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Ukrainian Music Therapy - Does It Have a Chance to Exist?

My Personal Journey of Becoming a Music Therapist in Ukraine

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Abstract

The following paper presents some personal experiences that helped the author to find her way to music therapy. Particularities of using music therapy with a group of depressed patients in a clinic in Zaporizhzhia are then outlined. The article also gives some information about educational programs in music therapy in Ukraine.

Personal Context

“ Music therapy in the Ukraine – does it have a chance to exist?” This is the question I get every time a new person learns about my interests and striving. “Do you really think that such deluxe activity has a place in the lives of people who suffer from so many problems and needs during the growth of their state?”

Music has always been an important part of human life both in Ukraine and Russia; songs were used to make monotonous work easier to carry out, it was used to celebrate and it was used to go through unpleasant experiences. Unusual improvisations with self-made instruments are nowadays still presented in weddings and in comic performances on TV. Simple folk instruments, such as empty bottles with a spoon, were and are used as an accompaniment for chastooshkas (two-line folk verse, usually humorous and topical, sung in a lively manner). Bottles with water, wooden spoons, flower-pots, washing boards, and saws also make the folk art a bit brighter.

Our family also liked music. When we had guests and everybody gathered at the table, we sang songs, all together, without paying much attention to the quality of our singing, enjoying being together and speaking about past events in our lives, and sharing problems with our friends. Sometimes I played guitar or piano. There were neither any professional nor brilliant amateur performances, but we liked these gatherings. We felt that we were accepted as we were.

Did we ever think about music therapy ten or fifteen years ago? Could I imagine that this form of human activity would become so important for me and my plans for a future? No, we lived our lives without making great plans, doing simple things and caring for each other.

When my mother was expecting my second brother, my first brother, our parents and I sat together and looked at our favourite thousand-serial cartoons and films from abroad with songs at the beginning and the end, which time became very popular at the time. Some time later my brother was born. He was a very uneasy boy. But one day he stopped crying when he heard music from our favourite cartoons and films, which were still on a TV program. We recorded this music on tape and let it sound when the baby was crying again. This helped; he began to breathe more quietly and soon the little baby dropped off to sleep. This trick we used later by day light. At nights we sang him lullabies and rocked him to their rhythm. At times we ran out of lullabies and had to improvise, using other texts or even changing melodies so that we would

not get tired of repeating. Some years later our brother still could not sleep without lullabies, but he tried to sing with us, to improvise using the piano without knowing notes.

Seeing such things I decided to devote my first student research work in the history of literature on the theme "Music and musicians in the novel by Ernst Theodor Amadeus Hoffmann (1776-1822) *Die Lebensansichten des Katers Murr*."^[1] The author seemed to have a wish to become a composer himself and therefore kept describing musicians with much sympathy and care. There was something like introspections of the author devoted to personal perceptions of music, to the influence of music on a person who had a gift to feel music. Some critiques even saw that Ernst Theodor Amadeus Hoffmann influenced psychoanalysts such as Sigmund Freud und Carl Gustav Jung.

Here I felt, once again, that those who are open to music can see the beauty of the world even if they are having everyday troubles, can enjoy sounds and everything about them. Here I began to share the meaning of the novelist dividing people in musicians and non-musicians, thinking that there are persons who are able and not able to feel the same.

Writing a research work in methods of teaching foreign languages I tried to define how singing songs, playing rhythmical plays and moving could help children to learn foreign languages more easy. Working with this theme I understood that I needed more practical knowledge to use these things in my future work. After becoming a psychology student I was present at some psychological meetings for so-called "difficult" teenagers, which were organized by a psychologist in one of the schools of Zaporizhzhia. I saw that these boys and girls mostly refused verbal means and that more than a half of every meeting was spent finding something that could create contact with them. At this point I continued to realize that in certain cases other means could be more effective than verbal ones.

