



A Conversation About ... Mental Health and the Arts

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Release date: Wednesday 21 February, 2024 on MHPN Presents

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Host (00:00):

Hi there. Welcome to Mental Health Professionals Network podcast series MHPN's aim is to promote and celebrate interdisciplinary collaborative mental health care.

Professor Mark Creamer (00:17):

Hello, and welcome to this episode of MHPN Presents, a conversation about mental health and the arts. This is a podcast series that explores the relationship between mental health and psychological wellbeing on the one hand and artistic involvement and expression on the other. During this series, I'll be joined by researchers, by creative arts therapists, by mental health specialists, as well as by artists of various kinds who have an interest in mental health and perhaps who have struggled with some mental health issues themselves. And these people will help us explore this relationship between our involvement as a creator or as an observer of art and our psychological health and wellbeing. And we'll try and touch on not only the positives, but also the potential negatives of these relationships. My name's Mark, Mark Creamer. I'm a clinical psychologist and professorial fellow in the Department of Psychiatry at the University of Melbourne.

(01:16):

And I am delighted to be hosting this series because of course, I'm very interested in mental health and how we can best help people who have mental health problems. But I have a particular interest in today's topic because I love music. I play guitar and I sing in a local community choir. I try and sing tenor, but I enjoy both of them very much and I'm sure that they're good for my mental health. So I am thrilled today to be joined by two very experienced music therapists, Jen Bibb and Jason Kenner, who will be here with us for the next three episodes to help us understand everything that we need to know, but we're afraid to ask about music therapy. Welcome Jen and Jason.



Transcript



Dr Jennifer Bibb ([01:57](#)):

Thanks for having us.

Dr Jason Kenner ([01:57](#)):

Yeah, thank you.

Professor Mark Creamer ([01:58](#)):

I'd like to begin, if I could, by asking you to tell us very briefly, just something about perhaps how and why you got into music therapy, what kind of pathways leads someone into this sort of career, and maybe even a word or two about what your current work, your current role is. So okay, to start with you, Jen, tell us a bit about how you got there.

Dr Jennifer Bibb ([02:18](#)):

Sure. So for me, I suppose I always, even through high school, had a passion for helping people and found myself kind of volunteering in the community and aged care services and things like that. Again, always kind of very passionate about music and singing and did music all through high school. So for me, when I found out that there was such thing as a music therapist, I was like, that's it. I'm going to become a music therapist. And back then obviously it wasn't as well known. So from there I studied music at the University of Melbourne and then moved into Masters of Music therapy at the University of Melbourne as well and just loved it and knew that that was for me. And then went out and worked as a registered music therapist for 10 years in mental health. And in between that I found myself doing my PhD and moving into research, particularly in mental health, which always was my passion area. So now I'm doing a lot of more research work rather than the clinical the last few years. And I'm a researcher at the Alive National Centre for Mental Health Research Translation at the University of Melbourne.

Professor Mark Creamer ([03:25](#)):

Right. Fascinating, fascinating. And there's a whole lot of points there that I hope we'll be able to pick up on as we go through at different parts and particularly actually later in this episode when we talk about what is music therapy. But anyway, that's lovely. Thanks very much. Jen, what about you Jason? What sort of pathway have you had to where you are

Dr Jason Kenner ([03:41](#)):

Not quite as direct as Jen's? So for me, I never really knew about something like music therapy when I was in high school and I didn't really know what I wanted to do anyway, but I ended up doing a whole bunch of jobs. I won't tell you my whole history, but it ended up being a business analyst in a software company. And when I was there, I felt like this wasn't really my passion, but I did work with a lot of people that were passionate about software and writing code, and I was like, okay, gosh, I'm not like that. What am I passionate about? And I'd always played music, been playing since I was a child, always played in bands and loved jamming. Never really wanted to be a music teacher, but I knew that I wanted



Transcript



to do something to do with music. And then a friend of mine told me about music therapy and I thought, wow, that sounds fascinating.

