

Editorial

Increasingly we are referring to music therapy as both art and science. Implicit in this statement is the recognition that music therapy has derived from the art form of music, but that the application of music as therapy requires exploration at a scientific level. In volume 9 of the *Australian Journal of Music Therapy* we read four interesting articles which reflect not only diversity in clinical practice, but a representation of music therapy as art and science.

Lem provides scientific evidence of EEG activity while subjects listen to music, localising greater response in particular areas of the brain. Alongside this, he provides an analysis of the music, first by its psychoacoustical elements, and second by its affective characteristics. He then links these analyses with reported imagery experienced by the subjects of his study. In so doing, Lem stimulates our quest to understand the properties of music which evoke certain responses, thereby blending science with art.

Hogan underpins her clinical examples of music therapy with people who have terminal illnesses, by drawing on four different theoretical models. This enables the reader to understand the principles behind her approach as a music therapy clinician. In addition, the reader gains insight into the various stages of dying, and how essential it is for the therapist to recognise and resonate with each patient's experience.

Skewes and Thompson describe their music therapy approach in early intervention, drawing on theories of social learning and development to explain the importance of music intervention in the group context. Clinical vignettes are offered to support our understanding of the development of social skills through music with young disabled children aged 3-4.

Children who are hospitalised experience varying types of pain with physiological, psychological and social implications. Han provides a comprehensive explanation of the different types of pain experience and management strategies, ably supported by clinical vignettes of individual music therapy sessions with hospitalised children. These vignettes provide descriptions of the children's reactions and responses, thereby increasing our knowledge of the subtle skill required in presenting music to the child.

Each of these articles draw on established theories to describe music therapy interventions, and in Lem's study, scientific evidence is provided. As the field of music therapy grows in the extent and depth of knowledge, our methods of exploration also extend, so that art form is supported by scientific fact, and scientific evidence is illustrated by the art. This dove-tailing between the two augurs well for future research and depth of knowledge not only for practising music therapists, but to satisfy curious members of the health and special education professions.

Denise Erdonmez Grocke,
Editor.