A Conversation About… Connecting Through Music and Art Therapy

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Host (00:01):

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

Jason Kenner (00:19):

Welcome to this episode of MHPN Presents a conversation about. My name is Jason Kenner. I'm a music therapist and I'm also the host of today's episode. Joining me today is Art therapist Pam Hellema. Hi, Pam.

Pam Hellema (00:32):

G'day.

Jason Kenner (00:33):

Today we're discussing music therapy and art therapy, similarities, differences, collaborations, and more. Early 2024, MHPN hosted a conversation about music therapy and we explored a range of topics over three episodes. Listeners can access the MHPN website to hear more about those conversations. So Pam, this is your first time on the podcast. Can you introduce yourself and tell us something about how you became an art therapist and what led you to working in mental health?

Pam Hellema (01:04):

Sure. Thanks for inviting me. Well, I always was creative, always was dabbling in the arts in some way, shape or form, and went on to study fine art and wasn't quite enough for me. I couldn't imagine myself being an isolated artist with a red wine addiction. And so I started seeking what else I might do with my degree. And I discovered arts therapy. At the time, there was a programme at RMIT that was multimodal, so also being a musician, I was interested in that and began studying that at RMIT. I put that

down for a little while to have children, but then when I picked it up again, that programme had closed, but I then continued and completed a master's by research at MIECAT.

Jason Kenner (01:50):

Brilliant. Well, you and I worked together for a number of years on the psych unit at the Alfred here in Melbourne, and we've remained friends and colleagues since then. And so for this conversation today, you were the obvious choice. So look, maybe we'll start with a bit of a history of music therapy and art therapy and in Australia specifically.

Pam Hellema (02:12):

Sure. Look, I'm not a historian by any means, but from what I understand, art therapy started getting a little bit of acknowledgement through Cunningham. Dax Cunningham. Dax was a psychiatrist that was based at a hospital in Royal Park, and he recognised the way in which the art of people he was caring for revealed something of their inner world. And he began collecting the artworks of the patients that lived there.

Jason Kenner (02:47):

And that collection's still on display. I've seen it and it's awesome. People should go and have a look. It's brilliant. And so what about the training for art therapists? Do you know when that first started off?

Pam Hellema (02:59):

Look, I think one of the first training programmes would've been at Latrobe University and it was born out of, well, this is particular to Victoria. There's also one in Western Sydney that has been there for a while. The one in Victoria though was set up by Jean Rumbold and Warren Lett, and they were teaching counselling there at the time. They had a fair bit of wisdom and knowledge about how the arts can support health and wellbeing and championed programme separate to the counselling programme. I think it began as a graduate diploma and then grew from there.

Jason Kenner (03:41):

Similar story to music therapy, really my understanding of music therapy is that there were musicians who were working particularly in the mental health sector and back then the institutions were the spaces. And then in the late seventies, the first course started at the University of Melbourne Professor Denise Grocke, or Emeritus professor Denise Grocke now started that course. And the main area where music therapists used to be employed was in mental health. But then when deinstitutionalisation sort of started to happen, those sort of positions disappeared. And then music therapy became more about children and children's health, Royal Children's Hospital, Monash Children's also in some of the special development schools. But now there's a bit more going on in the mental health space. And that's where you and I got to know each other at the Alfred. So maybe we'll talk about that. So you were there before me, so how did you get your position at the Alfred?

Pam Hellema (04:46):

Yeah, look, it sounds a little bit incestuous actually. I think though it's probably helpful to note that the art therapy role there was built up in response to the success of a couple of art therapy placements. So Latrobe University were sending art therapy students to complete their placement at the Alfred. And I heard about the position through my sister-in-law at the time who was an OT at the Alfred, and there were a couple of friends of hers also that were working in that service. And anyway, they then said, we are looking for an art therapist. Are you looking for work? Of course, I went for an interview. That in itself was really telling and interesting. That was a process. Yeah, look, I was kept waiting for 20 minutes just sitting on a couch in the ward and it was my first experience of ever being on an inpatient unit.

Jason Kenner (05:45):

So the interview was actually on the inpatient unit?