[\(04:25\)](#):

I'm also really interested in human behaviour and the idea of doing something that helps people rather than just one of those jobs where you feel like you're just making money for the shareholders of the company that you work with. So I looked into it and thought, wow, this is just the perfect job for me. And so I just quit work, went to uni full-time and studied and became a music therapist. And then from there I ended up working at the Alfred Hospital. I'd had a few different jobs, but my main job was at the Alfred in psychiatry there, working on the inpatient unit. Did that for quite a number of years, I think seven years or so. And then from there I moved into the University of Melbourne, was a full-time lecturer for another seven years or so there. Did my PhD on borderline personality disorder and group improvisation.

[\(05:10\)](#):

Then just before Covid perfectly timed, time to leave the university because that would've been very difficult time to teach. So I had a little bit of a break to try and think about what was next. And then it was the same time as NDIS started really developing and a lot of people were wanting music therapy services through the NDIS and I just found myself just doing all of this private practice stuff and then thought, wow, this is really booming. Found a space in Fitzroy North, opened a clinic. I've got a few music therapists that work for me now, and we're doing all sorts of things. It's not just NDIS. We do some schools programs, we do some programs in aged care. We also do some work in private psychiatry, some forensic stuff. It's a bit of a mix and it's just been fantastic.

Professor Mark Creamer [\(05:53\)](#):

That's great. I think, again, I think there's a whole lot of stuff I want to pick up on later as we go through, particularly that stuff at the end about the diverse populations that you can work with. But I love also the fact that you've had such different pathways to get to where you are. And I do think it highlights, I'm sure it's beyond health in every profession really, but I'm often struck by colleagues in health and mental health, what different pathways we've all had to get to where we are today. So I like to think it's reassuring for young people. You don't have to decide at the age of 18 where you're going to be for the rest of your life anyway. Look, thank you very much for that. As I say, we'll pick up on some of those points as we go on.

[\(06:28\)](#):

In today's episode, what we're going to try and do is provide an introduction and overview if you like, to the field of music therapy. In the next episode, we'll explore what actually happens in a music therapy session, and in the final episode we'll talk a little bit about outcomes and what we might hope to achieve by the process. But first, if I may, I would like to start with a question that's a little bit out of left field and that you might think it's a bit unfair of me to even ask this question, but I think it's interesting and possibly kind of central to what we're talking about. My question is, what is music? Can we define it? Jason, I might throw that particularly curly one to you to begin with.



Transcript



Dr Jason Kenner ([07:04](#)):

Sure. So yeah, it's hard to define music because as soon as you find it come up with a definition, you find an example that's outside of that. And the classic is that John Cage piece. **Professor Mark Creamer** ([07:16](#)):

Yeah, well, is that music four and a half minutes of silence?

Dr Jason Kenner ([07:18](#)):

That's exactly right. Yeah. So I mean, I think really what makes something music is that you are listening with that way of pulling everything together and trying to make something coherent in your mind. It there's something temporal about it and it's about pulling things together and feeling things coming together. That's kind of my very broad definition of what music is. So that could include even non sound type experiences. But for us in music therapy, we have a way of thinking about music, which sort of informs the way that we work, which is different from the modern way of thinking of music where you have musicians and an audience where you'd like to think of music as something that we co-create with people that we experience together, that it's not really about the outcome, it's about the doing of it together. And I think when you look at where did music come from and why do we have music, why does music exist? It's more for those reasons than for the performance,

Professor Mark Creamer ([08:18](#)):

For reasons of bringing the group together and social cohesion sort of reasons.

Dr Jason Kenner ([08:22](#)):

Definitely. And it's not my area of study, but when I started doing my PhD, I was really interested in what's going on when we are listening and when we're making music together. I felt it was really important for me to understand something about that before I launched into my question and delving into doing a PhD because a bit of a commitment as you would know.

