

Danish Yearbook of Musicology

45 • 2022-24

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Danish Yearbook of Musicology · Volume 45 · 2022-24

Dansk Årbog for Musikforskning

Editors

Michael Fjeldsøe · fjeldsoe@hum.ku.dk

Peter Hauge · peterohauge@gmail.com

Thomas Husted Kirkegaard · thk@cas.au.dk

Mikkel Vad · mkv@hum.ku.dk

Asmus Mehul Mejdal · ammejdal@gmail.com

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Hans Mathiasen

Address

c/o Department of Arts and Cultural Studies, Section of Musicology,
University of Copenhagen, Karen Blixens Vej 1, DK-2300 København S

Each volume of *Danish Yearbook of Musicology* is published continuously in sections:

- 1 · Articles
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- 4 · Bibliography
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ISBN 978-87-88328-36-3 (volume 45); ISSN 2245-4969 (online edition)

Danish Yearbook of Musicology is a peer-reviewed journal published by the Danish Musicological Society on <http://www.dym.dk/>

Development of a Music Therapy Research Culture in Denmark

Lars Ole Bonde, Inge Nygaard Pedersen, and Hanne Mette Ridder

When the *Danish Musicological Society* was founded in 1954, seventy years ago, one related field began its long journey towards establishing a new profession: the field of music therapy. Music therapy may be understood as the psychodynamic development of relationships through music in order to meet a client's therapeutic needs.¹ The development of clinical methods was followed by the demand for accredited training, and with it the development of theory and research. Within the growing tradition of music therapy research, the field has drawn on, and integrated research from musicology and transdisciplinary areas such as music psychology, education, sociology, anthropology and philosophy, as well as a wide range of theories from psychotherapy and clinical fields. The authors of the present article (one professor and two emeritus professors of music therapy) describe the history of the field, starting with the pioneers in the mid-1950s, and explain the background for the development of a research culture in music therapy. Specifically, the international PhD research programme in music therapy at Aalborg University gave the field a solid boost, but the close connection to the clinical reality also paved the way for welcoming, embracing and developing practice-based research. The result is a research culture that in many ways transcends the well-known tension between research in medical and humanistic methodologies and calls for interdisciplinarity. To illustrate this, the article concludes with three examples of music therapy research in the fields of psychiatry, dementia, and public health.

The era of the pioneers (before 1982)

The history of music therapy as a profession in Denmark dates back to the mid-1950s, when a group of individuals developed the use of music in special education for children and adults with what was at that time termed 'physical and mental handicaps'.² The

1 Lars Ole Bonde, 'Definitions of Music Therapy', *A Comprehensive Guide to Music Therapy*, ed. Stine Lindahl Jacobsen, Inge Nygaard Pedersen, and Lars Ole Bonde, 2nd ed. (London: Jessica Kingsley Publishers, 2019), 29–35.

2 Lars Ole Bonde, 'Musikterapiens historie i Danmark', *Musikterapi: Teori, uddannelse, praksis, forskning. En håndbog om musikterapi i Danmark*, ed. Lars Ole Bonde (Aarhus: Forlaget Klim, 2014), 31–41.

experiences and visions of these pioneers formed the basis for the first association in the field: the *Danish Federation for Music Therapy* (DFMT), which was established in 1969 and published the first Danish music therapy journal from 1972. The approaches to the use of music reflected different areas of experience and disability, but the key element, according to the long-time chairperson of the association, Nina Holten, was the understanding of music as a gateway to contact and communication, and of musical experiences as a powerful teaching tool.³ In addition, music was recognised as a resource for improving quality of life of children and adults with special needs. The pioneers, almost all of whom had their origins in the growing field of special education, initially chose to call their common area of interest Educational Music Therapy. According to Holten, they wanted to promote this field through information activities, course activities, and collaboration with colleagues from the other Nordic countries, also with the future aim of establishing a higher education training to provide the profession with knowledge and status.

Music therapy in Denmark thus began with an educational aim, in line with the development of music therapy in Norway, and in both countries music was primarily used to support and enhance learning and development. There was a growing interest in investigating and describing these applications.⁴ At the same time, Denmark was influenced by the development of music therapy in other countries, mainly the USA. The pioneers Paul Nordoff (pianist) and Clive Robbins (special educator) gave several courses in their newly developed model with the main focus on music's ability to 'lift' every being, regardless of disability, out of everyday inhibitions and functional problems.⁵ Their special playsongs (which were later translated into Danish by Claus Bang) made a strong impression.

Psychologist Abraham Maslow's concept of Peak Experiences was introduced to the music therapy literature by Nina Holten. In the German-speaking countries, and to some extent in the UK, music therapy was developed on a more psychoanalytic and psychodynamic basis, focusing on the music-therapeutic relationship (client-music-therapist). In the 1970s, this led – together with the generally growing interest in psychotherapy in all its guises – to a blurring of the boundaries between therapy and pedagogy/education in music therapy, also in Denmark. After a few years, DFMT chose to redefine the association's field of interest with the common term Music Therapy which was described as the use of music in therapeutic/pedagogical work, where music is the means and never the goal.⁶

3 Nina Holten, 'Fra oplysningsvirksomhed til profession. Dansk Forbund for Musikterapi fra 1969-1989', *Musik & Terapi*, 16/2 (1989), 3-11.

4 Bonde, 'Musikterapiens historie i Danmark'.

5 Paul Nordoff and Clive Robbins, 'Musikterapi med handicappede børn', *Dansk Musik Tidsskrift*, 45/4 (1969), 93-95; Birgit Kaltoft and Erik Kaltoft, 'Musik og handicappede', *Dansk Musik Tidsskrift*, 45/4 (1969), 106-7.

6 Holten, 'Fra oplysningsvirksomhed til profession.'

The association's course activities gradually expanded to include experiential teaching, and the function of music was now described as developmental and therapeutic, in addition to its traditional educational function. In the late 1970s, the expansion of brain research revealed links between music and language, motor skills, cognition, and learning. According to Holten, this led to an influx of occupational therapists, physiotherapists, speech therapists, and other professions, who influenced the field of music therapy with neurologically oriented and sensorimotor knowledge.

At the end of the 1970s, there was a growing interest in the establishment of an actual training course in music therapy, but there were clear differences in the attitudes of the pioneers as to whether this should be established at a music conservatory, at a university, or as an independent institute or academy. The education was finally placed at Aalborg University where the Dean of the Faculty of the Humanities, Hans Siggaard Jensen, was a driving force in implementing this new education. Together with Professor Even Ruud from the University of Oslo, he organised an international symposium at Aalborg University in 1979. Here, a wide range of theories relevant to music therapy were presented, such as developmental psychology (Jørgen Pauli Jensen) and music psychology (Alf Gabrielsson). Overall, this symposium presented a vast array of theoretical and practical perspectives on music therapy; however, there seemed to be a lack of interaction and mutual understanding between the presenters of theoretical and practical topics.⁷

Before describing the research initiated and developed at the new training programme at Aalborg University since 1982, some of the most prominent pioneers and their work must be mentioned briefly.

The pianist **Carl Maria Savery** (1897–1969) worked with children with cerebral palsy at the Orthopaedic Hospital in Copenhagen from 1956 to 1969. In the essay *Music and Man* of 1951, he developed a theory of the natural expressiveness of the human being. Savery's work was highly individualised: he deliberately composed simple music for individual patients and carved bamboo flutes with holes to fit the child's fingers and recorded the music so that it could also be used by others, such as the physiotherapist.⁸

Professor **Gunnar Heerup** (1903–1989), working at the Danish College of Education (Danmarks Lærerhøjskole), collaborated with the physician **Ole Bentzen** (1934–2005), Aarhus Municipal Hospital, to motivate various professional groups to experiment with a wider use of music in teaching, training and development work. Together, they also did a great deal of work on the dissemination of knowledge about music therapy, both nationally and internationally.

7 Even Ruud, 'Nordisk forskerkurs i musikkterapeutiske forskningsproblemer. 23. juli–3. august 1979', *Musikkterapi*, 3–4 (1979), 44–46.

8 Karina Erland Jensen, Heidi Lerche and Elisabeth Kloster, 'Musik og menneske: Carl Maria Savery', *Tidsskriftet Dansk Musikterapi*, 7/2 (2010), 3–8.

Claus Bang (1938–2022) was a special education teacher who specialised in educational and therapeutic work with deaf, deaf-mute and deaf-blind children and young people. The Aalborg School was his permanent base for forty years, and he spread the knowledge of the methods within this field, and trained others on an international level. Bang was also the first Danish music therapist to document his work by video and to embark on a research project. His documentation project, *A World of Sound and Music*, is available on DVD.⁹

Synnøve Friis (1925–2021) was an academically trained music educator with supplementary courses in music therapy in Switzerland, England and Germany. She developed music therapy methods with older adults in nursing homes, with a particular focus on people with dementia and aphasia. For many years she trained care workers and physiotherapy and occupational therapy students in the use of music interventions, and her book *Music in Elderly Care* is a standard text.¹⁰

Grethe Lund (1930–2013) was an academically trained music educator who completed a one-year course at the Guildhall School of Music and Drama in London. Lund specialised in psychiatry and gave many lectures; she also carried out a number of clinical projects in psychiatry.¹¹ Lund was particularly interested in the musical elements of the joint, free improvisations of music therapist and patient, and she recorded her clinical experiences in anecdotal form.¹²

Søren Mühlhausen (1938–2012) was a music teacher, jazz musician and audiologist who worked with physically and mentally disabled children and adults.¹³ He prepared and published songs with rich jazz accompaniments, always describing and initiating approaches to address social issues of the participants.