Pam Hellema (05:48):

Yeah, yeah, right. Amazing. And there was someone there, and this was in 2004. So there was someone there and it looked like they were talking to themselves, they were wearing a suit, but they looked like they were talking to themselves and they were sort of pacing. And I looked a little closer and realised they've actually just got a Bluetooth device on their head. They weren't a patient at all. They were actually visiting, but they decided to have their Bluetooth conversation on the road. So I interviewed for the role, the role started at about eight hours a week, one day a week. And then gradually grew from there. In 2006, I had my son, my first child, and when he was three months, they called me and said, look, we are opening up this new psychiatric intensive care unit. Could you come back full time? So I wasn't quite in the right stage of life to be going back to work full time, but I immediately thought of **Jason Kenner**. So you had done a placement there yourself?

Jason Kenner (06:52):

That's right. But when I did my placement, were you there or were you on maternity leave during You were there, weren't you?

Pam Hellema (06:57):

Yeah, yeah, yeah. Well that's why I thought of you.

Jason Kenner (06:59):

That's of course. So that's part of the story. So before you had Noah, I went in and did my final placement. So that was also what we'd call an unsupervised placement. So I think that's something that's specific to our professions because there aren't that many art and music therapists around. Often when you're doing your training, you'll do a placement or two with an art therapist or a music therapist, you'll learn off them. But then you'll often do what we would call an independent placement where you go somewhere where there isn't a current programme happening.

(07:31):

And you just go there and do it. And that's what I did when I went to the Alfred and you were there. And there was also a wonderful occupational therapist, and I can't remember her name,

Pam Hellema (07:40):

Bec Hanrahan.

Jason Kenner (07:41):

That's her. Yes, that's Bec. Exactly. And so she was my supervisor, but you and I had worked a lot together and talked a lot about the work. Of course. So when I came in and we were both sort of job sharing, but at the time it wasn't actually a position we were just contracting in and sending invoices weekly or monthly or whatever the thing was then. And then over time they decided to actually give us a job shared position as salaried members of the team. And then that kind of grew to three days a week each. I don't know what it is currently. Neither of us are there.

Pam Hellema (08:15):

Well, I can tell you me. Well, I now coordinate placements for Latrobe University.

Jason Kenner (08:18):

Okay, so what's going on now?

Pam Hellema (08:20):

Yeah, so they have 2.8 art therapists. So they effectively have an art therapist on each ward for four days a week.

Jason Kenner (08:31):

Brilliant.

Pam Hellema (08:31):

And then the music therapist, I'm not sure of the music therapist's, EFT, but they work across Baringa in the aged psychiatric service and in the inpatient unit.

Jason Kenner (08:44):

So let's maybe talk about what we did when we worked there. Maybe we could talk a little bit about individually, how we approached working in that context and then how we worked together as well.

(08:57):

And we can maybe try to pick out some of the similarities and differences in the way we think about how we work. And something that actually came up when you were talking about the history of art therapy and you mentioned that particular psychiatrist noticed something in the artwork that revealed to him what was going on for the patients that were making it. And that straightaway my ears pricked up because I think there's a little bit of a difference there in the way art therapy works or how you do art therapy compared to music therapy. Because in music therapy we don't really analyse people's music or look at their music and ask, what does that tell me of that person? I mean, we kind of do in the moment, but we don't look at it as an object in the way that you would look at artwork as an object. For us, it's

more about the relationship that we're having with the person as we're co-creating music together. So there's a little bit of a difference there, but let's maybe talk about art therapy and we're talking about in an acute public health context, which differs from many others. It's quite specific, isn't it?

Pam Hellema (10:03):

Yeah. Well I guess one significant difference is that within the public system there will be a proportion of people that are there involuntarily and they may be there without a real understanding of why they're there sometimes. So that really shapes the space and it's that thing of like, well, how do you bring therapy to someone who doesn't believe they need therapy? And I think that that's where maybe art and music therapy provide an entry point into addressing wellbeing for people in that situation. But when I started, I always approach these experiences with the question, what is it that art therapy could be doing here? Are there gaps in the service? What is the unique role that art therapy could play? And there's lots of clinicians there doing assessments. I didn't think I needed to do more assessments. There are assessments within art therapy, but my sense was it would be more helpful if we were providing experiences for the client, for the patients to really be themselves. I understood this idea of the person patient split, which often happens in medical settings.