([08:45](#)):

And so what I learned is that humans have been making music for a long time. We have archaeological evidence of flutes made out of bones from caves in Europe that are over 40,000 years old. Every culture on earth makes music and music is used for purpose. It's purposeful. We use it for ceremony, we use it to pass on history. We use it to celebrate. We use it to grieve, we use it to bond and prepare for challenges, ways of coping with disasters, ways of preparing for going to war, and all of these things. When you think about it, it's all about bringing people together and you've got to ask the question, why are we still making music after all of this time? And it's because it serves a purpose and we're better with it.

Professor Mark Creamer ([09:36](#)):

I think it's a very interesting point. I'm not even sure I'd thought about that, but yeah, if I think back on my involvement in music as an adolescent listening to music or whatever, that's what you relate to your



Transcript



mates about often. It's a very important social occasion. I love that bit. I'm not quite so sure about your first answer about the breadth of what might constitute music. What do you think, Jen? Are you happy to go along with his definition before I put the blowtorch on it?

Dr Jennifer Bibb (10:00):

Yeah, absolutely. And I think it is so subjective, and I think it's cultural as well. It's culturally based and for different cultures it serves a different purpose and it has a lot of different kind of history and background to it. But yes, I agree

Professor Mark Creamer (10:14):

That cultural thing is also an important one, which I hope we'll get time to talk about down the track. Let me just though bring us back to what we think of as music. So how important do you think rhythm is? I'm struck by the fact you talked about very sort of early music, which may have perhaps just been drums, I suppose may have just been rhythm.

Dr Jason Kenner (10:30):

Yeah, likely and voice of course. Again, this isn't my area of expertise, but my understanding is from the First Nations people in Australia would do things like use a possum skin just stretched over their thighs. So as a very simple way of making a drums the drum head in a way, sticks hitting them together. Some of the drums that we have now, which we call log drums, were traditionally were just a log with a slit cut in it and you hit the slit and it has a tone. So there are really easy ways to make music, and I think rhythm is pretty important.

Professor Mark Creamer (11:06):

Sure, sure. And you also mentioned, again, I might throw this to you Jen, because you are a singer by background, the human voice. I just feel there's something special about music that has the human voice in it, and perhaps it is about this sort of social bonding, but does that ring true to you?

Dr Jennifer Bibb (11:22):

Yeah, absolutely. I've always thought that, and I think too, that our voice is part of our bodies and ourselves and who we are really, it's so much tied into our identity and our humanity really. So it is really special contribution in music and it does bring us together, and that's why we use it so much in music therapy

Professor Mark Creamer (11:43):

Brings us together and also is very powerful evoking emotions, isn't it, which I'm sure will be important as we talk about music therapy. But again, just how emotional you can feel when you listen to a beautiful piece of music, whatever you define as beautiful. But yeah,

Dr Jason Kenner (11:57):



Transcript



Particularly the human voice, it carries a lot of information beyond the words themselves, but you can kind of tell what's going on for somebody by the tone of their voice. Do they like you? Are they interested or are they being aggressive? I think we've really wired to interpret all of this sort of tonal information because such a rich sound and our ears are really sensitive to that particular range of sound,

that is the human voice. We hear it louder than we hear higher, really high and really low frequencies. We zone in on it.

Professor Mark Creamer (12:34):

And I think, again, I defer to you, Jen, but they would often tell singers that you have to feel what you're singing. You have to inject that emotion into it and feel for it to come across and be picked up that way, I suppose. Fascinating. I think we could devote a whole podcast just to talking about what is music, but we're not going to move on. Let's think about this idea though, of what is music therapy because I'm sure for many of our listeners, and certainly for me, I don't feel I have a good idea of what music therapy is. So perhaps if we start with you this time, Jen, can you tell us something about what music therapy is, whether we can define it?

Dr Jennifer Bibb (13:07):

Yeah, so music therapy is an evidence-based allied health profession where trained music therapists who are registered by our regulated body use music to support people to improve their health and wellbeing essentially.

Professor Mark Creamer (13:22):

Okay. So we're going to be talking over future episodes. Well of course next week in detail. What we want to do is talk through an actual music therapy sessions, so I don't want you to give away too much, but tell us just a little bit more, just an overview if you like, to wet people's appetites about what might music therapy comprise, who's it for, why you're doing it?

