PhD study Voice in Music Therapy

Sylka Uhlig; Lecturer/Faculty member Creative Arts Therapies; HAN University Nijmegen, Netherlands.

PhD Study Voice in Music Therapy

1. **Research question**

2. **Motivation study: The Voice in Music Therapy**

3. **Defining study: At-risk Children & Youth > Music Therapy**

4. **Review literature: Music Education & Music Therapy**

5. **Purpose study: developement method vocal music therapy**

6. **Design method: qalitative/quantitative methods**

7. **References/Literature**

1. Research question

How do vocal interventions (Rap/Singing) effect emotional and cognitive development by at-risk children in music therapy?

1.How do vocal interventions effect emotional development in the form of aggression regulation?

2.How do vocal interventions effect cognitive development in the form of language support?

Sub question: How do vocal interventions effect through improvement of emotional and cognitive development also improve of self-esteem?

2. Motivation study:

voice in music therapy

- 2006 book Authentic Voices Authentic Singing; A Multicultural Approach To Vocal Music Therapy, Barcelona Publishers, USA: the voice in music therapy: Research and clinical experiences about the voice as **primary instrument** in music therapy and the effect values, placed in cultural perspectives > workshops voice: personal & professional need.

- Study of the voice and vocal interventions in music therapy reflect my conviction about the significant effects of this instrument on our clients > research about vocal interventions specific for the **difficult accessible population** of 'at-risk-children' is needed.

- Personal experiences about the **positive effect** of singing/rapping on this population, article From violent RAP to lovely BLUES The Transformation of Aggressive Behavior through Vocal Music Therapy. (2010). In Tony Meadows *Developments in Music Therapy Practice*, Barcelona Publishers, USA

3. Defining study:

A. At-risk children & youth

- At-risk children and risk youth often live in poor neighborhoods: drugs, alcohol, and youth violence are prominent, single parent homes, dysfunctional family units, immigration, other social and cultural issues.

- The cultures of at-risk are Hispanic, Asian/Pacific Islander, and African-American in the US and Antilleans and Moroccans in the Netherlands. UK: (London) has the highest rates of child poverty, some boroughs have over 50% of the population. Risk of child poverty is higher in families of minority ethnic groups in UK (DCSF, 2008) and elsewhere.

- Values within these minority cultures have a tendency to disrespect and/or fear verbal psychotherapy: high **resistance** verbal intervention:

  a strong sense of self has been developed, and the ego can withstand judgment of societal views about participation > this maturity has not developed yet by at-risk-children.

Sylka Uhlig MA, RMTh, LCAT

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3. Defining study:

B. At-risk population & music therapy

- Music therapy > no **resistance** > but engagement. Difficult accessible group of at-risk children of youth is frequently treated but not studied yet.

- Aggression regulation, studies from US and Europe (Hakvoort 2007, Turry & Marcus, 2004) show using rap and improvisation in music therapy.

- Aggression regulation and improvement of self-esteem, pilot study from Asia, (Choi, Lee & Lee, 2008) demonstrate results of group music intervention to reduce aggression and to improve self-esteem in children with highly aggressive behavior after 15 weeks of treatment.

- Dissolving social problems, South Africa: Music Therapy Clinic in Cape Town's townships (Fouche & Torrance, 2005) describe music 'to be the magnet' for 'youth at-risk' > local gangs and group members play together > dissolve social differences within the gangs of rap-hip-hop culture.

4. Review literature

music leaning promotes skill development in other areas

- Rauscher and LeMieux (2003) found that 'at-risk' children who received two years of individual keyboard instruction scored higher on a standardized arithmetic test than children in control groups.

- Douglas and Willatts (1994) found that 8- to 11-year-old children with reading problems who received music instruction showed a significant improvement in overall reading performance when compared to children who did not receive the instruction.

- Kennedy & Scott (2005) effect of music therapy interventions on the development of English as second language for children of Hispanic ethnicity (ages 10-12): listening to and singing songs while viewing the lyrics on board, children improved speaking and writing skills after each month of intervention. Later children continued use of vocal techniques to improve language skills, particularly fluency, diction, and rate of speech.

- Overy (2003) demonstrated how dyslectic children experience difficulties with musical timing, but not with musical pitch. Careful intervention, focusing music instruction on pitch and tonal skills improved both phonological and spelling skills.