Savery, Bang, and Mühlhausen collaborated with special education teachers Frode Bavnild (1916–1971) and Carlo Svendsen (1920–2004) and founded the *Nordic Association for Pedagogical Music Therapy* in 1968.¹⁴ Through this association, it was possible to

9 Claus Bang, 'A World of Sound and Music: Music Therapy and Musical Speech Therapy with Hearing-Impaired and Multiple-Handicapped Children', *Nordic Journal of Music Therapy*, 7/2 (1998), 154–63; Claus Bang, 'Claus Bang', *The Lives of Music Therapists*, ed. Joseph Moreno (Gilsium: Barcelona Publishers, 2017), 33–83.

10 Synnøve Friis, *Musik i ældreplejen* (Copenhagen: Munksgaard, 1987).

11 Grethe Lund, *Skizofreni og musik: En analyse af non-verbal kommunikation* (Aalborg: Aalborg Universitetsforlag, 1988).

12 Grethe Lund, *Samtale uden ord. Introduktion til musikterapi* (Copenhagen: Politisk revy, 1996).

13 Søren Mühlhausen, 'Musikterapi i en specialpædagogisk referensramme', *BUKS*, 7 (1987), 57–96.

14 Carlo Svendsen, 'Glimt af musikterapiens udvikling i Danmark', *Festskrift til Gunnar Heerup*, ed. John Høybye, Frede V. Nielsen, and Aksel Schiøtz (Egtved: Musikhøjskolens Forlag, 1973), 81–96.

obtain sufficient interest and financial support for the *1st Nordic Conference on Educational Music Therapy* in 1969. After this, DFMT was established as a Danish section in 1969, with 65 members at the time.¹⁵ The DFMT reached around 200 members before it closed down in 2007 and merged with what is now called the Danish Music Therapist Association (DMTF).¹⁶

Heerup, Holten, and Bentzen were the initiators when Denmark hosted the *3rd International Symposium in Music, Medicine, Education and Therapy* in 1983. In 1972, the first book on music therapy in Denmark was published by the psychologist Erling Dyreborg (and translated into Swedish in 1975).¹⁷ It reviewed much of the scientific literature on applied music at the time and included contributions on the clinical work of the pioneers Bang, Bavnild, and Svendsen.

Developing a research culture in music therapy within a university training programme

As mentioned above, the group of pioneers decided in the late seventies to establish a training programme in music therapy in Denmark, but they were in doubt about which institutional framework would be optimal. One of the pioneers, Claus Bang, was a friend of the first principal of Aalborg University Centre, Svend Caspersen. Bang explained that the programme was established at the University Centre because, as a centre, it had more possibilities for experimental and blended learning than a traditional university at that time. The programme was housed in the Faculty of Humanities. Unfortunately, this academic platform meant that none of the pioneers could be appointed to permanent positions at the music therapy programme as they did not have academic degrees.

Inge Nygaard Pedersen was headhunted for the first position at Aalborg University Centre and started in August 1981. Pedersen had an academic degree in musicology and two years of full-time training in music therapy in Herdecke, Germany.¹⁸ The Herdecke Mentor Course was formed by a group of European experts with Prof. Johannes Eschen from Germany as the driving force. This course was a one-off mentor course in 1978–1980. Students on the course were trained as music therapists and at the same time were required to meet once a week for three hours with their teachers to evaluate all training disciplines in order to define basic common elements for future European music therapy training programmes. Thirteen students attended the course and nine of them went on to either be head of a music therapy programme or be employed in a programme in different European countries.

15 Erling Dyreborg, *Musikterapi* (Copenhagen: Gyldendal, 1972).

16 Nina Holten, 'Fra etablering af en uddannelse til udvikling af en profession', *Musikterapiuddannelsen 25 år. Festskrift*, eds. Hanne Mette Ridder et al. (Aalborg: Aalborg University, 2007), 22–23.

17 Dyreborg, *Musikterapi*.

18 Inge Nygaard Pedersen, 'Inge Nygaard Pedersen', *The Lives of Music Therapists*, ed. Joseph Moreno (Gilsun: Barcelona Publishers, 2017), 1259–1333.

When Pedersen visited Aalborg University Centre in 1981 to negotiate the employment situation, she was asked to establish a four-year full-time music therapy programme, starting in September 1982. She was also expected to conduct research studies in the field of music therapy as part of the job. Since she had just qualified as a music therapist, she proposed and was allowed to use her research time, in the early years, to gain clinical experiences with three different populations. Within these three different institutions, she developed clinical methods and evaluated with staff how music therapy could best be applied. This clinically exploring work provided inspiration for her teaching with the students. It also developed her understanding of the differences between music education and music therapy, as she had applied music pedagogically before becoming a music therapist and a music therapy trainer.¹⁹

Concerning the structure of the Aalborg music therapy programme, Pedersen was very insistent that the same structure and balance of curriculum content be maintained as recommended for future programmes at the Herdecke Mentor Course. This structure consisted of three parallel study tracks of equal weight:

- 1) An *academic* track with the learning objectives for students to acquire knowledge, skills, and competencies relevant to music therapy research and theory. The approach was based on the philosophy of Problem-Based Learning, where students are supported to engage reflectively in lectures and to work in groups where they focus on defined real-world problems.
- 2) A *music* track where the students received piano and singing lessons on a regular basis, including workshops on guitar and drum techniques and their clinical potential. The training focused on improvisation techniques from a musical style perspective, a personal expression perspective, and a clinical therapist's technical perspective. The latter introduced techniques such as meeting, following, contradicting, holding, pushing, mirroring, and accompanying clients.
- 3) A *therapeutic* track in which the students learned about the potential of music therapy by being in the client position, individually and in groups, conducted by a professional music therapist. Furthermore, they learned by taking turns being the client and therapist for each other, again both individually and in groups and under direct supervision of a professional music therapist. In addition, the students had three different internship periods by first observing music therapy for one month (first year), then conducting weekly music therapy sessions with one client over ten weeks (third year), and finally by conducting music therapy sessions for four months and engaging with the interdisciplinary team (fourth year). The last two internship periods were undertaken under close supervision from the university.

19 Inge Nygaard Pedersen, 'Tre overordnede indlæringsmodeller mellem pædagogik og terapi anvendt på målgruppen psykisk udviklingshæmmede', *Musikkterapi. Informationsblad fra Norsk Forening for Musikkterapi*, 13 (1988), 1–24.

Initially, the university resisted this therapeutic track. They claimed that these therapeutic disciplines could not be included in a state university. When Pedersen made it clear that if this structure could not be implemented, they would have to find another programme leader, they reluctantly agreed to try this structure for seven years. After that, Pedersen had to agree to a full evaluation by the Ministry of Education and the Ministry of Culture. This happened in 1989, and the evaluation was positive. The programme was allowed to keep the structure, and it is still fundamental to the curriculum. Two circumstances were important for the positive outcome of the evaluation. The first was that no teacher was both examiner and a therapist for the same student. Secondly, that there were positive results from a questionnaire sent out to institutions offering music therapy, either to music therapy students or to employees of Aalborg University.

This integrated programme thus became the framework for further development of music therapy as a profession and for the gradual development of a music therapy research culture in Denmark. Throughout the years, the theoretical framework has been based on psychodynamic and humanistic understandings, with an openness to integrating emerging theories such as relation-based, attachment, trauma-related and neuro-affective theories. This approach to music therapy has recently been comprehensively described and explained in the book *Resonant Learning in Music Therapy – a Training Model to Tune the Therapist*, which explains the journey of the music therapy student through a transformative learning process:

Metaphorically the student will gradually develop like a tree: Creating foundation in being connected to and aware of one's roots as well as sensing and being aware of the interconnectedness to others through the rooting. Next to this, finding inner balance and strength in a trunk with a solid bark, which refers to the capacity of being well-defined, though still permeable. Gradually the student will unfold and expand the treetop, with many branches, leaves, flowers, and fruits – representing the experience and expertise that the training has built up in a mixture with life experience. When graduating the harvest is to be shared with the world and in the years to come nourish the ground and growth of future music therapy in a cyclic movement.²⁰

Development of a research tradition (1982–1993)

Inge Nygaard Pedersen was the only permanent staff member from 1981 to 1985, supported by a group of part-time lecturers. Among them was Carl Bergstrøm-Nielsen, a musicologist and composer who specialised in improvised music in theory and practice. For many years, Bergstrøm taught his methods 'intuitive music' and 'graphic notation' to

²⁰ Inge Nygaard Pedersen, Charlotte Lindvang and Bolette Beck, *Resonant Learning in Music Therapy: A Training Model to Tune the Therapist* (London: Jessica Kingsley Publishers, 2023), 112–13.

music therapy students at the Aalborg programme.²¹ Pedersen had a lot of administrative duties and very little – almost no – research time. During the first three years of her employment, she continued her clinical practice work at the three different institutions and internal clinical documentation reports for teaching purposes.