Dr Jennifer Bibb (13:44):

So registered music therapists work with a range of different people across the lifespan, and we use different music therapy methods that are formed by research and clinical practice. And it could be active music therapy methods like singing and playing music together and improvising or writing songs together with people, or it could be more what we call receptive methods. So things like listening to music with people and using music assisted counselling methods or supporting people to make playlists for their own wellbeing as well. But we work with people from all kinds of walks of life and all kinds of conditions and in all kinds of settings really in Australia.

Professor Mark Creamer (14:27):

So it's very broad. We'll pick up on more of that next week when we talk about the content of the session, but I am interested that there's a whole range of stuff both listening and creating that can be



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part of it. I think it's great. Has it been around a long time? I'm interested, you said in your introduction that the field had progressed. Has it been around do you think, for a long time? As a profession?

Dr Jason Kenner (14:47):

As a profession? The modern version, the western kind of version came out of the US and I think it was in New York City, I think after the first World War when some of the soldiers were coming back and they had what was termed at the time, shell shock and they were being hospitalised and they were finding

they were having difficulty being able to support these people. And one of the doctors at this particular hospital just brought some musicians in to play music and they just found that these patients were attending to what was going on. So they were paying attention, they were listening, and then they started just naturally having some conversations with these musicians. And so they realised that there

was some way of being able to make person to person contact through the use of live music making in this hospital. The medical people there started training the musicians to be able to have helpful conversations and teaching them some skills, some therapeutic skills. And it just kind of grew from there to become what we call music therapy now because the training, basically it's about the learning and the courses, so the courses grew from there.

Professor Mark Creamer (15:51):

That's fascinating. My particular area of interest is trauma is the mental health effects of trauma and post-traumatic mental health, and particularly I guess veteran and military population. So this idea that it came after the first World War as a way of dealing with shell shock or whatever we call it now, PTSD I think is fascinating. And I do know very familiar with the PTSD treatment programmes around Australia, and I know that several of them use music therapy as a component of this multidisciplinary approach that was back in 1918 or whatever. It's evolved since then, presumedly.

Dr Jennifer Bibb (16:23):

Yeah. So in Australia, the profession was established probably about 45 years ago, and it's definitely grown over the years with different training courses. And as healthcare has evolved as well, music therapy and other creative arts therapies and allied health of course has become definitely more needed.

Professor Mark Creamer (16:42):

And as you were saying, there's now, in fact both of you talked about doing post-grad qualifications and so on, so there are now recognised qualifications to become a music therapist.

Dr Jennifer Bibb (16:52):

Absolutely. So to become a music therapist in Australia, you need a master's level degree and you also need to be registered with our Australian Music Therapy Association.



Transcript



Professor Mark Creamer ([17:04](#)):

Do you have to be a musician? It's obviously going to help, isn't it? But do you have to be a musician to be a music therapist?

Dr Jason Kenner ([17:09](#)):

Yeah, definitely. When I was working at the University of Melbourne, I think right now we still only have two courses in Australia. So there's one at the University of Melbourne and one at Western Sydney as well. So there's only two places you can go to train and you don't have to had a bachelor of music as

your first degree, but you do have to pass an audition in it. You have to be pretty decent musician because you don't have to just be able to play, but you have to be very flexible in the way you can play because it's really about the person that you're working with and understanding what their interests are and how they might engage musically. And then you need to be able to facilitate that. So I think both of the courses, definitely the one at Melbourne University requires you to be able to play guitar and sing. So you have to be able to sing with a reasonably good voice, something that you would deem therapeutic

Dr Jennifer Bibb ([17:58](#)):

In tune,

Dr Jason Kenner ([17:58](#)):

Also in tune, those sorts of things. And you have to be able to play guitar well enough to be able to accompany yourself. And then you also have to demonstrate, and it could be on either of those instruments if they were your primary instrument, but if your primary instrument was something different like piano or flute or whatever, you have to as part of your audition, demonstrate a pretty high level of standard, which you would think of kind of like a grade eight, AMEB level of playing.

