verbal psychotherapy using different approaches of verbal psychotherapy such as psychoanalytical and behaviouristic approaches. All 1160 in-patients in the six approaches of treatment give pre-post-feedback with the questionnaires Symptom-Check-List 90 R (SCL 90 R, Franke 1995) and Toronto-Alexithymia-Scale 26 (TAS 26) [8]. Alexithymia is the disorder of perception of emotion. In the follow-up-test of our study took part 140 patients.

These first follow-up-results were very surprising for us. These results came from the comparison of the group with Regulative Music Therapy and the psychodynamic group. The main results were that the music therapy group could reach even in the long term effect after six months after the in-patient-treatment better significances in the treatment of neurotic disorders and of the psyche symptoms of the comprehensive-compulsive symptom, of somatization and of anxiety. However, the psychodynamic group without a focus in music therapy could reach better significances in the treatment of the depressive symptom and in the identification of emotions and in the describing of emotions. From our point of view especially the treatment of disorders of perception of emotion (alexithymia) seems to be a speciality of music therapy. But the results of the follow-up-groups open a tendency for the special method of Regulative Music Therapy in the better treatment of "cognitive" focused

disorders and psyche symptoms. The perception of emotion was from the point of the view of the long term effect better treated in the psychodynamic approach.

Moreover, in the pre-post-results of our study we find very strong arguments for individual psychotherapy including also active group music therapy. The highest significances could be reached with this approach in the treatment of the total number of all in-patients, in the treatment of affective disorders (i.e. depression), of neurotic disorders, in the treatment of highly pathological values in the psyche symptoms of depressive symptom, of comprehensive-compulsive symptom, of somatization and of anxiety. In the treatment of eating disorders (i.e. anorexia and bulimia) and of borderline disorder (a special kind of personality disorder, which becomes larger and larger in West Europe) individual psychotherapy including individual Regulative Music Therapy reached highest significances in our study.

With these results in the context of our clinical practice study “Alex” first long term effects in the reduction of psyche symptoms such as the comprehensive-compulsive symptom and anxiety can be seen. One method working with listening of music (Regulative Music Therapy) can offer best short term result in the treatment of eating and borderline disorders, which are very “low success” disorders in other contexts of treatment. The highest potentials of treatment for a plenty of other disorders and psyche symptoms had in our study individual verbal psychotherapy including active group music therapy. Very high pathological values could be treated here with best results.

To understand how music therapy works and can reach in a special way these results we will give last not least one example of a microprocess in music therapy. In this example was investigated one session of music therapy with the microanalysis TAMP (Text Analysis Method of Micro Processes) [9]. In this case a female in-patient was treated in a German clinic of psychotherapy and psychosomatics who suffered from eating disorder and personality disorder. The in-patient-treatment went over 12 weeks. Two times a week individual active music therapy took place of about 30 minutes each. The kernel of this treatment was psychoanalytically based and done with clinical improvisation of client and therapist. Also lots of other therapies took place, i.e. individual verbal psychotherapy and verbal group psychotherapy also based in a psychoanalytical approach. The example here is the 12th session of the individual active music therapy.

With TAMP this session 12 was analysed. For this we needed the audio tape of this session. We could transcribe all the talks of the client before and after the clinical improvisation. The music was evaluated with a special instruction by 40 listeners. With this we could get also 40 texts about the clinical improvisation. All detailed steps of this microanalysis you can read in Ortlieb, [14]. One short story about the process of this microanalysis is that from all texts were done qualitative text analysis with steps of TAMP. With these we got 19 categories or motifs about which were all the talks of the client before and after the clinical improvisation in this session 12 and also all texts of the 40 evaluators of the clinical improvisation of the client and the therapist [19]. We could order these 19 categories in a quality 1 and a quality 2. Quality 1 means that there was the speech about stories etc. which not touches the client or the evaluator directly. Quality 2 means, that the client or the evaluator is touched by emotions or speak about him or her self. In the end we could find following results about the course of the categories in the course of this music therapy session 12. 11 times the category “time” occurs in the speech of the client in the beginning of this music therapy session. This was the most mentioned category of the client in the first part of this music therapy session. This category appears in quality 1. The client spoke about the clinic, about other people, etc. Only one time the client spoke about the theme of “time” in quality 2, which touches directly her self. In the music the most mentioned category of the evaluators was the category of “rivalry”. Evaluators did this 36 times in quality 1 and 19 times in quality 2. With this they seem to characterize in quality 1 the kernel of the music (and not of their personal experience of this clinical improvisation in quality 1 in the majority). After the clinical improvisation the client not at all spoke about the theme of “time” again. Most of all (11 times in quality 2 and 5 times in quality 1) she spoke now in the category of “rivalry”. With these results a proof of starting a new perspective or theme IN clinical improvisation is given. It also shows that in the course of one music therapy session becoming being touched is one outcome of the psyche process which takes place in the relation between client, music and therapist in individual active music therapy. The theme of “rivalry” became important from music therapy also to the other verbal individual psychotherapy and verbal group psychotherapy. It starts a point of change for the attitudes, emotional experience and behavior of the client [19]. However, in the above mentioned numbers it is to be seen, that also after the clinical improvisation the category “rivalry” occurred by the client in quality 2 (mainly) AND quality 1 (in a minor but existing value). This could be seen as a special moment of effectiveness and potential of music therapy. Being touched by something AND becoming also distant to it can be one special moment of this effectiveness. This correlates to the latest results of the special items of musical experience in psychology of music and psychotherapy, were the speech is about a “neurowissenschaftliche ... Sublimierung” [neurological scientific ... sublimation] [6], [1] as the very special potential of the musical experience in psychotherapy. In this sense the musical experience in music therapy could be also named as a substitute experience. This can be a special potential i.e. for the fields of clinical practice in psychiatry, psychotherapy, and dementia care. Other fields of music therapy, which take place in “real contexts” of social musical life [16], work very probably with other items of the musical experience. However, in very strong crises and strong stages of helplessness of human beings a “pre step” of experience is also a “real”

experience, which can start to change individual experiences into a way of increasing self confidence and satisfaction.

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21. Thomas Wosch, Prof. Dr., University of applied sciences of Würzburg and Schweinfurt / Germany, wosch@fh-wuerzburg.de