In my first research work in psychology of music and its influence on a human being entitled: " Influence of music on the emotional-psychical condition of a person" I strived to ascertain how rhythm, melody and style can influence human beings. What differences are there in processing music by right and left cerebral hemispheres? What biological and emotional-affective reactions can simple musical sounds create? Things like that. Here I formulated some main "points of essence" of music in connection with a human being. My feeling was that there are really essential things that could be foreseen in using music as a means of psychological support of clients.

Ukrainian music therapy... Does it exist? Do we have anything like that? What are its main features comparing the Ukrainian approach with foreign schools of music therapy? I did not have these and many other questions before my guest-study at the University of Applied Sciences Magdeburg-Stendal (Germany). I thought that music therapy was just the same in the countries all over the world, that there were no or not so many differences in understanding its essence.

Studying music therapy in Germany and listening to the lecturer in the classroom, I began to realise more and more that I had to forget about general principles of the influence of music and that I had to come closer to an individual understanding of its meaning for a concrete person. Also, a different experience helped me to see this: During the first minutes of the "Love Parade" in Berlin, which was accompanied by techno music during many hours, I felt extremely disturbed and tired of the sounds I heard from every corner. I was near leaving the place and returning to my student home. But looking at all the people around me I saw them enjoying it, dancing and smiling, walking and greeting each other in an easy way. I tried to get the meaning of it and understand what made them feel good. My attention was turned away from my own negative emotions. And a bit I also began to feel more relaxed than I was at the beginning and could participate further. This event helped me later to be a bit more tolerant to others' music tastes, what was very unusual for me, my family, friends and people, who knew me since I was a kid, a teenager...

Returning home I learned new kinds of songs, which were rapidly developed in my country during my absence there. The texts and manner of singing with an overstrained voice made me crazy; I just left the room or changed my bus when they sounded in. It was too much for my soul of romances. One day my German lecturer, who was leading a seminar in music therapy in the Ukraine walked with me through the city after a hard day's work. He smiled warmly and calmly told me that I seemed to classify songs as good and bad ones. I nodded my head silently and got that it was not all right for me as a future music therapist. Thinking about becoming more professional I strived not to fall into very strong negative emotions by hearing such songs when walking or using public transport. I also tried to talk to some people who liked this music. And one day I got a feeling that I understood why the songs were preferred by some of my home people, with words about prisons, drinking and smoking, about police and cool guys and things like that. Surely it could be just the same thing as it is in some other countries, where different groups of a population exist with different interests, different understandings of the sense of life, and of being an adult and bold person of good behaviour.

I also got one important thing by introspection: I liked the songs in which I could find something about my own actual personal feelings, about my own experiences, about my dreams, expectations and needs, about people I know or knew some time ago. Even today I would like to have a choice of what to listen to, when I do not feel good. But if I am all right I try to understand the other person without making an evaluation of tastes. Frankly speaking, at some points it is not so easy...

Working with a Group of Depressed Patients in Zaporizhzhia

During the years 2001 and 2002 I had the possibility of working with a group of depressed patients in a day-department clinic of Zaporizhzhia. The patients were 30 to 55 years of age; and I used a client-centred approach. My aim was to see whether the music therapy of the Crossener Schule^[2] could also work in our conditions. This school of music therapy unites active (instrumental improvisation, group vocal therapy, movement improvisation to classical music, dance group music therapy, drawing to music) and receptive music therapy. The main point is that every person is creative in his or her own way. Almost no analyses of the music produced by clients or patients are carried out. Only the person in question could know what this or that means, because only this person has her or his unique experiences. Such a point of view we can also find in humanistic psychology, and I really appreciate it.