Jason Kenner (11:12):

Do you want to explain that a bit more? I think that's a Winicott idea, if I remember correctly. We talk about that bit as well in music therapy. And that's quite an old concept, I guess. And that just makes me sort of realise that we still draw in a lot of psychotherapeutic ideas that don't really permeate some of the other allied health professions in the same way as they do ours. We still think quite therapeutically, is that the right term? Or we draw on some of those older ideas, which they've gone a little bit out of favour with some other professions.

Pam Hellema (11:45):

I'd like to bring them back into.

Jason Kenner (11:47):

I think they're informative in lots of ways, particularly when you're thinking about what's going on. It's helpful I think maybe to draw on some of those ideas. But yeah, the person patient split, what is that?

Pam Hellema (11:57):

Yeah, so I guess it's this phenomenon where a person will behave as a patient because that's what they're there for. So they will meet that expectation when they're confronted with a doctor who's asking them about their mental health, for example.

Jason Kenner (12:12):

And when the nurses are doing their jobs all the time, they're not really checking in on the person, they're checking in on the person's symptoms, whereas the person and the person kind of retreats a bit, don't they? The person sort of disappears and there's just this human that's got an illness.

Pam Hellema (12:28):

And in a raw sense, there's a notion that someone's sort of reduced to a UR number within a medical setting. And of course there's many other variables that will influence how a person is treated in an inpatient setting. But I can see there's a real benefit in the art and music therapy professions in supporting someone holistically.

Jason Kenner (12:51):

Yes. And it's not because the other professions don't want to do that, but they're there to treat the illness, that's their job, and they're often under a lot of time constraints. And so that just is the focus and we're in a lot of ways, fortunate enough to be able to take the time to look at the person for who they are outside of the illness and try to bring them back.

Pam Hellema (13:12):

So yeah, that was my approach to start, and really just giving people an opportunity to use materials in whatever way they felt would be helpful for them and then engage with them around that.

Jason Kenner (13:23):

And so when you're engaging with them around that, is it while they're doing it or do you just give them some quiet and some space and then talk to them after? Or it's I guess a little bit of both.

Pam Hellema (13:32):

Yeah, it's very person centred. So if someone is curious or interested but is unsure about how to start or perhaps just isn't confident with using materials, then I might engage with them. We'll do something collaborative potentially, or I might instruct them a little in the way they might experiment with some materials.

Jason Kenner (13:54):

Brilliant. So that's very similar, particularly in terms of the way of thinking about what is my role here in this setting? And I found myself going through a similar process where I was thinking, okay, in this particular context, what is my job? Having worked in a bunch of different areas in mental health and also outside of mental health, I think that that happens every time, doesn't it? No matter where you work, even though there might be some preset ideas around how is music therapy helpful for mental health, every setting has its unique culture around health provision and you need to kind of have an understanding of that so that you can figure out your role. So there needs to be a certain amount of reflection, particularly when you are the one setting up the programme we've both done. Yeah. So for me, I thought very much about that same idea, the person patient split. And I sort of felt like it was really about helping patients cope with a hospital admission, particularly because such a high proportion of them were involuntary at that time that we were working there, which I should say was probably, well, you were there from about 2004, through to, when did you finish up there? 2015 or something like that?

Pam Hellema (15:05):

2017.

Jason Kenner (15:06):

And I was there from 2000s to 2012. And so I would assume things are shifting because cultures are always changing. I use the term culture just to sort of describe this, just the way people are and the way people do things in that setting. And there's a patient culture, particularly in inpatient unit, there's lots of people who have had previous admissions, and so people come in and out knowing what the place is like, and there's a certain way of being a patient there. And so coping with a hospital admission felt like the way to do it. And so that was about making the person feel heard, valued, feeling like they were more than just their mental illness,