Because of the conflicts over the structure of the programme, which continued during the trial period, and because music therapy was a completely unknown academic discipline in Denmark, Pedersen chose to use her limited research time to publish articles – some of them together with Benedikte Barth Scheiby, who had also completed the Herdecke Mentor Course – on the structure and content of the programme with a focus on scientific, theoretical, and clinical justifications.²²

In 1985, Scheiby was appointed as assistant professor. The two colleagues were very active in offering lectures in music therapy for other professions and felt obliged to devote their time to the dissemination of music therapy. Scheiby moved to the USA in 1990, and in 1992, a new colleague was appointed. Tony Wigram, commuting from London every other week, already had extensive clinical and research experience as a music therapist, particularly with children. He was also an active musician and music improviser. He was a great inspirational support to the programme and gradually improved the theoretical and musical subjects, carefully maintaining the balance of the three tracks of study.

In a review of his fifteen years in Aalborg, Wigram wrote in the Festschrift for the twenty-fifth anniversary of the Aalborg Music Therapy Programme:

The education in music therapy in Denmark was, in 1992, relatively unknown in both Europe and the World. Yet many elements of this education, which my colleagues here took for granted as quite natural and completely essential, were for me extraordinary and unexpected. Since then, [...] I have basked in the reflected glory and fame of such a comprehensive and extensive training [...] I found music

21 Carl Bergstrøm-Nielsen, 'Graphic Notation as a Tool in Describing and Analyzing Music Therapy Improvisations', *Music Therapy*, 12/1 (1993), 40–58.

22 Inge Nygaard Pedersen, 'Musikterapiuddannelsen på AUC', Special Issue: *Musik og Terapi* (1985), 1–40; Inge Nygaard Pedersen, *Musikterapi – et fag under udvikling. Et nyt skud på stammen inden for universitetspædagogikken. Arbejdsrapport lagt til grund for lektorbedømmelse*. Unpublished report (Aalborg: Department for Music and Music Therapy, 1986); Inge Nygaard Pedersen, 'Kandidatuddannelsen i musikterapi ved Aalborg Universitetscenter. Et historisk og nutidigt perspektiv', *Dansk Akademisk Tidsskrift for Musikterapi*, 1/1 (1990), 1–25; Inge Nygaard Pedersen and Benedikte Barth Scheiby, *Musikterapeut – Musik – Klient* (Aalborg: Aalborg Universitetsforlag, 1981); Inge Nygaard Pedersen and Benedikte Barth Scheiby, 'Intermusiktherapie innerhalb der Musiktherapieausbildung. Selbsterfahrung as Interaktionsmethode', *Musiktherapeutische Umschau*, 9 (1988), 140–63; Benedikte Barth Scheiby, 'Musikterapi: Psykoterapi som kunstnerisk erkendelsesmetode og akademisk disciplin', *Matrix, Journal for Psychotherapy*, 5/3 (1988), 37–84; Benedikte Barth Scheiby and Inge Nygaard Pedersen, 'Psychodynamische Bewegung innerhalb eines Musiktherapeutischen Konzepts', *Dipl. Aufbaustudium Musiktherapie*, ed. J. Decker-Voight (Lilienthal and Bremen: Eres Edition, 1989).

training that equipped the students with more appropriate skills. There was a significantly more comprehensive component on theory, scientific thinking, therapy concepts and psychology than I was aware of elsewhere in Europe. The ‘jewel in the crown’, and the most important element in the training was how much self-experience was included throughout. ... [This] formed a comprehensive and continuous part of the program and really helps the students begin their professional work with a strong grounding.²³

In 1993, a new element was added to the research culture: a music therapy treatment and research clinic. The clinic was established as an integrated institution in a collaboration between Aalborg University Centre and Aalborg Psychiatric Hospital. In 1995, Pedersen was able to be replaced as head of the university programme and became head of the clinic. From then on, clinical music therapy research in mental health became an important area of research.

In summary: in the first ten years of the music therapy programme, the more common university traditions of research-based education were broken. There was simply no one available with a track record of publications and research in music therapy in Denmark when the education started. Instead, an educational research environment was established. In an article written by the head of the external examination panel, Associate Professor Søren Willert, the programme was characterised as ‘the best university program in the world’ and suitable as a ‘pedagogical lesson.’²⁴ Willert elaborated, explaining how the training provided students with the best possible conditions for developing a constructive integration of personal and professional competencies in order to gradually become a professional music therapist.

Other programmes in Europe had similar learning philosophies, although with slightly different theoretical roots; one example was the training in Enschede, the Netherlands, where Professor Henk Smeijsters was the programme leader. He was an inspiring guest teacher in Aalborg in the early nineties and later wrote about music improvisation as an analogy of the self, exploring how persons can use music to ‘sound’ themselves and how the self interacts with the environment. This highlights the differences between representing human experience through language versus music. Smeijsters’ suggestions of evidence-based practice as an alternative to evidence-based research resonated with the Aalborg programme. From these starting points, music therapy research has grown into what any university tradition might positively expect.

23 Tony Wigram, “An Englishman in Denmark”. What have I learned from Dansk Musikterapi?, *Musikterapiuddannelsen 25 år*, 47–50.

24 Søren Willert, “Verdens bedste universitetsstudium” – musikterapistudiet som universitetspædagogisk lærestykke, *Musikterapiuddannelsen 25 år*, 51–58.

The Graduate School of Music Therapy Research (1993–2011)

Until 1993, the training of music therapists as researchers at Aalborg University was an individual undertaking and only one candidate (Barba Zimmermann Friis) graduated (1994). In 1993, music therapy was recognised as one of two PhD programmes in the (then) Department of Music and Music Therapy. In the same year, Pedersen received a three-year grant from the Nordic Research Education Academy (NorFa) to establish a Nordic Network of Music Therapy Research with colleagues from the Nordic training programmes (Even Ruud, Gro Trondalen, Brynjulf Stige, Ingrid Hammarlund, and Kimmo Lehtonen). A group of PhD students also participated, including Niels Hannibal, Ulla Holck, Torben Moe, Wolfgang Mahns, and Gudrun Aldridge. PhD students from other countries were invited to participate in one or more seminars. Inge Nygaard Pedersen was the formal leader of the PhD programme/NorFa Network for the first three years, assisted by Lars Ole Bonde and Tony Wigram. The creative and intensive work of this network took place in seminars in beautiful old castles, and the results are documented in an extensive report by Pedersen and Mahns.²⁵ Guest lecturers during the NorFa years included leading international researchers such as David Aldridge, Ken Bruscia, and Daniel Stern, and the academic standards were very high from the outset. This development of a new model of research education was accompanied by other important initiatives and events:

- *The Nordic Journal of Music Therapy* was established in 1992 as a Norwegian enterprise with Brynjulf Stige as editor-in-chief and co-editors from the other Nordic countries. The international online journal *Voices* was launched in 2001, also initiated by Brynjulf Stige.
- The *Music Therapy Clinic* at Aalborg Psychiatric Hospital was established in 1993 with music therapy clinician researchers from the university. The clinic's research has been documented in yearbooks (1998, 2000, 2002, 2005, 2008, 2011) and later in an online journal.
- The *Third European Music Therapy Conference* was held in Aalborg 1995 with hundreds of guests from abroad.
- The first authorised music therapy textbook in Danish was written by Tony Wigram, Inge Nygaard Pedersen and Lars Ole Bonde in 2001, followed by an international edition in 2002: *A Comprehensive Guide to Music Therapy* (later translated into Italian, Spanish, and Korean).

In 1995, Aalborg University Centre became a traditional university, AAU, and a third colleague, Lars Ole Bonde, was employed on a permanent basis. In 1996, the music therapy programme was expanded from a four-year course to an integrated five-year

²⁵ Inge Nygaard Pedersen and Wolfgang Mahns, *Nordic network in music therapy research 1993–1996* (Aalborg: Aalborg Universitetsforlag, 1996).



Photo: Professor Kirsten Drotner (Chair of the Danish Research Council for the Humanities) presenting the Council's award for 'the most dynamic research milieu 2007' to Professor Tony Wigram and Associate Professor Lars Ole Bonde. (Private photo)

master's programme. This also led to the establishment of the International Research School under the leadership of Bonde, who was replaced by Wigram in 1997. From then on, the Graduate School of Music Therapy Research at Aalborg University developed into something very special. Wigram obtained large grants to develop the programme, first in 1997 (funding for scholarships), later in 2004 (funding for supervisor courses), and finally in 2010 (funding for mobility fellowships, see below). Regular PhD courses, supervisor training, and postdoctoral support were part of the recipe. The list of visiting professors and examiners in the first ten years is a 'Who's Who' of leaders in the field, and quality control was ensured through the inclusion of leading experts in the evaluation committees and the involvement of an international advisory board.²⁶

Tony Wigram built the research programme from his many skills as clinician, researcher, organiser, and lobbyist, and it attracted doctoral students from all over the world.²⁷ In 2007, the Danish Research Council of the Humanities awarded the programme a prize, describing it as 'the most dynamic research milieu 2007', for 'having developed music therapy in Denmark to a broadly scoped, research-based profession with a strong international reputation, and for having made a contribution to enhancing

²⁶ Tony Wigram, 'Doctoral Research School in Music Therapy', *Musikterapiuddannelsen 25 år*, 73–78.

