

## “MUSIC THERAPY MOMENTS”. PERSONAL EXPERIENCES ON THE PATH TO A MUSIC THERAPY PROFESSION.<sup>1</sup> SCIENTIFIC OPPORTUNITIES

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**SUMMARY.** Becoming a music therapist is shaped by family experiences, group experiences, music learning experiences. In music therapy, the experience is processed analytically, in contrast to music education, where the music is professionally performed and received. Music therapy can be an alternative solution to technical and emotional problems in music education. As an interdisciplinary field, music therapy research is extremely difficult. Changes in a targeted area or skill in the core activity are assessed using the measurement tools used in the core activity. In music education, this can be a developmental experiment. We can use self-developed measurement tools (test, questionnaire) to assess changes along the targeted skills. In teacher training, Scientific Student Association, Erasmus mobility programmes, new courses offers the opportunity to learn music therapy methods and conduct research at international level.

**Keywords:** music therapy, musical experience, musical tools, alternative musical methods.

**First, I will collect my own experience of how I became a music therapist.**

Growing up in a musical family, as a child, the musical experience was determined by aesthetic considerations, that is, the subject matter and aesthetic characteristics of the musical work. Specifically, the performance or

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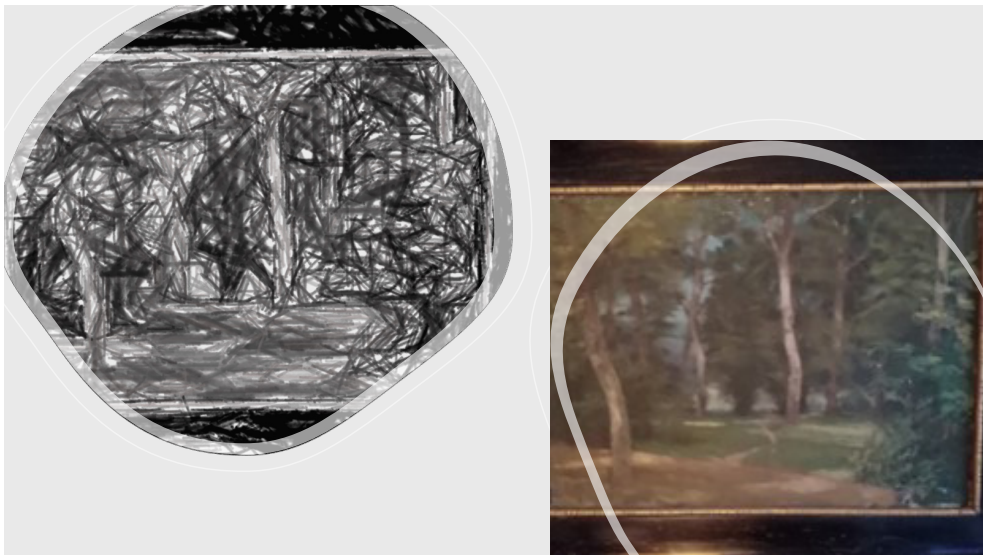
<sup>1</sup> This paper is based on my presentation at the Music Therapy Club (Budapest, 16. 09. 2024. Budapest Music Center) [https://www.youtube.com/watch?v=ObxDFi\\_bS6l&t=1427s](https://www.youtube.com/watch?v=ObxDFi_bS6l&t=1427s)

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listening to a piece of music was dictated by musical aesthetic, methodological, and author-prescribed principles. From the point of view of music therapy, several music therapy group visits to a psychiatric rehabilitation institute as a high school student were fundamental experiences. There, the musical experience was determined by the fact that music was a direct catalyst for personal memories. I noticed how one of the completely non-communicative group members first drew a black, empty, shapeless picture to the music that the teacher played, and then the next time he came up with a colorful, figurative drawing and spoke clearly about his picture and his experiences (1. picture).

**Picture 1**



**Illustration: mental state changes during music therapy (source: own ed.)**

At that time, I theoretically developed the confusion that the feedback I receive, for example in a pedagogical situation, in a piano lesson “the volume was not appropriate, your arm position was this or that”... is confusing, “harmful”, because I did not experience all of this in accordance with the feedback, and I did not have much opportunity to receive an explanation or understand it. In contrast to the way in which we could deal with our experiences on the safest ground in the music therapy group session, and we received realistic feedback on ourselves and even our performance.