The clinic provided treatment five days a week, so that patients mostly had their medical procedures during the first half of the day and could spend the nights and weekends at home. So, in spring 2001 I offered a presentation of my project to see whether there were patients who would like to take part in the sessions of music therapy. With them I carried out 7 sessions of music therapy and compared results of this treatment with a control group. In the Spring 2002 I tried to offer one more short-term project using experiences from the year 2001. My idea was to improve the procedure of evaluation; to use different methods, to get more feedback, and to prove whether the first results were unique or whether there were similar changes in the condition of patients. Here I also had a control group and could compare the four groups (two experimental and two control ones). These sessions were carried out every day except weekends, the sessions averaging 40 minutes each. The first sessions lasted less than that, because the participants became weary quite quickly. Because members of the group needed time to feel comfortable to become active and at first almost did not take part in the process of giving feedback, the group process had almost no development in the beginning. Later meetings became a bit longer, and I did not a time to end the group. . I just let the group finish their activity.

I tried to take the situation in the Ukraine as a point of departure. Ordinary people understood music therapy as being the perception of music, meaning that it is music listening without personal activity of patients, like relaxing to music, etc. I could also find only one research study in music therapy dealing with depression (Rusina, Popova & Shiryayev, 1985). It briefly described the results of using receptive music therapy but also pointed out that it maybe could be useful to try with active forms. So I intended to start with receptive music therapy and little by little to introduce active music therapy. But the first session with my clients showed me that the preference of some members of the group was active methods of music therapy. During feed-back after a piece of music the patients noted that they felt nearly asleep because of the effect of sedative medication and that they needed more active participation in the group process. Here my fear was connected with the absence of "real" musical instruments to use in sessions. There were only some self-made ones I could prepare beforehand: cartridge-cases, stones, iron-spoons, wooden kitchen things, and a hand bell... ..

Photo 1 : Examples of self-made instruments, such as kitchen utensils



The group members first felt embarrassed and responded: "It is something like children's toys." But a bit later the patients were already examining some of the "instruments" and using them in the group work; describing the material they were made of, producing different sounds to show possibilities of their instruments, and so on. Other kinds of activity with the instruments, like musical dialogue, for example, turned out not to be suitable at the moment. This, I think, was because the members of the group were in the phase of learning to know each other and needed their time to come to social plays later. I noticed this by offering a musical dialog: The members of the group shook their shoulders and made only one sound. They did not react like this at all when we did other music activities.

My next reflection was how to come to musical improvisation with the "instruments". First I tried to offer accompaniment to some taped music. Every member of the group could play as she or he liked to the music that sounded from the tape-recorder. After this step the patients seemed to become more used to their instruments and even did not want to change them, hearing that they could change if they wanted to. This way we could start with instrumental dialogues, like playing a sound one after another in the circle. One time the group even played noticeable more circles than usual until one member of the group noticed loudly: "The leader of the group did not mean that our playing should last such a long time" (I had not given any limits of time for that).

Day-by-day I strived to offer new things, to see what would work better and what would be accepted by the patients of the group. Soon I noticed that every patient seemed to have her or his own preferences and I could hardly say that dancing was good or that drawing to music or singing was good, or that playing "instruments" was accepted more than other activities. It was a real mix of different kinds of musical activity. Seeing some persons who did not participate in the group process at first, I offered them to stay in the room and look, if they wished. It helped them to overcome a fear to fail.

During the first steps I noticed that it was very difficult for members of the group to find a rhythm. One day I brought a balloon and offered to play with it in the group touching it by saying a syllable of a proverb. I had made a list of proverbs and sayings in advance and the group could choose which one to take for that. Such an offer seemed to be rather helpful; during later sessions members of the group made a rhythmical accompaniment using their hands, feet, and self-made instruments, several times in combination with the voice. Here my point was that depression could be a consequence of losing a rhythm in life; that is, of forgetting that everything needs a certain rhythm to live and be alive. Therefore I continued to do these kinds of activities during music therapy meetings.

The confidence and openness of the members of this project seemed to be rather unique. Before starting it I had a fear about how adult people, who could be my parents, would perceive me, a student with many ideas but less experience. And every day, entering the room that could be used for the music therapy meetings; I was surprised to see hopeful faces turned to me expecting what I would say. Here I had to avoid the idea that could arise of me as the person who is the only one who knows the right way to go.