(15:47):

or diagnosis, or being persecuted by the system for some of the people was the way they felt while they were there. And would do a similar thing where it's about lots of choice, taking your time, giving the patient the space to talk about their values and the things that they like. And often that starts with talking about music and then it starts to talk about life experiences and all sorts of things. And it usually leads to some music making in some form or another. And this isn't the way it always works in music therapy, but often there it would just be about songs and we'd just ended up over time building a bunch of different song books that had lyrics of songs and people would flick through them and they'd choose songs and I'd play them on the guitar and we'd sing them together and talk a lot about those. There were other ways of working, we'll maybe talk a bit more about that when we talk about the way we collaborated. But yeah, the way I worked as a music therapist was similar value system, I guess, but maybe slightly different way of working because the music happens and then it's gone. Whereas for art therapy, the art is made and then it's sitting right there. Can you talk a bit more about then what do you do with that object or image?

Pam Hellema (16:58):

Yeah, sure. So the art object isn't analysed by me. I know there's a lot of assumptions about art therapy that are made that are around the analysis of the image. What's primarily important is the client's experience of the artwork. Now there's also a potential to talk about the process. So when we are reflecting on the artwork, we might begin with talking about how it was made, what it started with, what the client was drawn to. And all of that discussion really points back to the client's inner experience and reflects back to them what it is that grabbed them, what it was that they avoided, what it was that maybe they wanted to obscure. So all of those kinds of discussions can then be expanded on if it feels like it's got meaning for the client. Then we also can use the image in what's called phenomenological processing. So we might invite the client to get some objectivity on the artwork and they might place it somewhere in the room. They might turn it upside down and try and see it with fresh eyes.

Jason Kenner (18:16):

So when you say phenomenological processing, can you explain those terms maybe a little bit or that term?

Pam Hellema (18:23):

Yeah, sure. So phenomenology is the exploration of meaning essentially. And we are trying to mine something for meaning, and we are exploring it from different angles and in different ways.

Jason Kenner (18:38):

And making meaning out of the things that you do or the things that you see or are in front of you.

(18:45):

Alright, let's talk maybe now a little bit about how we worked together. So I remember one of the things that we did right from the start is we did this really great thing what we called open studio.

(18:58):

So there was a space on each of the wards at the Alfred, which is just an open room, glass doors, glass windows you could see in from the ward. And so we'd just leave the doors open. So it was an inviting space, big tables in the middle, spread out a bunch of art materials, chairs around the tables, I'd bring out the guitar, maybe a couple of djembes and some other bits and pieces and that sort of stuff would just be sitting there. And then we'd just have that space open for two or three hours depending on how much time we had.

(19:25):

And we'd just hang out and patients would come in and out as they felt they wanted to. Some would stay for almost the whole time and others would just dip in and out sometimes just for a few minutes. And it was always just like, we would call a safe space that you could come in, you could sort of just do what you wanted, engage in the way that you felt comfortable with. Some people would just sit with us and wouldn't actually make any art or participate in any music making, but they'd be there and others would be making art and singing at the same time and being really directive almost in what would be happening in the room at the time. And sometimes that room would get a little bit chaotic, but most of the time it was quite calm and inviting and a healthy cool space to hang out in. Even I used to find that I'd always feel good coming out of those sessions.

Pam Hellema (20:14):

Yeah, look, there were opportunities for people, as you say, to participate in a way that they felt comfortable participating. And then there were also, as we matured as therapists, I could say, we started really making the most of these opportunities for deepening some of the work as well. So there were times when we might ask about a theme in the song or we might invite people to draw about the music,

(20:43):

be influenced by the music that they were hearing in their artwork. And sometimes there were just discussions that were very sort of peer led, I would say, and they just start talking about their experience of medication or side effects and it was quite supportive.