Experiencing and understanding all of this led me first to mental health training, then to music therapy, then to graduate school and cognitive studies. It was during my training and practice as a therapist that I first experienced the difference between merging with the subject matter of the work, as opposed to bringing personal inner conflicts to the surface and working through them in a therapy session. Our group leader played Mussorgsky: The Great Gate of Kiev from An Exhibition of Pictures, with the instruction, “lie or sit comfortably so that your muscles are relaxed and paint a picture in your imagination while we listen to the music”. I participated in the group after a traumatic loss, and to the music I saw the person I had lost sinking in an endless sea. Unbeknownst to me, my unrestrained sobs were channelled and quieted by the guiding instructions of our therapist, and I was able to talk about my image. Those trainings taught me how to help effectively, how to listen with understanding. And as a music educator, I have been able to unlock technical and interpretive barriers by combining my own experience with methodological tools. For example, when teaching piano (2. picture), if my student’s arm is tight, I dare to stand up from the instrument and make a circular dance movement to loosen it and consciously talk to him/her about the barriers. But, even more that, I began to be motivated to research the therapeutic effects of music and to collect different methods to pass on to future educators.

## Picture 2



Perception of a music pedagogical situation (source: own ed.)

## Music therapy research

Researching music therapy in a doctoral school is a very difficult journey. Health/medical science, humanities, education, musicology, psychology? All of them, and none of them. A therapist brings from his background knowledge in these fields the element relevant to the purpose of therapy according to his original qualification. This is how a therapist becomes competent in my opinion. As an interdisciplinary field, it is almost impossible to be accepted as a discipline. Finding a framework where appropriate methodology, measurement and acceptance can be created is the challenge. That's how I ended up in graduate school in education, where my research framework became a way to influence social behaviour along the lines of developing emotional skills in teacher trainees. This required finding a skill-level model of our behaviour and specifically addressing the musical elements of self-care. Because from a research methodology point of view, the musical element is almost indefinable, or at least not exclusive, in the mechanism of action of music therapy. If you look at the studies, they always stop at the point where they add elements of music therapy to the tried and tested method used in the basic activity. Changes in the core activity are assessed along the lines of a targeted area or skill in the core activity, using the measurement tools used in the core activity. Thus, my research method became a pedagogical development experiment, and the measurement tool was a test I developed myself. The specific aim is to develop the emotional factors of social competence by using music therapy tools with teacher trainees and to indirectly influence the music therapy music relationship system. The theoretical models chosen were Affective Social Competence (ASC) and Music Therapy Music Relationship (MTMR). The ASC describes effective social behaviour around the *sending, receiving and experiencing of emotional messages*, i.e. the appropriate functioning of emotion expression, understanding and regulation. The model is illustrated by a wind turbine, because just as a game is kept in motion by the wind, a conversation is kept in motion by the right flow of emotions. I have defined and invented myself MTMR, talking to professionals and coding definitions from studies that do not use music professionally. In this way, a system of relationships with music emerged, which can characterise the musical side of a music therapy session. Musical intensity, which can be defined as the degree of heat of the relationship with music. It can be expressed in terms of need, awareness, degree of absence and quantity. How much we feel the need to connect with music on a daily basis plays a role in this. Is our engagement with different sounds, tones, acoustic stimuli an accident or a conscious choice? Do we experience a lack of it if we do not consciously engage with music?

*Musical activity* in therapy can range from interpretations of musical pieces to any kind of sound production (vocalizations, noise and murmurs), listening to sounds. Its components are the love, habit, gift, way and occasion of different sounds and voices. To put this into practice, therapy offers active (improvisational) and receptive (analytical listening) forms. And the experience of music therapy is also explored in its physiological and cognitive effects, as therapy is concerned with the subjective meaning of musical experience. Sounds of the environment: musical sounds, noises, sounds of nature are a constant part of our daily lives. The way we perceive, interpret and select among them can trigger different psychological responses. For example, a siren can trigger fear, irritation, crying or even empathy. Or a familiar song on the radio that evokes positive memories can evoke feelings of joy and security. The definition of skills and components reveals their individuality and their unique developmental scale.

