

graft (CABG) patients. *Research and Theory for Nursing Practice*, 10(2), 153-170. Retrieved from <http://www.springerpub.com/product/15416577>

Ziv, N., Rotem, T., Arnon, Z, & Haimov, I. (2008). The effect of music relaxation versus progressive muscular relaxation on insomnia in older people and their relationship to personality traits. *Journal of Music Therapy*, 45(3), 360-380. Retrieved from http://www.musictherapy.org/research/pubs/#The_Journal_of_Music_Therapy

A response to Oxtoby, Sacre & Lurie-Beck's article, including a tribute to Denise Grocke (AJMT 2013 Vol 24)

By Inge Nygaard Pedersen Professor in Music Therapy, Aalborg University, Denmark.

This article contributes to the area of music medicine rather than music therapy. It describes a thorough examination of the impact of relaxing music on insomnia. It is a randomised controlled trial measuring the quality of sleep before and after the subjects listened to selected relaxing music for at least 20 minutes each night after 6pm for two weeks. The examination is closely related to Harvey's cognitive model (2002) on sleep-related thoughts and behaviours, using seven measurement tools which are closely related to different aspects of this cognitive model. So we as readers are informed about whether relaxing music does have a positive impact on insomnia and also informed about which patterns in thoughts and behaviour relate to which music used.

The influence from Dr. Denise Grocke on this study concerns the authors' choice of music. As Dr. Grocke, together with Dr. Tony Wigram in their book *Receptive Methods in Music Therapy. Techniques and clinical applications for music therapy clinicians, educators and students* have provided substantial analysis and discussion of the types of music that should be used to aid in relaxation. From this analysis important elements of the music should include: slow tempo, low volume, repetition, and stable rhythm (Grocke & Wigram 2007). The authors of this article are aware that this study is not in the field of music therapy as no music therapist is present during the music listening and the music has not been tailored as a program to a given client for a given problem. They call it therapeutic use of music but the article would benefit from previous work of music therapists to state which elements should be present if the music itself is

aimed at providing a possibility for relaxation for the listener. In the study it is emphasized that music listening offers a number of practical advantages as a salutary aid for sleep problems. Music is cost effective to administer, it carries virtually no risk of harming clients, and in this setting it does not prescribe a health practitioner to be present. Also when the music is put together and given to the clients it is very easy to implement at home and it can also be carried out with groups of clients at hospital.

Although a number of studies have empirically analysed the effects of music listening on people's sleep patterns and cognitions, few measures of sleep-related cognitions or behaviours were used. Thus the aim of this study was to explore in more detail how music listening affects the quality of sleep with the hypothesis that such knowledge - if available - could allow for more appropriate music listening interventions to be developed.

Although the music listening group in this study did improve most of their sleep-related cognitions and behaviours in comparison with the control group, there was no significant improvement in their actual perceived sleep quality (Pittsburgh Sleep Quality Index, PSQI). This shows a similar trend to previous studies of music listening but did not demonstrate the large effect sizes and significant results these studies have found which was unexpected. In this study a number of participants were already good sleepers at baseline and they were not particularly asked to listen to music at bedtime (only after 6pm), and the study had a very restricted time schedule of music interventions. The new contribution from this study is that it provides one possible theoretical explanation for the sleep-promoting effects of music namely Harvey's cognitive model, which has not been studied before.

This study is focussing on the opposite of what has been Dr. Grocke's interest and huge contribution to the research of music listening. In her doctoral thesis she examined the approach of GIM (Guided Imagery of Music), where there is a health practitioner (a GIM therapist) present, and where the music is specifically chosen for the therapeutic problem being dealt with. Dr. Grocke examined two major issues in her thesis, namely the client-reported experiences of pivotal moments during the guided imagery and music listening *and* a detailed analysis of the music/musical elements accompanying these moments. Thus her perspective was one of phenomenology and of microanalysis of the music. Through many years she has also been writing comprehensively on GIM adaptations and receptive music therapy, where her contributions span from

the spectrum of music listening as implemented in the study commented on here, to in-depth psychotherapeutic changes provided by GIM. Personally I have been guided and supervised by Dr. Grocke during my own GIM training and I was amazed how deeply and emphatically she could perform this approach at the same time as also being very straight and systematic in her way of understanding processes and issues of change.

Further I had the good fortune of being supervised for my PhD study by Dr. Grocke and Dr. Wigram. In this cooperation she also inspired me deeply in my study of how music therapists experience and understand counter transference in musical improvisations in adult psychiatry. She was following this study at a very supportive level still being very systematic and focussed in the analysis we did together and discussed.

I know Dr. Grocke will be happy about her theories and experiences being applied in the whole spectrum of music listening from the music medicine approach to deep transformative approaches in the spectrum of music listening in GIM. Her contribution to music therapy, counting comprehensive research studies and also being a builder of the music therapy milieu in Australia, being head of the programme in Melbourne for more than thirty years, is highly respected and valued. As a former Head of the World Federation of Music Therapy she is known worldwide and deeply appreciated in the field of music therapy.

References

Grocke, D. E. & Wigram, T. (2007). *Receptive Methods in Music Therapy. Techniques and clinical applications for music therapy clinicians, educators and students*. London: Jessica Kingsley.