²⁷ Tony Wigram, 'Tony Wigram', *The Lives of Music Therapists*, ed. Joseph Moreno (Gilsun: Barcelona Publishers, 2017), 1620–1714.

the perspectives of humanistic research by building a bridge between the humanities and health care science.’²⁸

As part of the strategies formulated in the Bologna Process, the Faculty of Humanities at Aalborg University established a research school in 2008: the Doctoral School of the Humanities. From then on, the doctoral programme in music therapy was no longer a separate school, but a subprogramme, parallel with four other subprogrammes in the faculty’s Doctoral School. In 2010, the Danish Research Council for Culture and Communication awarded the programme a substantial mobility grant of 11 million Danish kroner (1.5 million euros). This made it possible to accept not only international scholarship students, but also doctoral students on a full salary. In 2010, twelve new doctoral students were enrolled – the highest number of enrolments in one year – and the programme then had twenty-seven doctoral students (many of them part-time), making it the largest programme of its kind in the world. Fortunately, Tony Wigram was able to see this impressive development before his premature death in the summer of 2011.

Bonde has studied the career paths of the first sixteen PhD candidates.²⁹ They defended their theses between 1998 and 2007, with a 100 per cent completion rate. Of these sixteen, ten subsequently obtained full-time or part-time appointments in research-based music therapy programmes in six countries (Australia, Denmark, Germany, Israel, Norway, and South Korea). Four candidates were already employed as researchers but were later awarded professorships. One candidate returned to his clinical position, but with time for research included, and one candidate made a career in another field. The dissertations in these early years were all monographs, but they provided the basis for book chapters, peer-reviewed articles, and conference proceedings.

Bonde’s conclusions about studies and students during this ten-year period were as follows:

- A PhD project in music therapy at AAU has an ‘afterlife’ of two to five years.
- Research is disseminated through articles and book chapters, and in some cases as monographs, mainly in recognised journals and publishing houses.
- Oral presentations are mainly given at national and international conferences.
- The ‘average’ candidate has published the dissertation as a freely accessible pdf file and has written four peer-reviewed and two other articles or chapters. The study has been presented at six to seven conferences and in some other media.
- Most candidates obtain (or retain) academic positions.

28 The Danish Research Council’s official reasons for giving the prize. ‘Dynamisk forskningsmiljø 2007. FKK’s pris for dynamisk forskningsmiljø går til Musikterapi på Aalborg Universitet’, *Humaniora*, 2, (2007), 49.

29 Lars Ole Bonde, ‘Postgraduate Training in Music Therapy Research in Aalborg University: An International Enterprise: A Tribute to Tony Wigram’, *Voices. A World Forum of Music Therapy*, 11/3 (2011), <https://voices.no/index.php/voices/article/view/1985/1727>, accessed 24 March 2024; Lars Ole Bonde, ‘Forskerskolen i musikterapi – en international succes’, *Musikterapiuddannelsen 25 år*, 79–80.

Another important development during this period – symbolised by the prize mentioned above – occurred in the relationship between the music therapy milieu and the academic psychology community. Some psychologists, mostly with clinical and psychotherapeutic backgrounds and experience, had already accepted music therapy as a promising academic adjunct field from the beginning (the most important and influential, Søren Willert, is mentioned above). However, there were many influential psychologists who were sceptical about this new venture. A significant change came in 2006, when Bonde was invited to edit a special issue of one of the leading academic psychology journals, *Psyke & Logos*. A strong opponent of music therapy on the editorial board had left, and now the door was open. The result was the largest-ever issue of the journal, *Music and Psychology*, more than 600 pages with contributions from Danish, Norwegian, and British researchers in music (psycho)therapy, music psychology, music education, psychology, and anthropology.³⁰

Bonde introduced *receptive music therapy* into the curriculum of the AAU training, and he also initiated research, especially in the clinical application of the receptive model *Guided Imagery and Music (GIM)*.³¹ In the following decade, AAU became the centre for research into the clinical effects of GIM and the related method *Music and Imagery (MI)*³² (see also Appendix 1).

The PhD Programme in Music Therapy Research (2011–2024)

After the premature death of Tony Wigram in 2011, Hanne Mette Ridder took over the management of the Graduate School in close cooperation with the AAU team of music therapy researchers, all of whom are doctoral supervisors and teachers on the PhD courses. In 2012, under the leadership of Ulla Holck, the team developed the Centre for

³⁰ Lars Ole Bonde, ed., *Psyke & Logos. Musik og psykologi* (Copenhagen: Dansk psykologisk forlag, 2007), <https://tidsskrift.dk/psyke/issue/view/1541>, accessed 7 July 2024.

³¹ Lars Ole Bonde, ‘The Bonny Method of Guided Imagery and Music (BMGIM) with Cancer Survivors. A Psychosocial Study with Focus on the Influence of BMGIM on Mood and Quality of Life’, PhD thesis (Aalborg: Aalborg University, 2005); Lars Ole Bonde, ‘Lars Ole Bonde’, *The Lives of Music Therapists*, vol. 2, ed. John Mahoney (Gilsum: Barcelona Publishers, 2017), 169–183.

³² Torben Moe, ‘Restituerende faktorer i gruppemusikterapi med psykiatriske patienter ud fra en modifikation af GIM’, PhD thesis (Aalborg: Aalborg University, 2000); Ruth Hertrampf, ‘“Keyboard of Life”. Music Therapy in Psycho-Oncology – Guided Imagery and Music (GIM) in Curative and Early Palliative Treatment for Women with Breast Cancer or Gynecological Cancer’, PhD thesis (Aalborg: Aalborg University, 2017); Gabriella Rudstam, Ulf Elofsson, Hans Peter Söndergaard, Lars Ole Bonde, and Bolette Daniels Beck, ‘Trauma-Focused Group Music and Imagery with Women Suffering from PTSD/Complex PTSD: A Randomized Controlled Study’, *European Journal of Trauma & Dissociation*, 6/3 (2022), 1–11, <https://doi.org/10.1016/j.ejtd.2022.100277>; Lisa Summer, ‘Client Perspectives on the Music Experience in Music-Centered Guided Imagery and Music’, PhD thesis (Aalborg: Aalborg University, 2009); Margareta Wårja, ‘Arts-Based Psychotherapy for Women Recovering from Gynecological Cancer’, PhD thesis (Aalborg: Aalborg University, 2018).

Documentation and Research in Music Therapy (CEDOMUS) with an online platform for the dissemination of music therapy research.³³

With the merging of the Social Sciences and Humanities to one faculty in 2022, the music therapy PhD programme was integrated with the PhD programme in the Department of Communication and Psychology under the direction of Christian Jantzen. Hanne Mette Ridder continued as the director of the newly named “PhD specialisation in music therapy research”. During the period 2011–2024, forty-two PhD students successfully defended their dissertations at a public viva, so that a total of sixty-four dissertations are now available online at www.mt-phd.aau.dk, excluding a few that have been published by other sources, usually as books. An overview of all doctoral dissertations 1998–2024, sorted by country, can be found in Appendix 1.

In Europe, the so-called Bologna Process – that was signed in 1999 – led to an agreement to add the PhD as a third cycle of degrees after the BA and MA degrees. PhD research was encouraged and supported, and there were good opportunities to apply for fellowships, for example through the National Research Council or when offered by universities. However, from 2011, PhD fellowships were no longer offered by the Faculty of Humanities at AAU, and it became increasingly difficult to find funding opportunities for PhD students, unless university professors were awarded external funding. It was still possible for international PhD students to apply for scholarships from the Department of Communication and Psychology. All PhD students with fully funded fellowships completed their theses in 2012 (except for one part-time student), and the seven with mobility stipends completed their dissertations between 2014–2016. Thus, the PhD group gradually became smaller. Since 2016, the programme managed to obtain external funding for five fellowships, while the rest were enrolled with a scholarship, or, in one case, as a self-financed PhD student. In 2024, the group consisted of seven PhD students from Austria, Spain, Sweden, Switzerland, USA, and Denmark.

In terms of topics explored by the PhD researchers, most focused on improvisational music therapy as a clinical approach, but with many variations, for example with a specific focus on singing or songwriting. Another focus was the method Guided Imagery and Music, researched in a total of thirteen dissertations, or focusing on the development of assessment tools (five dissertations). The majority of PhD students were clinicians who had already gained expertise in a certain clinical area, reflecting a wide variety of clinical populations. The most commonly studied populations were dementia (six dissertations), adult psychiatry (five), oncology (five), autism (four), traumatic brain injury, and the remainder focused on, for example, depression, trauma, stress, premature infants, hospitalised children, and children or adults with special needs. Several studies also focused on the integration of parents or carer.

The methodologies of the studies showed a wide variety of designs, from phenomenology, heuristic research, arts-based research to mixed methods, case studies, and

33 Ulla Holck, ‘CEDOMUS – halvandet år efter’, *Dansk Musikterapi*, 11/1 (2014), 32.

RCTs. This wide variety of topics and methods reflects a pragmatic approach to practice-based research where research questions are developed from clinical reality and lived experience. This is also in line with the principles of problem-based learning – the pedagogical model of Aalborg University – when it comes to research training models.