Jason Kenner (21:01):

Yeah, I remember that too. And also when I was first starting there as a young therapist, you really want to do some of the meaty stuff and you're wanting to kind of delve in and you can't force those things to happen. And then over time you start to realise that you've just got to allow these things to emerge. It sounds like a wanky way of saying it, but it's kind of what happens, doesn't it? And you've sort of got to trust the process. And I remember doing some supervision once with my supervisor at the time and saying how I was learning to just use the music more because I was trying to use the conversations maybe a little bit too much. And I felt that what I was learning from that context was if you just kind of get the music, it seems to do something that makes people feel comfortable, feel supported, feel connected with you, and they feel like there's some sort of relationship building. And when I say get the music right, it's not about choosing the right song necessarily, it's about as you're playing the song, even a thing, just getting the tempo just matches. It's got to be appropriate for the song of course, but it also matches just the feeling of how that person's engaging with you in that moment, the dynamic, even just the touch,

(22:16):

all those little sort of really musical things. And those who, listeners out there who are musicians will understand just how nuanced these things can be. And then when you sort of focus on that aesthetic, sort of interactive thing that's happening musically, then the therapeutic stuff starts to just happen. And then when you notice that stuff, it's really cool. And then knowing what to use and what to not use in terms of what people say or do in a room, when to ask a question, when to let something just go, and not say anything. There's a real skill in that, isn't there?

Pam Hellema (22:50):

Absolutely. You were really quite skilled at leaning into the emotion of a song, really allowing pauses or really playing them sensitively when it was required.

Jason Kenner (23:01):

Thanks.

Pam Hellema (23:01):

Which just made that space for people to feel the music.

Jason Kenner (23:04):

Yeah, I think it's important. And likewise with the art making, I think what was nice is the way the two interacted with each other. I could be there playing the guitar and with a couple of patients and they're singing along or whatever they're doing musically. And then you'd be sitting there making art yourself while someone else is making art. And there's just that nice feeling. It's like when you're sitting in a room reading a book and someone else is sitting and reading a book at the same time as you, there's something really quite lovely about that, isn't there? Even though you're just doing your own thing in a way, but you're sharing the space and it just has a different feeling to it. And so sitting and making art next to someone else, making art's kind of like that, do you think?

Pam Hellema (23:46):

Yeah, absolutely.

Jason Kenner (23:47):

Alright, let's talk about Artbeat. So heartbeat is what we called a particular programme that we created while we were working together on the inpatient unit. The reason we did it is because we felt that there needed to be an opportunity to do something that was a closed group where people came, we shut the door, we did the session, and it had a particular start, a middle and an end, and then it was done. Whereas our open groups were very floaty, I dunno if that's the right word, but the main thing that I remember thinking about, and we used to talk a lot about what we did and why, and what was going on in the unit is so many of the people that we worked with had psychotic illness, experienced delusional ideas, experienced hallucinations, and they were very isolated in their own world. They weren't isolated in terms of social isolation. The isolation was more about their experience of the world was lonely because it was unique to them and not shared by other people. And while you and I could sit down and talk to someone, they could tell us something about their world. Other patients didn't often engage with that because it wasn't their shared world. And so we thought, why don't we try and do something where we can create an opportunity that we all do in a particular experience, we do it together and then we talk about that thing. And so it's this shared experience, and see if we can build on that.

Pam Hellema (25:23):

It was just harnessing the way that the arts can connect people.

Jason Kenner (25:27):

Yes, building on that thing that we talked a bit about before, sitting next to someone else, making art at the same time. And this was an improvisation based, the beginning of it was improvisation. So we would use tuned percussion and normal percussion instruments. We'd have a bunch of those instruments sitting in the middle of the room. We'd invite people to choose one. We'd do an improvisation and it wouldn't be themed, it wouldn't be let's improvise a sunrise or something like that. It'd just be we're going to sit with some silence and we'll wait for something to just start.

Pam Hellema (26:00):

And even that feels really interesting to me, that process of just waiting and noticing your respective comfort or discomfort with silence.

Jason Kenner (26:13):

That's right. And I remember the thing we would say to people is sit with some silence and then you can choose whether you want to be the one that starts or whether you want to wait for someone else to start. That's pretty much what we would do. And then if it took so long that nobody was going to start, then I would just start it. But very rarely that would happen. Usually someone would make a start and the improvisation wouldn't have a time limit on it. It would just start and end.

Pam Hellema (26:38):

To just clarify, Jason and I would also be playing an instrument alongside these clients.

Jason Kenner (26:43):

That's right.