Therefore, their progress can be characterised by the participants indicators against themselves. In other words, “Pisti’s performance” in the experimental music therapy group is not measured against “Karcsi’s performance” in the control group, who did not receive therapy, at the end of the sessions, but rather against how Pisti and Karcsi progressed individually from the status before the start of therapy to the status at the end of therapy. The difference is that one of them experienced the mechanism of action of the therapy first hand, while the other did not. For our measurement to be accurate, they must start from the same baseline, which is set during pre-testing. The chart shows the spontaneous effect size for the control group in blue and the direct development effect size for the experimental group in orange, based on the summary indicators, musically above and emotionally below (3. picture).

**Picture 3**



**Emotional and musical skills development in my experiment in percentage values**

*The ASC Test* is a hypothetical story that captures a moment in time. It becomes a story through the dynamics of the response. The participant is presented with a well-defined library environment, where he sees his/her classmates working on the same task for which he wants help. The task is to send emotional signals on behalf of the protagonist about his/her intention to join, to interpret the signals they received appropriately and to regulate himself/herself well. The classmates are in different emotional states, which must be considered when interpreting the emotional signals. Responses will be graded by prepared judges into developmental categories according to a set of given scoring criteria.

- **Example of a test question:**

- Situation 1. Stephen sees three of his classmates sitting at a computer in the library, with the ETR interface on the screen. He would like to join them, as he has a number of questions about it. Stephen stops in the doorway and sees the others talking to each other, all looking at the screen.
- Question 1. What step do you think Istvan should take to open up and get closer to them?

*The MTMR Questionnaire*, through 20 closed questions, explores the participants relationship to music by asking them to mark the most appropriate one along the predetermined response options. E.g. "Do you miss it when your day goes by without music?" And the point is that the music therapy characteristics of the musical elements are communicated to the participants beforehand. E.g. "...music is not only musical sound, but any acoustic stimulus". With this in mind, here are some examples of exercises (4. picture).

**Picture 4**



**Music therapy instruments (source: Szabadi, 2021, p. 63)**

- **Example of music questions:**

- Do you feel the need to listen to music every day and be in touch with music?

- *Exercise to develop the emotional skills:*

- We sit in a circle. A group member stands in the middle of the circle, expresses an emotion with his/her posture and makes a sound. For example, a hunched posture and a sigh to express sadness. Then a group member joins in, as if in response to what they have seen. For example, to cheer up a group member, he or she may straighten his or her posture and raise his or her hand.

- *Exercise to develop the musical relationship:*

- We sit in a circle and listen to relaxing music. The music can be played digitally or listened to live. The therapist names an imaginary location, such as the beach. Then, while listening to the music, the group members collect who and what appeared there in the imaginary place. After listening to the music, the group discusses verbally who experienced what, who and what they met and what they experienced. Finally, we reflect on what we have shared with each other.

We can feel that we can add a musical element or instrument to a pre-designed developmental exercise. They offer a way of communication that works at a preverbal level and can be used by anyone. Although the musical elements affect the whole person, I can “fit” the musical instrument to the current skill level. If, for example, Aniko is stressed I obviously can’t listen to strong, fast, dynamic or slow, soft, very soft music with her, although I have prepared it, but it just makes her more excited. Instead, I listen to Aniko’s anger, and choose allegretto, forte music, for example, in proportion to the degree of anger. It’s banal, but we can all experience that effect. The instruments and musical elements are not only a tool for the session, but also a framework and a reinforcement of the given information. If an event or a reaction can be associated with sound, it can be transformed into music, it can be translated into behaviour, which gives us the opportunity to develop our social and emotional skills through music. For example, “I see Aniko”, it is better not to approach her now, she raises her eyebrows, I can turn away. Hmm. So, musical instruments open up channels of communication that precede, complement or accompany speech and behaviour, and thus make the transmission of information more authentic<sup>3</sup>.

*How is music therapy experience integrated into my workplace (into teacher training)?*

In teacher training, it appears as an extension of the methodological toolbox and palette. For example, unblocking technical, mental/psychic barriers through targeted drawing, movement, discussion. It also serves to strengthen personal and professional integrity by building confidence and clarifying competence boundaries. This can only be truly achieved through first-hand experience/supervision. Students gain self-awareness, awareness and background knowledge and experience the suitability of their personality for development. Participation is essential for this. They experience these effects first hand: “.e.g. Aniko is tense. Should I let her bang on the piano? How angry is she? Does she get hurt? I have to assess. Then slap my hand or give me a high five...”. Knowledge of rules (they need to know the principles, structures, expectations, e.g. ethical principles, stages of a group process), creating a sense of safety by clarifying ethical principles (e.g. confidentiality/no visual or audio recording of a group process, or the circle