The overall aim of the Aalborg doctoral training is to provide an academic learning culture of social interaction and an intercultural facilitation of research through problem-based learning. The PhD students are trained to demonstrate advanced scholarship and academic enquiry learned through peer reflections and collaborative peer learning. The details of how problem-based learning is integrated into the doctoral training are described on the programme website www.mt-phd.aau.dk and as a model of problem-based learning.³⁴ Doctoral training continues through regular supervision and six-monthly PhD courses where the doctoral peer group and professors meet for a full week to present ongoing research, discuss, work on feedback, reflect, and learn. Wherever possible, PhD vivas are scheduled during these weeks so that PhD students at earlier stages of their research can experience how a research process can develop – and how the viva can lead to an in-depth and reflective engagement with the examination board.

Three Examples of Music Therapy Research

In the following, three selected areas of music therapy research are presented. As noted above, music therapy research covers various clinical areas and is presented here through the lenses of psychiatry, dementia, and public health, respectively – the areas in which each of the present authors has their expertise.

Music Therapy Research in Psychiatry

In Denmark, music therapy pioneer Grethe Lund was the first trained music therapist to work in psychiatry. Psychiatry was also one of Pedersen's three experimental clinical target groups in the eighties. Lund worked almost non-verbally and used music improvisation with clients in pairs or as solos. She conducted a study in which she asked a blinded research assistant to listen to improvisations played by her or by people with schizophrenia. She found that the research assistant could not distinguish between improvisations performed by people with or without a psychiatric diagnosis. Based on this, she was the first to suggest that music can be a means of communication that can be expressed beyond symptoms.³⁵

34 Hanne Mette Ridder, 'Doctoral Education: A Model of Problem-Based Learning', *International Perspectives in Music Therapy Education and Training*, ed. Karen Goodman (Springfield, IL: Charles C. Thomas Publisher, 2015).

35 Grete Lund, *Skizofreni og musik: en analyse af non-verbal kommunikation* (Aalborg: Aalborg Universitetsforslag, 1988).

When the research clinic was established at Aalborg Psychiatric Hospital in 1993, the opportunity arose to develop clinical methods, to develop theory about music therapy in psychiatry, and to carry out research on music therapy in psychiatry as an integrated part of a hospital team. Pedersen worked at the clinic from the very beginning and was director from 1995 to 2021. In 2021, Associate Professor Niels Hannibal took over as director. Until 1998, the clinic operated on a trial basis, and documentary reports were required to support its continuation. Between the years 1995–1998, two research assistants employed by the university were allowed to spend fifty percent of their time at the clinic, and a report on case studies and evaluation of clients was edited.³⁶ Instead of producing another report on theory and research, it was decided to produce a yearbook on *Music Therapy in Psychiatry*, the first edition of which was issued in 1998. In total, five paperback yearbooks (between 150–200 pages) and seven online journal volumes were published between 1998 and 2016. They are all available online.³⁷

Ongoing themes of the articles in the books were: a) how to develop the music therapist-client relationship as an essential part of therapeutic development; b) different clinical music therapy methods based on different theories applied to patients with different diagnoses; c) case studies; d) the role of musical improvisation with different patients diagnosed with different symptoms; e) the therapist's countertransference as a tool of understanding; f) how transference issues can be identified in musical improvisations; g) phase-specific thinking in the treatment process; h) the dropout rate of patients in music therapy compared to other treatments; i) questionnaire studies of the patients' experiences and benefits from the treatment; and j) records of where and how music therapy is used in psychiatry in Denmark. Gradually, articles on research protocols and research results were included in the chapters.

When the yearbook went online in 2011, it also became a Scandinavian journal for music therapy in psychiatry, with colleagues from Norway and Sweden on the editorial board. This offered new perspectives for practice and research, as the theoretical basis for music therapy training and practice in Denmark and Norway are slightly different. In Denmark, the psychodynamic and humanistic theoretical foundations are essential. In Norway, resource-oriented, feminist, and positive psychology are more common. The psychodynamic approach was also reflected in the Danish interdisciplinary course for clinical supervisors initiated by Inge Nygaard Pedersen. The course was approved by the associations of music therapy, psychology, and psychiatry; the results of the work were documented in a book on arts-based methods in supervision.³⁸

36 Inge Nygaard Pedersen, *Slutrapport 1. del. Dokumentation og evaluering* (Aalborg: Musikterapi-klinikken, Aalborg Psykiatriske Sygehus, 1998).

37 MIPO online: <https://danskmusikterapi.dk/information-om-musikterapi/mipo/>

38 Inge Nygaard Pedersen (ed.), *Kunstneriske medier i supervision af psykoterapi. Indsigt og vitalitet* (Aalborg: Aalborg Universitetsforlag, 2013).

From 2016, all employees at the music therapy program experienced more pressure from the university to publish in 'high impact' journals, and as the yearbook *Music Therapy in Psychiatry* had a low impact, all colleagues at the research clinic decided to end it and to focus on larger research projects. However, the yearbook has had a vital impact on the development and dissemination of the importance of music therapy in psychiatry in Denmark.

One of the larger research projects on music therapy in psychiatry in Denmark, which started in 2016, was a project examining music therapy and its influence on negative symptoms in people diagnosed with schizophrenia, funded by the Tryg Foundation. The dean of the medical faculty strongly recommended that Aalborg University hired an external research consultant in order to support a better integration process of music therapy as a part of the recommended standard treatment in psychiatry. Securing this recommendation from the Danish National Board of Health was challenging because music therapy was and is a humanistic discipline although the structure of the programme integrates psychotherapeutic training. Consequently, it was not possible to recommend music therapy as a humanistic discipline in a hospital health professional area. In previous meetings with the Danish Health Board, the staff of the music therapy research clinic had already presented a 2012 International Cochrane review showing positive results for music therapy in treating individuals diagnosed with schizophrenia.³⁹ However, the Danish National Health Board claimed that these results should be reproduced with Danish patients before a recommendation could be negotiated. With very few music therapists working in psychiatry, this sounded like a dead end. Such problems were not present either in UK or in Norway, and an updated Cochrane review of 2017 even confirmed the positive results.⁴⁰ In spite of not being recommended as a standard treatment in psychiatry, there are several music therapists working in psychiatry in Denmark today.

The research consultant hired by Aalborg university suggested that the research group focussed on just one symptom, preferably a symptom for which other treatment possibilities were very limited. Pedersen and colleagues thus planned a national double blind randomised controlled trial (RCT) with 90–120 participants. The research design and protocol were developed in a collaboration between music therapists and psychiatrists. Pedersen was the principal investigator for the study which ran from 2016 to 2021.

The two conditions were both twenty-five weekly sessions of manualised music therapy. For the experimental group, the music therapy was delivered by trained music therapists experienced in working with the target group. Here many different music

39 Karin Mössler et al., 'Music therapy for people with schizophrenia and schizophrenia-like disorders', *Cochrane Database of Systematic Reviews*, 12 (2011), <https://doi.org/10.1002/14651858.CD004025.pub3>

40 Karin Mössler et al., 'Music therapy for people with schizophrenia and schizophrenia-like disorders', *Cochrane Database of Systematic Reviews*, 29/5 (2017), <https://doi.org/10.1002/14651858.CD004025.pub3>

therapy techniques could be applied dependent on the needs of the client in the right timing. For the control group, the twenty-five sessions consisted of manualised listening to specific playlists. The playlists were developed by music therapists and administered by a carer familiar with the target group. Here, only one music therapy technique (music listening) was used. The carers, who did not know the participants beforehand, were trained by music therapists in how to apply the music playlists and how to use the manual developed for the control condition.

The referral procedures were carried out by an external professional. As this research study was working with a target group with severe problems of isolation and withdrawal – a group of people who were very often not easy to reach agreements with – we included a research coordinator who informed the assessors about each screening and who was in contact with all the therapists and carers on an almost daily basis to keep the processes going.

In the end, fifty-seven participants were recruited from the Danish regions of Northern Jutland and the Capital. Twenty-nine participants completed all the sessions. Many questionnaires were used for this project, both quantitative questionnaires on symptoms, quality of life questionnaires and a questionnaire on therapeutic alliance. The results of primary outcomes surprisingly showed that the negative symptoms were significantly reduced in both conditions. Further analysis on secondary outcomes revealed less drop-outs and higher levels of alliance in the experimental group.⁴¹

Other areas of music therapy in psychiatry have been researched using an RCT design, such as music therapy with traumatised refugees. Here, the results showed that music therapy was not inferior to psychological treatment.⁴² Another RCT study in psychiatry in Denmark concerned the effect of music therapy on depression and insomnia. The study showed that listening to specific music thirty minutes before bedtime can reduce insomnia.⁴³ Finally, music therapy with people diagnosed with personality

41 Inge Nygaard Pedersen et al., 'Music Therapy as Treatment of Negative Symptoms for Adult Patients Diagnosed with Schizophrenia: Study Protocol for a Randomized, Controlled and Blinded Study', *Medicines*, 6/2 (2019), 46. <https://doi.org/10.3390/medicines6020046>; Inge Nygaard Pedersen et al., 'Music Therapy vs. Music Listening for Negative Symptoms in Schizophrenia: Randomized, Controlled, Assessor- and Patient-Blinded Trial', *Frontiers in Psychiatry*, 12 (2021), <https://doi.org/10.3389/fpsy.2021.738810>; Inge Nygaard Pedersen et al., 'Music as a Psychosocial Intervention with People Suffering from Schizophrenia: Challenges in Practice and Research', *Schizophrenia – Recent Advances and Patient-Centered Treatment Perspectives*, ed. Jane Yip (London: InTechOpen, 2022), <http://doi.org/10.5772/intechopen.108827>; Niels Hannibal et al., 'Process-Outcome Relations in Music Therapy Versus Music Listening for People with Schizophrenia Viewed through a Mediation Model: The Role of the Therapeutic Alliance', *Frontiers in Psychiatry*, 14 (2023), <https://doi.org/10.3389/fpsy.2023.1120003>.