Pam Hellema (26:44):

Whilst they were playing, we would record this so clients were aware that this was being recorded and we wouldn't say when to stop either, which was another interesting factor.

Jason Kenner (26:55):

That's right. The instruction would be play and we'd stop when it just feels like it's the right time. And there were a couple of rare occasions where it just went on forever, but usually it was just a few minutes. Right?

(27:08):

4, 5, 6 minutes was pretty typical. 90% of them would be that long. And we wouldn't play any special instruments, we'd just choose from the same instrument. So it was very sort of level in terms of the power dynamic you could call it. But I would always do things like grounding, just supportive ways of playing.

(27:28):

You'd be listening for what other people are doing and you'd be sort of doing a bit of mirroring and matching and try to do a little conversations or even just create enough of a sound so that if someone felt a bit tentative that they wouldn't feel too exposed when they had a shot because there was enough of a texture or sound in the room that they could have a go. And inevitably it would sort of reach some sort of point climax, and then it would just sort of fade off usually and then just stop. And so we'd record it. And then we used to have an initial very quick, what was that like, chat? And that was usually pretty quick. And then the fun thing was we'd listen to the recording and at the same time we'd put a really big piece of paper out in the middle of the room and we'd all sit around that piece of paper with oil pastels.

Pam Hellema (28:17):

Usually oil pastels.

Jason Kenner (28:18):

And we'd all draw on the same piece of paper as a way of reflecting on the experience and listening. And the instruction to the drawing was to just draw something that says something about your experience of the improvisation and something that you'd be willing to talk about afterwards.

Pam Hellema (28:35):

Something that represents what that was like.

Jason Kenner (28:38):

Yeah. And so tell us a bit about what you thought of that whole process. What was that like?

Pam Hellema (28:43):

Look, I found them fascinating. We were participants in a sense, and it was for me, a means of connecting with patients. It was really curious to then talk about those reflections. So after the drawing and that drawing process being on the same page, it meant that people could expand into other people's spaces using air quotes there. It's similar in the way that we made music together, is that there's no real boundaries except what you impose on yourself. And then reflecting later on what that was like, and then using the drawings as a means of those reflections or entry points for discussion, there was sometimes an opportunity to notice with people what was their approach. For example, if someone was really tentative, really unsure, we can sometimes expand or extrapolate to maybe reflect on what that might be like in life. Are there times when they are tentative?

Jason Kenner (29:46):

And I would also draw, so we would draw as well. And the challenge for us was to try and draw something that reflected our experience of it as well, because we're sort of conscious of how we are modelling what to do.

Pam Hellema (29:58):

That's Right. Yeah.

Jason Kenner (29:59):

And it was really interesting how some people would draw their thoughts or feelings. Others would draw something really like a description of the music. Sometimes they'd be hitting –

Pam Hellema (30:09):

– it'd be a pattern.

Jason Kenner (30:10):

– just whacking the pastel on the page in time with the music and just making marks on the page as if they were playing music while they're doing it and creating images that way.

Pam Hellema (30:21):

Yeah, well sometimes it was a real imagination. It was like, this bit of music reminded me of this.

Jason Kenner (30:27):

Yeah, that's right. Often people would lift their head and look at other people's drawings once we got to the end and look around the room and go, "oh wow, I drew a palm tree as well. I felt like it was like I was on an island and it was summer", and the other person's like, "yeah, I had the exact same feeling from that improvisation". So it was kind of cool how those things would happen. And that's kind of what was really good about it, I felt, was adding the artwork. It enabled people to really reflect and put something down the page. And when you took turns talking, even though three or four people have already talked about what they drew and what they thought about it, by the time the next person had their turn

because they made the image, they could look down the image and it take 'em straight back to what they were thinking and feeling and they could talk about it. Whereas sometimes when you don't have anything like that, if you just do an improvisation and then you have a discussion, it's not as easy for participants to talk about it, particularly if they're new to it. So I think the combination of the two was really quite effective.

Pam Hellema (31:27):

It really facilitated the reflection.