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<sup>3</sup> Szabadi, M. *The possibility of developing social competence with music therapy tools in teacher education*. ELTE Faculty of Primary and Pre-School Education, 2021. And: Szabadi, M. *To play music, but in a different way - The developmental impact of music therapy tools on the effective behaviour of teacher candidates*. Eötvös Publishers, 2024.



itself in the form or individual situation of sitting at a closed angle). And the method is the improvisation. Music therapy improvisation is in fact an intense, spontaneous, improvised, inventive game. It is a process that can be done by anyone and that results in sound. In this way there is no difference between musician and non-musician. A music-therapeutic improvisation sounds like this, no musical theme, no defined musical structure, instinctive vocalization with memories and emotions. Aesthetically, it is the same as folk songs, tribal drumming, because they are unique and atypical, and thus distinct from the opus that defines classical music. Through personal experience, the limits of the therapist's and teacher's competence are experienced. Therapy involves the conscious psychological guidance of musical experiences and transfer effects by a professional, while pedagogy involves the provision of musical instructions for the correct interpretation of a given work. The former is dominated by empathy and reciprocity, the latter by evaluation and accountability. Another important issue is the challenges of dual and group relationships. In the former, group synchronisation (adaptation, listening to each other) predominates, in the latter, person-centredness predominates (unconditional positive acceptance, empathy, congruence). Awareness of therapeutic risks is very important. Examples include misinterpreted psychological events (e.g. turning to lethargy), lack of reflection, monotony, overprotective behaviour, lack of cooperation, unrespected professional frameworks.

### **Further plans, reception**

From this academic year (*Eötvös Loránd University, Faculty of Primary and Pre-School Education, 2024/2025*), an *optional subject* will be introduced, which can also be taken as part of teacher training. There you can experience the above theme through first-hand experience. Or, in the field of scientific research, a number of students have for several years been choosing the topic of the emotional and behavioural impact of music therapy instruments as a subject for their *thesis or dissertation*. And in the context of the preparation, methods of sample selection and instrument design are in the foreground. And the programmes of *Scientific Student Association* provide opportunities to conduct experiments and to try out the exercises with students (5. picture). I personally have access to this as *Vice President* of the *Scientific Student Association at the Faculty of Primary and Pre-School Education*. And the *Erasmus+ Mobility Programmes* provide opportunities to conduct international studies and learn new approaches to music therapy, designing digital measurement tools while working as a visiting lecturer. For example, for my latest research, I adapted and digitised a test in an international

collaboration. This process was introduced to students in the programmes of student club. In this way, students can try musical practices on a theoretical and practical level and learn about the methodological principles for impact assessment.

**Picture 5**



**Demonstrating the scientific potential (source: own ed.)**

### **My motto on music therapy**

“... a music therapy session involves working through our own inhibited life history, which contributes to positive conversations and relationships at the level of our social behaviour, even in situations and with people we find unpleasant. In this way, unexpected experiences, such as an unconscious memory of a buried sense of shame, are less of a barrier to expressing your intentions in an anxiety situation and being able to interpret the reactions you receive appropriately. This is because you have already faced it in a safe therapeutic circle and have practised coping with it. And playing with instruments

and music, following the natural dynamics of the music, provides a safe ground to warm up and then quiet the experience that has arisen and been named, in a way that you can bear. All it takes is courage. As you grapple with more and more memories like this, your relationships will become more understandable, manageable and functional.”<sup>4</sup>

“Music therapy cannot be considered in isolation because it is not a stand-alone process, it is a method and a system of tools that is integrated into the basic activity (clinical, social care, educational development...). Its theoretical background, its tools, its methodology are always linked to the activity in which music therapy is used. Therefore, it is only used experimentally, and methodology like in the core activity.”<sup>5</sup>

The experiential music therapy exercises, in addition to broadening the range of methodologies, will help the teacher to develop their personal and professional integrity. The tools of music therapy are accessible to anyone, no musical expertise is required to use them, their application are enjoyable, and their effects are equally detectable at the level of neural networks in both musical and non-musical individuals.

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<sup>4</sup> Szabadi, M. *The possibility of developing social competence with music therapy tools in teacher education*. ELTE Faculty of Primary and Pre-School Education, 2021, p. 103.

<sup>5</sup> Idem, p. 55.