42 Bolette Daniels Beck et al., 'Music Therapy was Noninferior to Verbal Standard Treatment of Traumatized Refugees in Mental Health Care: Results from a Randomized Clinical Trial', *European Journal of Psychotraumatology*, 12/1 (2021), 1–15, <https://doi.org/10.1080/20008198.2021.1930960>.

43 Helle Nystrup Lund, Agnieszka Heymann-Szlachcinska, and Inge Nygaard Pedersen, 'From Pilot Project to RCT – Music Intervention to Improve Sleep Quality in Depressed Patients: A Mixed

disorders has also been described and researched. Here, the theory of mentalisation has been an important platform for the research.⁴⁴

Research in Music Therapy and Dementia

In 1995, Hanne Mette Ridder was employed as a music therapist on a so-called geronto-psychiatric ward with twenty-four residents. A group of them seemed to be putting extra pressure on the staff and were described to exhibit ‘agitated behaviour’. These residents had all been diagnosed with various forms of dementia and had been transferred from local nursing homes to this specialised psychiatric unit. Ridder found that regular and structured individual music therapy sessions focused on singing helped these residents to relax and interact, and for some, to verbalise and sing. In 2000, she was offered a PhD fellowship, and in her doctoral research she explored singing in individual music therapy with people with advanced dementia showing symptoms of agitation.⁴⁵ Since then, she has conducted or been involved in research mainly in the area of dementia care. Examples include an exploratory RCT on music therapy for agitation; development of the Music in Dementia Assessment Scales, MiDAS; and in recent years, research on the use of *Guided Imagery and Music* and choir singing with persons suffering from mild or moderate dementia.⁴⁶

In 2016 and 2024, the Velux Foundation funded larger studies on how music therapists can train carers in nursing homes to use music. Ridder was the principal investigator for the research group, which integrated twelve overlapping sub-projects and developed a training manual for qualified music therapists to use when teaching carers

Methods Study’, *European Psychiatry*, 41/S1 (2017), 240, <https://doi.org/10.1016/j.eurpsy.2017.02.009>; Helle Nystrup Lund et al., ‘Music to Improve Sleep Quality in Adults with Depression-Related Insomnia (MUSTAFI): Randomized Controlled Trial’, *Nordic Journal of Psychiatry*, 77/2 (2023), 188–197, <https://doi.org/10.1080/08039488.2022.2080254>.

44 Niels Jørgensen Hannibal and Melody Schwantes, ‘What does Music Therapy have to Offer Mentalization Based Treatment (MBT)? A Mentalization-Based View on Music Therapy Clinical Practice in Psychiatry’, *Voices: World Forum for Music Therapy*, 17/2 (2017), 13, <https://doi.org/10.15845/voices.v17i2.897>; Niels Jørgensen Hannibal et al., ‘A Pilot Study Investigating Research Design Feasibility Using Pre-Post Measures to Test the Effect of Music Therapy in Psychiatry with People Diagnosed with Personality Disorders’, *Voices: A World Forum of Music Therapy*, 19/1 (2019), <https://doi.org/10.15845/voices.v19i1.2731>.

45 Hanne Mette Ridder, ‘Singing Dialogue. Music Therapy with Persons in Advanced Stages of Dementia. A Case Study Research Design’, PhD thesis (Aalborg: Aalborg University, 2003).

46 Hanne Mette Ridder et al., ‘Individual Music Therapy for Agitation in Dementia: An Exploratory Randomized Controlled Trial’, *Aging & Mental Health*, 17/6 (2013), 667–678, <https://doi.org/10.1080/13607863.2013.790926>; Ori McDermott, Martin Orrell, and Hanne Mette Ridder, ‘The Development of Music in Dementia Assessment Scales (MiDAS)’, *Nordic Journal of Music Therapy*, 24/3 (2015), 232–251, <https://doi.org/10.1080/08098131.2014.907333>; Hanne Mette Ridder, Jens Anderson-Ingstrup, and Lukas Ridder, ‘The Effect of Choir-singing on Self-reported Embodied Cognition in Persons with Dementia. A Pilot Study’, *Dementia: the International Journal of Social Research and Practice*, forthcoming.

how to implement so-called Person-Attuned Musical Interactions (PAMI) in dementia care. The manual included comprehensive resources, a clear structure for training, defined learning objectives, and integration of theory.⁴⁷ In addition to the empirical studies, Ridder also explored the theoretical landscape of dementia, writing books and book chapters on concepts such as attunement, embodiment, and resonance from the perspective of person-centred care.⁴⁸

Not only in Denmark, but also internationally, research on the use of music in dementia care has expanded. This is documented in several comprehensive systematic reviews and meta-analyses that point to positive effects of music-based interventions or music therapy on agitation, depression, anxiety, aggression, apathy, cognitive functioning, and quality of life in with dementia.⁴⁹ The Danish clinical guideline for the prevention and treatment of behavioural and psychological symptoms in persons with dementia from 2019 suggests – as the only non-pharmacological treatment – trying music therapy to treat these symptoms.⁵⁰ Due to heterogeneity of research on music and dementia, new research is needed to establish the evidence for specific mechanisms that are effective in the use of music and music therapy, including for whom and how often they are beneficial. Unfortunately, research too often reduces music to an objectified, simple product rather than embracing a multifaceted understanding of music in relation to biopsychosocial aspects of communication, socialisation, reminiscence, embodiment, and spirituality.

Research in Music and Public Health

In 2008, Lars Ole Bonde was appointed professor II in Oslo as a member of the new group behind *Senter for musikk og helse* (later renamed the *Center for Research in Music and Health*) at the Norwegian Academy of Music. In the first decade of the new millennium, there was a growing international interest in how music experiences could be designed to help people in various ways, including outside clinical contexts, hospitals and institutions, and beyond the client-therapist dyad. The Norwegian centre was a result of this interest.

47 Hanne Mette Ridder et al., 'Person-Attuned Musical Interactions (PAMI) in Dementia Care. Complex Intervention Research for Constructing a Training Manual', *Frontiers in Medicine*, 10 (2023), 1–13, <https://doi.org/10.3389/fmed.2023.1160588>.

48 For example: Hanne Mette Ridder, 'Musikterapi – en sansefilosofisk forståelse af stemthed og resonans', *Kunst, krop og terapi*, eds. Helle Winther, Jim Toft, and Simon Køppe (Copenhagen: Hans Reitzels Forlag, 2023), 83–110; Hanne Mette Ridder and Julie Kolbe Krøier, *Stemning. Musikalsk interaktion i demensomsorgen* (Copenhagen: Gyldendal, 2022); Brynjulf Stige and Hanne Mette Ridder (eds.), *Musikterapi og eldrehelse* (Oslo: Universitetsforlaget, 2016).

49 For a collection of such reviews and meta-analyses, see www.demens.musikterapi.aau.dk, accessed 24 March 2024.

50 SST, Sundhedsstyrelsen [The Danish Health Authority], *The Danish Clinical Guidelines for the Prevention and Treatment of Behavioural and Psychological Symptoms in Persons with Dementia* (2019), https://www.sst.dk/da/udgivelser/2019/~/_/media/0D31887F5AA94A40B31C8EA9E622B7EF.ashx, accessed 24 March 2024.

In 2011, Copenhagen hosted the 4th European Public Health Conference. A year before, the conference chair asked Bonde to organise a pre-conference on ‘Music and Public Health’ – which he did, inviting leading researchers from the USA and the Nordic countries to present initiatives and projects within this larger horizon of ‘applied music’. This soon led to a closer collaboration between Bonde, AAU-Music Therapy, and the National Institute of Public Health, resulting in the inclusion of music questions in the *Public Health Survey* of 2013.

16,000 adult Danes responded, and the subsequent correlational study made it possible to identify a number of patterns in the interaction between music and health. Analyses with different focus were published in the following years, and the main conclusions were:

- Inequalities in health and health behaviours were observed between professional musicians, amateur musicians, and non-musicians.
- The results show that professional musicians had high levels of perceived stress.
- Active amateur musicians were less likely to engage in health risk behaviours than active professional musicians.
- A clear association was found between singing and playing in childhood and being an active professional or amateur musician in adulthood.
- This was a cross-sectional study, and causal relationships could not be established with certainty; therefore, more research is needed to understand the differences and underlying mechanisms.⁵¹

Contacts between researchers in Denmark, Norway, and Sweden led to the formation of a *Nordic Network of Research in Music and Public Health*, with an inaugural meeting in Copenhagen in 2015. Since then, the network has met every two years, and the collaboration has resulted in the first international publication ever on *Music and Public Health – A Nordic Perspective*, as well as joint studies on musicians’ health and broader studies on the influence of cultural participation on health.⁵²

⁵¹ Ola Ekholm, Knud Juel, and Lars Ole Bonde, ‘Music and Public Health – An Empirical Study of the Use of Music in the Daily Life of Adult Danes and the Health Implications of Musical Participation’, *Arts & Health*, 8/2 (2015), 154–68, <https://doi.org/10.1080/17533015.2015.1048696>; Ola Ekholm and Lars Ole Bonde, ‘Music and Health in Everyday Life in Denmark. Associations between the Use of Music and Health-Related Outcomes in adult Danes’, *Music and Public Health – A Nordic Perspective*, eds. Lars Ole Bonde and Töres Theorell (New York: Springer, 2018); Ola Ekholm, Knud Juel, and Lars Ole Bonde, ‘Associations between Daily Musicking and Health: Results from a Nationwide Survey in Denmark’, *Scandinavian Journal of Public Health*, 44/7 (2016), 726–32, <https://doi.org/10.1177/1403494816664252>.