5. Purpose of study

A. Development of a specific vocal music therapy method

- Rap/Singing method for at-risk children & youth
- Specific use of the voice > researching:

1. emotional development > aggression regulation
2. cognitive development > support of the learning ability

GOALS

- Effective treatment form for population > **no resistance** for participation
- selected settings possible > schools, youth detention, also **prevention**
- no waiting lists > effective, fast and inexpensive treatment form available
- effects of method > professionalization music therapy and translation for other professionals > non-verbal form of psychotherapy

5. Purpose of study

B. Researching topics

- What role takes rhythm in riming, structuring words?
- What role takes rhythm in riming, structuring vocal sounds?
- What role takes vocal rhythmic repetition?
- What role takes melody in shaping emotional vocal expression?
- What role takes pitch in altering phonologic development?
- What role takes vocal rhythm in development of words?
- What role takes vocal rhythm in synchronization process of brain?

- Question: What kind of tests are useful to measure these studies?

6. Design of method:

A. Qualitative approach

What are the qualities of vocal interventions in music therapy
using RAP/Singing - to effect and change behavior?

- Survey research:

- The use of RAP/Singing in music therapy is a regularly intervention.

- Inventory about the subject of the study about the effects in music therapy
  in the field.

- Offering method and implication of structured treatment
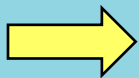
6. Design of method:

B. Quantitative approach

Is there a relation between vocal interventions in music therapy using RAP/Singing - and the effect of it to change behavior?

- Criteria for selection of participants: 3 individuals of each group of population of at-risk children > Randomly selecting/sampling > each member of the group has an equal chance of being selected: children are in the same unit < **working with control group? (watching RAP video?)**

OR

- Purposive sampling: representative sample by selecting 3 individuals of each group of at-risk have characteristics presumed to be typical of those in the population: 3 settings:

  1. youth detention

  2. special education or youth psychiatric unit

 3. preventive ambulant youth center - trail after study

6. Design of method:

C. Selection

- **Defining 'at-risk' children**: It is critical to note that "at risk" is a concept, it does not imply certainty.
- Define "at risk": a variety of different indicators, including having limited reading proficiency, having experienced abuse or trauma, having a disability or illness, or having exhibited behavior problems.
- Measures of family risk include poverty, a low level of parental education, a large number of children, not owning a home, single parenthood, welfare dependence, family dysfunction, abuse, parental mental illness, parental substance use, and family discord or illness.
- Measures of community risk might include rates of poverty, crime, unemployment, or teen parenthood in the community.
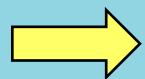
➡️ After selection definitive definition population

6. Design of method:

C. Selection

- **Design selection criteria:**
  - for music therapist: using vocal protocol of singing and rapping,
  - guidelines for the clinicians: developed from survey/need institutes
  - for at-risk children: recorded history of aggressive/destructive behavior, physical + verbal aggression; phobic; criteria developed from survey;
  - for at-risk children: selection of ages between 9-14 (or 10-15; dependent on needs for treatment)
  - for at-risk youth: selection of ages between 14-17
  - for treatment sessions/hours: minimum of 20 sessions for treatment
  - for treatment schedule: A1 – B1 – A2 –B2 :
- A1control period of 2 month
- B1experimental period of 4 month (individual)
- A2 monitoring development > control period of 2 month
- B2 experimental period of 4 month (group session?)

6. Design of method:

D. Data collection & analysis

■ **Data collection:** Video-recording. All sessions will be video recorded in two different settings. The music therapist is leading the session, while the researcher will record the sessions. Clinical evaluation: After every session the personal impressions of the therapist will be recorded. There will be also a description of the use of words between therapist and clients during the session.

■ **Data analysis:**

IMTAP Baxter et al. (2007) created the tool Individualized Music Therapy Assessment Profile for use in pediatric and adolescent settings. It consists of computer based graphing and a report system together with structured interventions assessing different domains of functioning.

BDBI + BANI school/youth tests Beck (2008), some are in Dutch language but only from 13 years on.

CBCL (Child Behavior Checklist) 6-18 years (118 specific questions about emotional, behavioral problems filled in by parents)

6. Design of method:

E. Discussion

- What kind of (psychological) tests are available and beneficial to measure changes in behavior? Besides Beck tests?

- What kind of (psychological) tests are available and beneficial to measure changes in cognition? How to measure cognition?

- What are the experiences of other professionals using (these) tests?

7. Literature

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Thank you for your attention