Professor Mark Creamer ([18:22](#)):

Oh, that's pretty high. Yeah,

Dr Jason Kenner ([18:23](#)):

It's pretty high. Once you've gotten to that level of skill on one instrument, it's much easier to bring yourself up on others. But if you've not gotten that good at anything, if all you can do is just play a few chords and sing, it's probably not enough because you would know being a guitarist yourself, it takes many years to become good. It doesn't take long to become okay, but you have to be good.

Professor Mark Creamer ([18:50](#)):

Yes, yes. So you are a singer, Jen. Does that mean you also had to have an instrument to support you or a backup kind of thing?



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Dr Jennifer Bibb (18:57):

Yeah, so for me it was a guitar, so I'd played a bit of piano but wasn't up to that kind of level. But obviously with singing I was, because what I did my degree in and then I needed to learn guitar to be able to be a music therapist too. So that's what I did to kind of support my voice and singing.

Professor Mark Creamer (19:14):

Right, right. Yes. That's interesting. Just to go back to where it started and this idea that you are suggesting that perhaps it started in New York and you actually, Jen mentioned something about cultures and so on, but is music therapy particularly a Western phenomenon?

Dr Jason Kenner (19:29):

No, it's not. There's a World Federation of Music therapy now, and most countries have their own local music therapy associations. And all throughout Asia there is music therapy. We have some courses that are out there as well, but often people will come to somewhere like Melbourne and train here and then go back home to practice. A country like India has a long tradition of using music therapeutically. Things like the Raga's

(19:58):

And so on are all, they're specific to different purposes and they always bring their culture into the modern practice of music therapy. So even though they're still bringing this Western idea of what music therapy is into their country, they also bring their own culture, much like medicine is the same around the world. So yeah, it's everywhere. South America, Europe. And interestingly, some of the countries, their history of psychology influences as well. So as you would know, there are different orientations in psychology. And so we find that even in music therapy, some countries have more of a psychoanalytic way of thinking about the way they work and others are a bit more behavioural or humanistic and so on.

Professor Mark Creamer (20:41):

Very interesting. And as we started off by saying really quite apart from the formal stuff, which I'm to hear actually is kind of now worldwide, as we've said over millennia, people have probably been using music as a therapy, even if it wasn't called music therapy sort of thing. I'm very pleased to hear you both talk about research and about evidence-based practice and so on. You've both done research. Can you just give us a bit of a flavour of the kinds of research that's being done in the area of music therapy?

Dr Jennifer Bibb (21:08):

I mean, our expertise is in mental health. So from a mental health perspective, music therapy has Cochran reviews supporting it, those kind of level one and level two NHMRC types of evidence

(21:21):



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To support the use of music therapy, particularly in mental health with people with depression, anxiety, schizophrenia. And we also have some research in field of eating disorders now too, that music therapy can be used for reducing anxiety, particularly around certain times that are very anxiety provoking for people with eating disorders like around mealtime. And we also have randomised controlled trials in the space as well that have kind of shown improved quality of life and improvement in negative symptoms as well for people with schizophrenia and psychotic type disorders too. So we've got so much case study, qualitative research as well, explaining people's experiences of music therapy and why it's been important for them and their recovery and mental health too.

Professor Mark Creamer ([22:07](#)):

Excellent. And you've foreshadowed there a number of things that we're going to pick up in the next couple of episodes, particularly the kinds of disorders if you like, that we work with and also a bit about outcomes there. And I'm glad you mentioned quality of life, something that we, I think as mental health

professionals didn't care enough about, we were only interested in symptom reduction on a scale, but quality of life is so important. Yeah. Anything to add there, Jason, in terms of the nature of research being done or perhaps your research?