Without giving too much data I would like to touch upon some feedback I got through asking the patients to complete some incomplete sentences presented by me. The patients of the group did this after the last session of music therapy. The incomplete sentences developed by me were:

- " The most joy I had was... "
- " It is a pity... "
- " I would have felt more comfortable... "
- " The time, which I spent in the group...."

- " During sessions I understood... "
- " It is/was not worth... "
- " I think... "

I printed these sentences on separate sheets of paper. Each member of the group could write what she or he wanted. This way I hoped to get some feedback about what participants felt/thought during sessions and maybe did not express verbally in the sessions. First I explained my aim; that it was important for me to get some honest feedback as a leader of the group. Below I will present some of the results. Every expression of one patient is now in a separate clause (" ..."). I have not repeated the beginning of each sentence:

The most joy I had was

- " ...taking part and watching from the outside"
- " ...belonging to the group"
- " ... singing, dancing and moving"
- " ...communicating with people"
- " ...listening to music, using different articles for making music"
- " ...singing with others favourite songs."

It is a pity

- " ...that sessions were short"
- " ...that the time passed away so fast."

I would have felt more comfortable

- " ...if such sessions had always been offered during the periods of treatment that I had."

The time, which I spent in the group

- " ... was good for me and it was also good for others"
- " ...made my condition better, raised my mood"
- " ...drew away my attention from my sorrow."

During sessions I understood

- " ...that it is not worth to develop complexes"
- " ...some things, which will help me in solving my problems"
- " ...that I began to feel better"
- " ...that everybody has his problems and it is easier to manage them together"
- " ...that I can draw my attention from problems and communicate with people."

It is/was not worth

- " ...to hold myself in check"
- " ...to retreat into my sorrow, my problems."

I think

- " ...that all members of the group began to feel more free to the time of last sessions"
- " ... that time is the best doctor and that the help of friends is great."

The group of patients had no "real" instruments to play; there was no suitable equipment to use in the sessions: I could only bring a little portable tape-recorder and could only dream about a CD-player and a higher quality of a sound or about recording sessions on video- or audiotapes. Some members of the group wished to take on taping group improvisations, singing and

listening to them outside the sessions. They smiled saying that they could imagine making trips giving concerts for others. There were no free rooms at the day department of the clinic, much less talk about an extra room for music therapy. Patients had individual programs of treatment without any time that could be free for everybody to take part in music therapy sessions. But the desire to try was stronger: Treating doctors let me work with their patients, the head of the day-department and medical staff recommended one of the rooms which were usually used for other affairs, and patients who came earlier before the treatment day began or stayed after all the procedures of treatment in order to participate in music therapy. Some of them needed nearly an hour to get to the clinic... During this work I once again understood the meaning of the words of my lecturer, who said: "every person is able to feel music". I understood that it is not correct to divide people in musicians and non-musicians. Music therapy made it possible to make contact with and between group members and to increase participation in verbal and nonverbal activities. It turned reticence and fixation on negative emotions and experiences into a more positive attitude. Thereby sessions of receptive music therapy were good for starting a therapy process, while active forms of using music showed their high effectiveness in continuing psychotherapeutic treatment, even in the context of a short-term therapy. Based on the feedback given by the patients and their participation in the group activities during sessions I could see that it was only a beginning. More sessions would be good for working out personal soul processes. Seeing all the efforts I understood that music therapy can open doors and hearts. It has a great future in Ukraine and can grant some people a new hope to become healthy. I understood that music therapy has a real chance to exist in Ukraine.

Educational Programs in Music Therapy in Ukraine

One more important question is asked in connection with the possibilities to have education in music therapy. Here four cities of Ukraine could be mentioned: Zaporizhzhia, Kyiv, Lviv and Dnipropetrovsk.

