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Testing the MAP: A graphic method for describing and analyzing music therapy sessions

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Abstract

The music therapy analyzing partitura (MAP) is a method that was recently proposed to visually describe and analyze music therapy sessions. The main objective of this study was to examine the method and to see if it was in fact clear and usable to music therapists (MTs). Twenty-six experienced and inexperienced MTs were exposed to a MAP and to a written verbal description of the same session. Under a time limitation, they answered informative questions regarding the session and, in addition, indicated the potential of each of the descriptions to raise and analyze research questions. It was found that MTs could easily understand the MAP code. When using the MAP, they correctly answered significantly more questions in comparison with the verbal condition. MTs indicated that the MAP had better analyzing potential than the verbal description. Suggestions for future development of the MAP, as well as its possible implications to arts therapists at large, are discussed.

Keywords: Music therapy; Clinical analysis; Graphic notation; Musical notation; Cartography

Introduction

Recently a method for representing and analyzing music therapy sessions was reported (Gilboa & Bensimon, 2007). The method – "music therapy analyzing partitura[1]" (MAP) – is based on the translation of the complex auditory material that evolves from music therapy sessions to a visual format using a graphic code. With this code, music therapists can *describe* their sessions and can subsequently *communicate* the information with colleagues and/or *analyze* its contents. The main advantage of the MAP method over other methods that have been offered to analyze therapeutic material in music (e.g., Bergstrom-Nielsen, 1993; Bruscia, 2001; Forinash, 2000; Forinash & Gonzalez, 1989; Langenberg, Frommer, & Tress, 1993; Lee, 2000; McFerran & Wigram, 2005; Smeijsters & Storm, 1996) is that it enables the music therapist to refer not only to a fragment of a session (e.g., a specific improvisation), but to refer to a session as a whole, including verbal material, musical material, and other undefined material such as cries, laughter, and silence that typically occur in music therapy sessions. Furthermore, the MAP is not limited to one session only, but is recommended to be used for a sequence of sessions and preferably for the full extent of sessions with a specific client. In this way, the music therapist acquires an overview of the sessions and can reach insights regarding the therapeutic process that took place.

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[1] Derived from the Latin, meaning 'score'.

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The idea of the MAP was presented at several conferences and initial responses were quite encouraging. Music therapists referred to the potential of the MAP to describe their clinical work as well as to share it with their colleagues. Qualitative researchers pointed out that using the MAP to represent clinical sessions has a great potential since it could be used as the corpus to implementing Grounded Theory (Strauss, 1987; Strauss & Glaser, 1967). Quantitative researchers, too, found interest in various analyses that could be performed as a result of the unique layout that the MAP offers.

The MAP is now under constant research and development. One of the most important issues addressed at this stage regards the clarity of the MAP to the potential user. The point is that the MAP is based on a code of visual symbols, which might be experienced by some as complex and unclear. No attempt has been made to see if therapists could actually understand and unravel the meaning of the MAP code on their own. It could be that the graphic code of the MAP is clear in theory, but once a music therapist is actually asked to face it s/he might experience difficulty. It seems that before energy is put into further development of the MAP, it should be tested de facto, in actual practice. This was the goal of the present study.

Before describing the study and its results, a short summary of the basic principles of the MAP is presented. The reader who is interested in a fuller account of the MAP system is referred to Gilboa and Bensimon (2007), in which the MAP and its principles are extensively described along with a review of other graphic systems that have been proposed by music therapy theoreticians (e.g., Bergstrom-Nielsen, 1993; Lee, 1989, 1990, 1995, 2000; Tanny, 2002).

Basic principles of the MAP

General

Graphic notation for describing and analyzing music therapy material was previously suggested by two authors (Bergstrom-Nielsen, 1993; Tanny, 2002). However, while these systems offer an idiosyncratic graphic code, which is up to any user to develop and interpret, the MAP is based on a *standard* code of symbols and icons, which is used to represent the occurrences during a session. It is believed that once symbols and icons have an agreed-upon and consistent meaning, less energy is needed to comprehend them and it is possible to share them with others. Musical notation is a typical example of such a standard code, which enables communication among Western musicians all over the world. Indeed, elements that are used in Western music notation, such as the staff-line principle and the score principle, were adapted to the MAP. In addition, some principles from the field of cartography (i.e., map-making) were adopted, such as the use of simple, self-explanatory icons and the use of a legend (Raisz, 1948). As will be shown in the upcoming demonstration, the MAP has a fixed layout and a set of agreed-upon icons and symbols. The code is aimed at representing the variety of elements that might occur during music therapy, such as singing, conversing, playing on different instruments, listening to music, sitting in silence, yelling, or laughing.

In order for a music therapist to use the MAP, he or she needs some sort of representation of the session. Preferably, a video recording of the session should be the basis for transcription. In this way, it is possible to know exactly which participant was responsible for each instance of speaking or playing. Audio recording of a session is also a reasonable base of information. In individual therapy, audio recordings are definitely enough to differentiate between the therapist's and the client's expressions, and with group therapy, though more complicated, it seems that most of the events could be correctly differentiated by ear. Extracting information from memory is, of course, the least recommended option. The therapist is then liable to forget information or to systematically repress issues that are emotionally sensitive to him or her. However, it is suggested the MAP framework can improve the therapists' memory of the session since he or she is forced to encounter, participant-by-participant and minute-by-minute, the sequence of events in the session. Technically, the music therapist could use Microsoft's PowerPoint software (as was done in the present study). In the future, it is planned to develop a special software device designed especially for the use of music therapists.

Brief demonstration

Fig. 1 is an example of a MAP representation of a session of group music therapy. Specifically, this group comprised parents of five children with special needs and a music therapist. To avoid ethical considerations of anonymity, the details of this session were fabricated.