Dr Jason Kenner ([22:33](#)):

Yeah. Well, it's very broad, so Jen's focusing mostly on mental health in her answer, but we have, when I was doing my PhD, we had a group of, I think there was 10 music therapy PhDs at the time that I was doing mine, and people were doing studies in palliative care, they were doing studies with children with autism, they were doing studies in disability, they were doing studies LGBTQI populations, gosh, there's more. But

([23:04](#)):

I focused on group music therapy and on improvisation was the thing that I was really interested in. And what I was sort of wanted to understand because the way we work often we do something and then we talk about what we've done and the doing is something musical and then the talking is the processing and it's easy to see in the talking what's going on. We can look at the words and we can do an analysis of that, but it's what's going on in the music and I wanted to understand what are the musical experiences that led to these discussions. So that was my study. I did a lot of music analysis and then looked at the conversations and tried to connect those processes over time, what changed in the music, what changed in the discussions, is there a way of making some sort of link between the two?

Professor Mark Creamer ([23:51](#)):

I had in the back of my head that in our third episode we would talk a little bit about mechanisms and it sounds like we're getting into a bit of that there, so hold that thought. But yeah, I would love to talk about that a little bit more. I think it's a fascinating kind of area. I was interested, Jen, that you talked about one of the things you might do is simply, I'm not suggesting it's simple, but is to work with someone to develop a playlist for themselves. That's a fascinating idea. Is the implication perhaps that



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the people that you are working with don't have the insight or don't understand themselves? What music makes 'em feel good or not so good?

Dr Jennifer Bibb (24:26):

Yeah, so I suppose with that, we know that music is a great tool that we can all use to kind of improve our wellbeing and you or I might put on a song that we know makes us feel good or to kind of remember a particular time in our lives or things like that. But what we know from research is that for people who are experiencing difficulty with their mental health, they're often not able to regulate or recognise that intention behind music cue. So it might be that they put on a song and just kind of get caught up in listening to it over and over and over and over, and at the end they don't feel any better and actually they can feel worse. So the research that we have shows that without kind of a lot of support, and that's where music therapists come in, people can feel worse from listening to music and for people who already have difficulty with their mental health or regulating their emotions, that can be really harmful. So that's where we come in to support people with developing playlists and to really recognise that intentional use of music and how can we promote our mental health through using music and playlists.

Professor Mark Creamer (25:37):

That awareness I think is fascinating, isn't it? As you're talking now, I'm thinking back again to my adolescence and thinking about Leonard Cohen. So for most of our listeners, they're far too young to know who Leonard Cohen was, but in the seventies, he was someone, and the joke in inverted commas used to be that it was music to slash your wrists by because it was so slow. And yet I remember as an adolescent putting it on and it made me feel better. I loved listening to it, it made me feel good, look, fascinating stuff. Jason and Jen, I'm so glad that we've got another couple of episodes to explore this in more detail because there's just a whole lot of stuff there that I do want to go into and we will. But unfortunately, the clock is against us and we've run out of time.

(26:15):

And as I said, we've covered a lot of ground today and for me as much as anything else, it's really wetted my appetite for the next two episodes. I'm really looking forward to them and I'm sure that today's been of great interest and I certainly hope that you have enjoyed it as much as we have and that you equally looking forward to the next two episodes. In our episode today, we've had a great introduction to the area of music therapy, and I have to be honest and say that between now and our next episode, I'm going to try and persuade either Jason or Jen to bring in an instrument or some music and to give us a practical demonstration. So I encourage everybody to have a listen to that episode. If you want to learn more about Jason, Jen or myself, or if you want to access any resources, including a link to the Australian Music Therapy Association, go to the landing page of the episode.

(27:00):



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You'll also, of course find a link to the feedback survey, and it really is very important if you could possibly find the time. We do want to know what you thought about this episode and more broadly suggestions for MHPN about how they can better help you. But for now, I would like to thank you both so much. Again, thank you very much, Jason, for your time and insights today.

Dr Jason Kenner ([27:21](#)):

Thank you Mark,

Professor Mark Creamer ([27:22](#)):

And also to you, Jen, thank you very much and it's goodbye to both of you and it's goodbye for me. So don't forget to tune in for our second episode in this music therapy series. In the meantime, thanks very much to you all for joining us today and listening to the podcast. Bye for now.

Host ([27:39](#)):

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