In 2000, according to an agreement of collaboration between the Faculty of Social Pedagogy and Psychology of the State University of Zaporizhzhia and the Faculty of Music Therapy of the University of Applied Sciences Magdeburg-Stendal, Germany, a collaborative project, entitled: " Social-psychological rehabilitation with music" was started (Ivannikova, 2002). Dr. Thomas Wosch, a lecturer of music therapy at Magdeburg, visited the Ukraine and gave seminars and lectures, as well as online courses(Wosch, 2000a, 2000b), which became a very unique experience for both universities. Galina Lokareva, doctor of pedagogy of State University Zaporizhzhia, offered a number of courses in music within the frame of the project.

A license for this project was given by the Ministry of Education of the Ukraine. A teaching program developed for students in both social pedagogy and psychology as supplementary education, which was parallel to the main study in psychology or pedagogy (Ivannikova & Wosch, 2003). The students in this project had to obtain a certificate in basic music therapy, which was comprehensive enough to give them sufficient qualifications. . In this certificate the active music therapy of Crossener Schule took an important place. According to this educational program, the teaching of music therapy consisted not only of lectures and seminars, but also workshops in music therapy, excursions to institutions and practice in Germany with support from the Society for Orff-Music Therapy, guest-study-program, and writing and defending of a research work (Ivannikova, 2004).

At the faculty for Music Pedagogy of the Ukrainian National Tchaikovsky Academy of Music (Kiyv), Galina Poberezhnaya an elective course of music therapy for students of music pedagogy offered from about 2001-2002 (Luban-Plozza, Poberezhnaya & Belov, 2002). This course touched upon general points of music therapy; it was developed for students, who were studying their in last semesters, and lasted for 3 semesters. After graduation from the Academy, a certificate in music pedagogy is given, where music therapy is one of the subjects. This course does not give any qualifications to practice music therapy, but it is considered as an informative one. The faculty for Music Pedagogy also intends to get a license for music therapy as one of the subjects, concentrating on receptive approaches to music therapy without much personal activity of the clients.

Oksana Zhariniva-Sanderson, MMT (N-R) was born in Ukraine and studied music therapy in England. She now works in Berlin, in a centre for torture-victims. In the autumn of 2002 she made a private visit to the Ukraine and "led a number of workshops in the psychiatric hospital in Lviv with musicians and therapists, most of whom were participants of the psychotherapy educational program, organized by the European Association for Psychotherapy" (Zharinova-Sanderson, 2002).

In 2004, after the end of the project "Social-psychological rehabilitation with music", one more Magdeburg-Zaporizhzhia online course was given in music therapy. This time it was organized

for representatives of psychiatric clinics of the Zaporizhzhia region. In the summer of 2004 one more agreement "to promote education and research within music therapy" was signed between the State University Zaporizhzhia, the Ukraine, the University of Applied Sciences Magdeburg-Stendal, Germany and Sogn og Fjordane University College, Sandane, Norway. This agreement was based on the collaboration from the year 2000. According to this document a postgraduate student, Alena Svatyeva, who completed "Social-psychological rehabilitation with music", and me, a lecturer of State University Zaporizhzhia were able to complete further qualifications in Music Therapy in Norway. This constitutes the initial stages for establishing our own Ukrainian training course and a high quality practice in Music therapy in the future.

Silke Jochims (Germany), music therapist in the fields of psychosomatic diseases, child psychiatry and neurological rehabilitation, presented in Dnipropetrovsk in February 2004 a seminar in Music Therapy for professionals of Gestalt therapy, client-centered psychotherapy, psychoanalysis and family therapy. After this introduction a plan came into existence to offer a training course for professional psychotherapists to become music therapists from the year 2005. This course should last two years, with five to six one-week phases of training (Jochims, Silke, 2004). In this way very important knowledge will be given further to the Ukrainian people.

Does music therapy have a chance to exist in Ukraine? You can keep asking me the same question again and again and you will get the same answer: "Yes, it does!"

Notes

[1] The title of the novel is sometimes translated to: Kater Murr, the Educated Cat. A more literal translation would be "The Life Opinion of the Cat Murr."

[2] Based upon the work of Christoph Schwabe.

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