⁵² Lars Ole Bonde and Töres Theorell (eds.), *Music and Public Health*; Suvi Saarikallio et al., ‘Music as a Resource for Psychological Health for Music Professionals: A Nordic Survey’, *Nordic Journal of Arts, Culture and Health*, 2/1, (2020), 38–50; Ziggi Ivan Santini et al., ‘Engagement with Arts and Culture

The results of all these studies support the involvement of the cultural and creative sectors in health strategies. Mental health promotion initiatives as well as arts and culture sectors can encourage the general public to engage in arts and culture activities with frequencies once a quarter. Participation in music activities and experiences are not necessarily more effective than those in other cultural fields or sectors, but music activities are often easier to plan, carry out, and implement, and they are more cost-effective. Additionally, music interventions are non-competitive, community-oriented, and (almost) without side-effects.

Norwegian music therapy researcher Brynjulf Stige coined the term ‘health musicking’ inspired by Christopher Small’s concept of musicking.⁵³ Small argued that music is not a thing, but rather an activity: ‘any activity involving or related to music performance, such as performing, listening, rehearsing, or composing.’⁵⁴ Musicking was introduced as a verb covering all musical activities, from composing to performing, from listening to music on a smart phone to singing in the shower. Stige defined health musicking as ‘the appraisal and appropriation of the health affordances of the arena, agenda, agent, activities, and artefacts of a music practice.’⁵⁵

This expanded understanding of health and wellness also introduced *well-being* and *quality of life* as valid goals for health musicking. Musicking can enhance quality of life by increasing vitality, including bodily sensations, emotional awareness, and energy levels.⁵⁶ Quality of life also includes a sense of agency and musical involvement, and mastery can become a tool for empowerment. Furthermore, quality of life is highly dependent on relationships and involvement with other people. Promoting musicking as a social resource or social capital in building networks between people can therefore be of great importance. Last but not least, quality of life is nurtured by an experience of meaning and coherence in life, as emphasised by Antonovsky.⁵⁷ A recent report entitled *Music and Health* presents a descriptive model of the field and reviews the current state

Activities in the Danish General Population: Associations with Onset or Persistent Depression and Mental Wellbeing’, *British Journal of Health Psychology*, 28/3 (2022), 844–59, <https://doi.org/10.1111/bjhp.12657>; Bente Irene Løkken, ‘Cultural Activity and Public Health’, PhD thesis (Trondheim: Norwegian University of Science and Technology, 2023).

53 Brynjulf Stige, *Culture-Centered Music Therapy* (Gilsun: Barcelona Publishers, 2002); Brynjulf Stige, ‘Health Musicking: A Perspective on Music and Health as Action and Performance’, *Music, Health, and Wellbeing*, eds. Raymond MacDonald, Günther Kreutz, and Laura Mitchell (New York: Oxford University Press, 2012), 184–95, <https://doi.org/10.1093/acprof:oso/9780199586974.003.0014>.

54 Christopher Small, *Musicking: The Meanings of Performing and Listening* (Middletown: Wesleyan University Press, 1998).

55 Stige, *Culture-Centered Music Therapy*, 211; Stige, ‘Health Musicking’, 186.

56 Lars Ole Bonde, *Musik og menneske. Introduktion til Musikpsykologi* (Copenhagen: Samfundslitteratur, 2011); Even Ruud, *Music Therapy: A Perspective from the Humanities* (Gilsun: Barcelona Publishers, 2010).

57 Aaron Antonovsky, *Unraveling the Mystery of Health: How People Manage Stress and Stay Well* (San Francisco: Jossey-Bass Publisher, 1987).

of evidence, especially in the Nordic countries, across the interrelated fields of music therapy, music medicine, music milieu, and community music.⁵⁸

Conclusion

According to The Royal Society in the UK, a research culture encompasses the behaviours, values, expectations, attitudes, and norms of research communities. It influences the career paths of researchers and affects how research is conducted and communicated.⁵⁹ Building a research culture is thus a substantial endeavour. The research culture of music therapy has evolved since the 1950s from local and individual uses of music in educational settings to a profession with a wide range of documented interventions and approaches applied to a variety of clinical populations. We have illustrated this by describing the development of academic training and doctoral research, as well as some results of music therapy research in the fields of psychiatry, dementia care, and public health. In Denmark, music therapy research has developed in an ideographic and bottom-up manner from clinical reality. Thus, the starting point for the research has been to present the understanding of clinical processes, bringing insights from the clinician's perspective. Building on this, a research culture has evolved from qualitative and interpretive research designs to quantitative, objectivist designs, recognising the need to cover and integrate various methodologies. This reflects the interdisciplinarity of the music therapy research culture and the relevance of the use of music in meeting the biological, psychological, and social needs of people who may also be patients, clients, students, or participants.

A comprehensive music therapy education was needed to cover the increasing body of theory and research, and it was a perfect fit for the new field to grow in the solid and rich soil of the humanities and in a problem-based academic learning environment at Aalborg University. On this basis, the field is becoming increasingly aligned with social science and health research, creating opportunities for further progress and expansion. The wide variety of research topics and methodologies that have emerged from the international music therapy research milieu in Denmark reflects the integration of clinical reality in the complex process of creating valid and reliable knowledge. The research culture has in many ways transcended the tension between traditions and methodologies and paved the way for interdisciplinarity.

58 Lars Ole Bonde, Even Ruud, and Karette Stensæth, *Music and Health. A Comprehensive Model* (Ebook, 2023), <https://prod-aaudxp-cms-001-app.azurewebsites.net/media/fwmnuadw/music-and-health-2023-final.pdf>, accessed 24 March 2024.

59 The Royal Society, 'Research culture', <https://royalsociety.org/news-resources/projects/research-culture/>, accessed 16 March 2024.

Appendix

Appendix 1: Overview of doctoral theses from the Research Program in Music Therapy (Aalborg University) during the period 1998–2024, sorted by countries

AUSTRALIA (1)

Baker, Felicity, 'The Effects of Song Singing on Improvements in Affective Intonation of People with Traumatic Brain Injury' (2004).

AUSTRIA (2)

Geretsegger Monika, 'Promoting Social Communication through Music Therapy in Children with Autism Spectrum Disorder. Multidimensional Investigation: Systematic Review, RCT Study Protocol, Treatment Guide, Feasibility Study' (2015).

Gold, Christian, 'An Analysis of Long-Term Music Therapy Intervention with Mentally Ill Children and Adolescents in Austria' (2003).

CHINA (1)

Chen, Xi Jing, 'Music Therapy for Improving Mental Health Problems of Offenders in Correctional Settings' (2014).

COLUMBIA (1)

Eslava, Juanita, 'The Attention Profile in Music Therapy Assessment for Children. Development and Pilot Study of Validity and Reliability' (2017).

DENMARK (23)

Anderson-Ingstrup, Jens, 'A Flexible Fit. Developing a Suitable Manual Framework for Person Attuned Musical Interaction in Dementia Care through a Realist Approach' (2020).

Beck, Bolette Daniels, 'Guided Imagery and Music (GIM) with Adults on Sick Leave Suffering from Work-Related Stress – a Mixed Methods Experimental Study' (2012).

Bonde, Lars Ole, 'The Bonny Method of Guided Imagery and Music with Cancer Survivors. A Psychological Study with Focus on the Influence of GIM on Mood and Quality of Life' (2005).

Bøtker, Julie Ørnholt, 'The Kaleidoscope of Authenticity: Experiences, Descriptions, and Applications of Authenticity in Music Education, Music Therapy, and Music Performance' (2023).

Christensen, Erik, 'Music Listening, Music Therapy, Phenomenology and Neuroscience' (2012).

Frederiksen, Britta Vinkler, 'The Development of Therapeutic Alliance in Music Therapy with Forensic Psychiatric Patients with Schizophrenia – an Exploratory Case Study Research Design' (2019).