Jason Kenner (31:29):

Yeah, absolutely. Alright, well maybe what we can do now, Pam, is I think that we should do a little demonstration of how we can do improvisation. So this is going to be a little bit different from the Artbeat context, but what we're going to do for the listeners today is we're going to show how people don't need to be able to be musicians to participate in music making. And so to do that, even though you are a musician, Pam, you are going to –

Pam Hellema (32:00):

Pretend.

Jason Kenner (32:00):

– pretend you're not. And so Pam has a Glock and spiel in front of her. And for people who dunno what that is, do you want to just hit a couple of notes on it?

(32:08):

[Music plays]

(32:12):

Beautiful. So what this is, some people will know what this is, but for those who don't, it's a metelephone. So often you would play them in primary school, but they're also an orchestral instrument. It looks like a piano keyboard, but there's little pieces of metal and you hit them with little beaters and they resonate in that really beautiful way. And so as a music therapist, what I do sometimes when I'm working with people is I'll have a guitar I have here with me right now. And so to encourage someone who's not really sure I can say something like, we just hit the black keys. And so everyone would be able to imagine a piano keyboard. You've got the white keys, the black keys, there's only five black keys. And so you're sort of limited in a way, but sometimes those limitations make it a little bit easier for people to work with. So Pam, why don't you start playing some black keys and then I'll join in with a bit of a blues progression and then we'll make it sound like you're making, music. So go on, you start.

(33:13):

[Music plays]

(34:21):

All right, so that was a blues in E Flat. If anyone out there wants to know. So if you play a blues in E flat and someone hit the black keys, they're going to be playing the blues. Now we're going to do just white keys. Okay.

(34:32):

[Music plays]

(35:29):

Okay. So again, if you're a musician out there, basically you can play any chord that is made up of only natural notes and play them with some sort of a progression and then someone playing the white keys. It can sound kind of musical. I was using lots of sus chords and ninth chords, so they're a bit open. And so it sort of leads to any of those white notes, kind of working with most of those kind of sounds. So that's a little bit of a demo of how we might support somebody who's not a musician to play in music therapy.

Pam Hellema (36:03):

I can imagine someone who's not musical might suddenly think, what? I didn't know I had this talent.

Jason Kenner (36:11):

What do you do as an art therapist to help people? Because often someone would say, well, I haven't done a drawing since I was in primary school.

Pam Hellema (36:19):

I guess the equivalent would be to maybe make a mess or just experiment improvisation with art materials. And we would use that analogy sometimes. Just think of it as an improv and we reassure people it's not about the image. We are not trying to make something that looks a particular way. There's approaches. One is to use your non-dominant hand just to start with some mark making. Another possibility is to have them close their eyes.

Jason Kenner (36:50):

So then you've got an excuse that way, in a way of it not being really amazing looking drawing because you're using your opposite hand or you had your eyes closed. I like that idea. That's excellent. Brilliant. Alright, look, Pam, we might leave it there. There's so much to talk about. It's a massive topic, isn't it?

Pam Hellema (37:07):

Yes.

Jason Kenner (37:08):

So thanks for joining me today on this episode of MHPN Presents a conversation about. So you've been listening to me, Jason Kenner and -

Pam Hellema (37:15):

Pam Hellema.

Jason Kenner (37:16):

And thank you so much. Today, we've talked a bit about the history of art and music therapy in Australia. We've talked about some of the work that we did at the Alfred in ways of thinking about what is the role of music and art therapy in that particular mental health context. Some of the ways we've collaborated together and a little bit of an example there of music making and how to get people started in art therapy.

Pam Hellema (37:38):

Our memoirs will be out all good booksellers soon.

Jason Kenner (37:41):

That's right. We'd love to hear from you all about your thoughts on this episode. On the landing page, you'll find a link to our feedback survey, so please fill out the survey, let us know whether you got what you needed from these conversations, and if you like, you can provide some comments and suggestions about MHPN might better meet your listening needs in future episodes. In the meantime, if you want to stay up to date with MHPN podcasts or go back through the back catalogue and listen to episodes about music therapy and art therapy that have been done in the past, just go to the website and have a look. Thank you for your commitment to ongoing learning and to multidisciplinary mental health care. Thank you so much.

Pam Hellema (38:21):

Thank you. It's been a ball.

Host (38:24):

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