

Natasha Mitchell: And welcome to a fresh season of *All in the Mind*, where of course we're into excavating our mental wilderness each week here on ABC Radio National. Natasha Mitchell, delighted to be with you and I have to say much refreshed after a summer of road trips and music festivals. Music does feel therapeutic, doesn't it? The question is— is it? And how can we tell?

And music therapy itself is a relatively young field in healthcare, still pinning evidence to its practice. So today producer Kyla Brettle is taking you inside the world of three Australian music therapists and their patients. A rich world indeed.

Barbara Daveson: One particular music philosopher that I draw upon is Laird Addis. He says the unique thing about music is that it's defined by time, it exists in time, it doesn't have a spatial location, just like consciousness, and that's the only other thing in our known existence that also exists within time.

Helen Shoemark: The actual practice of music therapy is so based on the doing, the being with the person in the moment.

Barbara Daveson: So he goes on to say because music and consciousness share these similar properties, they can influence each other.

Helen Shoemark: And there's not always a suitable language to actually articulate how that works.

Barbara Daveson: It can work on different levels of consciousness.

Helen Shoemark: And one of the greatest battles that we face is how do we convey the significance of that experience in concept and language to bring an understanding of what it is music therapy actually provides.

Ah, we'll go up to the third floor. I'm Helen Shoemark and I'm the senior music therapist of the neonate and infant program here at the Royal Children's hospital.

Kyla Brettle: Would you like me to call you Barb or Barbara?

Barbara Daveson: It's Dr Barbara Daveson and I'm the head of the music therapy department at the Royal Hospital for Neuro Disability in London.

Kyla Brettle: This is tape one.

Clare O'Callaghan: I'm Clare O'Callaghan I've been working as a music therapist since 1985, I am a post doctoral fellow looking at the role of music in the lives of people living with cancer—and their companions.

Kyla Brettle: I suppose some of the scepticism and perceived flakiness about music therapy is engendered by...you hear these quick fixes, listen to Mozart for ten minutes a day and you'll get 20% smarter. And I heard that the Danish government were actually giving soldiers in Iraq singing pillows, with the idea that this would lessen the stress and trauma of being in a war zone. What's your stance on these sorts of claims for music therapy in a general sense, I mean what sorts of assertions do you not support?

Helen Shoemark: Well I think that there's been a real populist application, just like, you know, people grab an idea and they run with it. And it's quite a superficial application. And indeed Frances Rauscher, who did the original piece of research about the impact of the Mozart, is not part of that popular explosion of usage for Mozart. She is much more concerned with the impact of music lessons on the development of the brain and those sorts of issues, and really said that this was a very small project and she hasn't supported the broad application that has arisen. And it's not really a scientific application at all and it's certainly no part of music therapy.

Kyla Brettle: And I suppose in those sorts of examples there seems to be an underlying assumption that people respond equally to all sorts of different music and...I mean personally I'd go insane if new agey pan pipes were piped to me through my pillow.

Helen Shoemark: Absolutely, we all have very individual tastes and certainly in the situation that I'm in sometimes they look at me and say, do we have to have some Mozart or Beethoven or, you know, what do we have to listen to? And as I say to them, this is not about what other people deem to be the right music, this is about your music, this is about the music that you find relaxing. And so the notion that you can, as Beth says, apply two Beethovens and call me in the morning, is ludicrous.

Hospital reception: Good evening, Peter MacCallum, Nadia speaking.

Clare O'Callaghan: We're in the Peter MacCallum Cancer Centre and we are coming into the social work department, which manages music therapy. When I go in to a patient's room I will introduce myself and say I'm O'Callaghan and then I'll say are you interested in music and hearing more about what I do here? We find for some people music may offer something that may be helpful and then some people you will immediately get the impression that no, they are not interested, that's fine. I have an electric piano and six or seven thousand songs, I have a collection of classical music and I will offer to play their requests.

Kyla Brettle: What's the difference between...

Lisa Roulston: Sticking on a CD of your own choice and actually having...

Kyla Brettle: Music therapy?

Lisa Roulston: Yes. I don't actually think I would have listened to music as much in there if Clare hadn't come round and opened the curtains. There's a very dark place within me and that music...I just listen to it, go on a journey, take yourself away from here and that's what it was like. It played the roles of everybody whether they were actually giving advice and talking to me...talked to me in a different language.

Well my name is Lisa Roulston, I'm 35 now, which is a bit of a shock, but when I was 29 I was diagnosed with a very, very rare form of cancer and I went down to Peter MacCallum for seven weeks of radiotherapy and chemotherapy.

Kyla Brettle: So you've developed some quite strong associations with different pieces since your time doing music therapy.

Lisa Roulston: Yes, I have, for sure.

Kyla Brettle: Let's have a listen to some of them and can you tell me what they mean?

Lisa Roulston: Yes, sure. This is Debussy, 'Clair de Lune', this was the first piece that Clare played for me. When I listen to this now it takes me right back to lying in that hospital bed and just knowing that I wasn't alone and that somebody was willing to come round and be with me. But it's such an emotional piece, as well you know, just this bit especially just that oh, it's almost like there's angst in there and everything is so crappy...

I find it a very dramatic piece of music, even though it's very calming as well. It's almost, it reminds me of night time obviously with the moon and everything, and then just...ah! Morning comes, and it's okay there's another day and you know you're going to get through this, especially this bit here, I see myself on a big ocean liner and just how your life is just a big journey in the sea, and you don't know where it's going to take you... but you're okay, you're going to be okay. Music's going to get you through this. You'll be all right.

Kyla Brettle: One of the criticisms about music therapy is that maybe it is that personal attention and relationship that's what the patients are responding to, rather than the music itself.

Barbara Daveson: Sure, and that is one of the things that the research will explore further but we can draw upon some of the music psychology literature that indicates very clearly the use of pre-recorded music and how it can promote change in people. So some of that research does clearly suggest that there's a role for just the music, but music therapy philosophy really says that that can be enhanced further through the therapeutic relationship.

Helen Shoemark: Quite a well known doctor said to me one time well Helen this is lovely, but how do you know, it's not that you're just a heck of a nice person. And I assured him that in fact I was a heck of a nice person and that is integral, I mean we have the studies from the United States that talk about, if you ask two different music therapists to do exactly the same program with the same group of patients, the outcomes will be different because this is an inter-personal process.

Kyla Brettle: So, Lisa, do you think you would have got as much out of music therapy if you hadn't had such a strong and warm relationship with Clare O'Callahan.

Lisa Roulston: Yes, I would have, I definitely would have. My relationship with Clare was built up over a long period of time of her coming in. But the first time she came in it was just what I needed, just what I needed. I didn't know that's what I needed but it was.

<http://www.abc.net.au/rn/allinthemind/stories/2009/2473393.htm>