- Hannibal, Niels J., 'Preverbal Transference in Music Therapy – a Qualitative Investigation of Transference Process in the Musical Interaction' (2001).
- Hald, Søren, 'Music Therapy, Acquired Brain Injury and Interpersonal Communication Competencies' (2012).
- Hart, Susan, 'Psychometric Properties of the Emotional Development Scale. Investigating Reliability and Validity Including Correlations with The Marschak Interaction Method and The Neuroaffective Mentalizing Interview' (2018).
- Holck, Ulla, '“Communicational” Interplay in Music Therapy. Qualitative Video Analyses of Musical and Gestural Interactions with Children with Severe Functional Limitations, Including Children with Autism' (2002).
- Jacobsen, Stine Lindahl, 'Music Therapy Assessment and Development of Parental Competences in Families where Children Have Experienced Emotional Neglect – an Investigation of the Reliability and Validity of the Tool, Assessment of Parenting Competencies (APC)' (2012).
- Krøier, Julie Kolbe, 'Exploring Person-Attuned Musical Interactions in Dementia Care. Flexible Research Design' (2022).
- Lindvang, Charlotte, 'A Field of Resonant Learning. Self-Experiential Training and the Development of Music Therapeutic Competencies. A Mixed Methods Investigation of Music Therapy Students' Experiences and Professional's Evaluation of their Own Competencies' (2010).
- Moe, Torben, 'Restituerende faktorer i gruppeterapi med psykiatriske patienter – baseret på en modifikation af Guided Imagery and Music (GIM)' (2001).
- Nygaard Pedersen, Inge, 'Countertransference in Music Therapy. A Phenomenological Study on Countertransference Used as a Clinical Concept by Music Therapists Working with Musical Improvisation in Adult Psychiatry' (2007).
- Ottesen, Aase Marie, 'Anvendelse af musikterapi og dementia care mapping i en læringsmodel til udvikling af musiske og interpersonelle kompetencer hos omsorgsgivere til personer med demens – et casestudie med en etnografisk tilgang' (2014).
- Ridder, Hanne Mette, 'Singing Dialogue. Music Therapy with Persons in Advanced Stages of Dementia. A Case Study Research Design' (2003).
- Sanfi, Ilan, 'The Effects of Music Therapy as Procedural Support on Distress, Anxiety, and Pain in Young Children Under Peripheral Intravenous Access' (2012).
- Schou, Karin, 'A Randomised Controlled Trial (RCT) of the Effect of Guided Relaxation with Music (GAM) on Anxiety, Pain, Mood, Satisfaction with Hospital Stay, and on Length of Hospitalisation in Cardiac Valve Surgery Patients' (2008).
- Skov, Vibeke, 'Art Therapy. Prevention Against the Development of Depression' (2013).
- Stenderup, Tove, 'Musikalsk samvær i den socialpædagogiske indsats med mennesker med erhvervet hjerneskade: Et kvalitativt forskningsprojekt i et aktionsforskningsperspektiv' (2020).

Storm, Sanne, 'Research into the Development of Voice Assessment in Music Therapy' (2013).

Sørensen, Mariann Bjerregaard, 'Sundhedskommunikation i psykologisk og filosofisk belysning.-- Hvem, hvorfor og hvordan?' (2016).

GERMANY (4)

Aldridge, Gudrun, 'Development of a Melody in Improvisation-Based Music Therapy' (1998).

Hertrampf, Ruth, '"Keyboard of Life." Music Therapy in Psycho-Oncology – Guided Imagery and Music (GIM) in Curative and Early Palliative Treatment for Women with Breast Cancer or Gynecological Cancer' (2017).

Maack, Carola, 'Outcomes and Processes of the Bonny Method of Guided Imagery and Music and Its Adaptations and Psychodynamic Imaginative Trauma Therapy for Women with Complex PTSD' (2012).

Mahns, Wolfgang, 'Symbol Creation in the Analytic Music Therapy for Children. A Qualitative Study on the Meaning of Musical Improvisation in Music Therapy with School Children' (1998).

GREECE (1)

Papanikolaou, Evangelia, 'Receptive Music Therapy in Oncology: Guided Imagery and Music During the Course of Active Treatment for Breast and Gynecologic Cancer. A Two-Part Preliminary Investigation' (2020).

ICELAND (1)

Jónsdóttir, Valgerdur, 'Music-Caring Within the Framework of Early Intervention. The Lived Experience of a Group of Mothers of Young Children with Special Needs, Participating in a Music Therapy Group' (2011).

ISRAEL (4)

Elefant, Cochavit, 'Enhancing Communication in Girls with Rett Syndrome Through Songs in Music Therapy' (2002).

Gottfried, Tali, 'Creating Bridges: Music-Oriented Counseling for Parents of Children with Autism Spectrum Disorder' (2016).

Kerem, Dikla, 'The Effect of Music Therapy on Spontaneous Communicative Interactions of Young Children with Cochlear Implants' (2009).

Yakobson, Dana, 'A Family Tune: Music Therapy with Preterm Infants and Their Parents: A Mixed Methods Study' (2021).

KOREA (1)

Kim, Jinah, 'Joint Attention and Attunement in Improvisational Music Therapy With Autistic Child' (2006).

NETHERLANDS (2)

Coomans, Anke, 'Moments of Resonance in Musical Improvisation with Persons with Severe Dementia. An Interpretative Phenomenological Study' (2016).

De Backer, Jos, 'Music and Psychosis – the Transition From Sensorial Play to Musical Form by Psychotic Patients in a Music Therapeutic Process' (2005).

NORWAY (4)

Aasgaard, Trygve, 'Song Creations by Children with Cancer – Process and Meaning' (2002).

Garred, Rudy, 'An Inquiry into the Role of Music and of Words in Creative Music Therapy' (2004).

Johns, Unni Tanum, 'Musical Dynamics in Time-Limited Intersubjective Child Psychotherapy – an Exploration Based on Microanalysis of Therapeutic Interplay' (2018).

Rolvjord, Randi, '“Blackbirds Singing”: An Explorational Study' (2007).

SPAIN (1)

Torres, Esperanza, 'Effectiveness of GRPMI with Fibromyalgia Patients' (2015).

SWEDEN (5)

Bergström, Märith, 'Music and Vibroacoustic Stimulation in People with Rett Syndrome –A Neurophysiological Study' (2011).

Blom, Katarina Mårtenson, 'Experiences of Transcendence and the Process of Surrender in Guided Imagery and Music (GIM): Development of New Understanding Through Theories of Intersubjectivity and Change in Psychotherapy' (2014).

Gerge, Anna, 'Psychotherapeutic Development. Assessment of Pictures Through Development of the SATPA – a Safety Assessment Tool of Pictorial Artefacts' (2018).

Rudstam, Gabriella, 'Trauma-Focused Group Music and Imagery with Women Suffering from PTSD or CPTSD: A Randomized Controlled Study' (2023).

Wärja, Margareta, 'Arts-Based Psychotherapy for Women Recovering from Gynecological Cancer: A Randomized Trial Evaluating the Effects on Psychological Outcomes' (2018).

UNITED KINGDOM (5)

Hooper, Jeff, 'The Development of Criteria for Defining Sedative Music, and Its Impact on Adults with Mild, Moderate and Severe Intellectual Disability and Challenging Behaviour' (2010).

Leith, Helen, 'Music Therapy and the Resettlement of Women Prisoners: A Mixed Methods Exploratory Study' (2014).

McDermott, Orii, 'The Development and Evaluation of Music in Dementia Assessment Scales (MIDAS)' (2014).

Odell-Miller, Helen, 'The Practice of Music Therapy for Adults with Mental Health Problems: The Relationship Between Diagnosis and Clinical Method' (2007).

O'Kelly, Julian, 'The Development of Evidence-Based Music Therapy with Disorders of Consciousness' (2014).

USA (5)

Devlin, Kerry, 'Perspectives on Perspective – a Critical Appraisal of Perspective-Taking in Music Therapy Education and Clinical Practice' (2024).

Goodman, Karen, 'The Music Therapy Supervisor: Developmental Perspectives' (2023).

Honig, Timothy, 'Guided Imagery and Music for Persons with Depression. A Three-Part Investigation' (2022).

Schwantes, Melody, 'Music Therapy's Effects on Mexican Migrant Farmworkers' Levels of Depression, Anxiety and Social Isolation: A Mixed Methods Randomized Control Trial Utilizing Participatory Action Research' (2011).

Story, Kristin Maya, 'Guided Imagery and Music with Military Women and Trauma: A Continuum Approach to Music and Healing' (2018).

Summer, Lisa, 'Client Perspectives on the Music in Guided Imagery and Music (GIM)' (2009).

Abstract

Within the growing tradition of music therapy research, the field has drawn on research from musicology and transdisciplinary areas. The authors of the article describe the history of the field, starting with the pioneers in the mid-1950s, and explain the background for the development of a research culture in music therapy. Specifically, the international PhD research programme in music therapy at Aalborg University gave the field a solid boost, but the close connection to the clinical reality also paved the way for welcoming, embracing and developing practice-based research. The result of this development is a research culture that in many ways transcends the well-known tension between research in medical and humanistic methodologies and calls for interdisciplinarity. To illustrate this, the article concludes with three examples of music therapy in the fields of psychiatry, dementia, and public health.

The authors:

Lars Ole Bonde, prof. emeritus, Center for Research in Music and Health (CREMAH), the Norwegian Academy of Music. Tycho Brahes Allé 43, 2tv, 2300 København S, Denmark · larsolebonde@gmail.com

Hanne Mette Ridder, Professor of Music therapy, Department of Communication and Psychology, Aalborg University, Musikkens Hus, Rendsburggade 14, 9000 Aalborg, Denmark · hmr@ikp.aau.dk

Inge Nygaard Pedersen, Associate Professor Emerita of Music Therapy, Department of Communication and Psychology, Aalborg University, Musikkens Hus, Rendsburggade 14, 9000 Aalborg, Denmark · inp@ikp.aau.dk