

Music and psychiatry: orchestrating interaction

The views of researchers and professionals

HEMU Lausanne

HESAV Lausanne

Venue: HEMU Lausanne (2 rue de la Grotte)

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Call for papers

Research into the role and contribution of music in psychiatric care is beginning to gain momentum, most notably in the field of medicine. Studies have examined the effects of music on patients with a range of mental disorders and have demonstrated that it stimulates physiological relaxation, reduces pain and blood pressure and slows heart and respiratory rates (Lin et al., 2011). At the neurological level, it activates different areas of the brain and appears to impact cognition and emotional regulation (Morgan, 2010), and, at the psychological level, it can help improve the condition of patients suffering from depression and schizophrenia (Hsu & Lai, 2004). Finally, in patients with dementia, it appears not only to reduce agitation (Hicks-Moore & Robinson, 2008), anxiety (Sung, Chang, & Lee, 2010) and depression (Raglio et al., 2015), but also to increase quality of life (Raglio et al., 2015) and cognitive performance (Sarkamo et al., 2014).

The relevance of research into the use of music in mental-health settings is evident from these studies. Unfortunately, what the literature to date reports is an essentialist concept of music, seeking merely to demonstrate the benefits of listening to it. Conclusions tend, therefore, to describe an intrinsic effect of music, generalising on observations made in precise listening situations. Moreover, they rarely refer to individual situations that actively involve the listener, leading to a concept of ‘musical stimulus’ that overlooks relationships. There is, however, a range of interacting factors that render the musical experience complex. They include the setting in which it occurs, the technical parameters related to reproduction, the choice of music, and, relating to the listener specifically: mood and emotional state, state of health and prior musical knowledge and experience. On this last point, it is worth noting that the music socialisation of every individual is a unique process, specifically determining musical preferences (Dollase, 2005) and proficiency in using musical listening to regulate emotional state (De Nora, 1999, 2000, 2002; Gomart & Hennion, 1999) and to define identity.

In the light of these considerations, many questions arise regarding the possibilities and modalities of bringing together psychiatric patients and music. There needs to be clarity on the orchestration of the interaction, the framework, the choice of music, the objectives, the role of health-care teams and the impact that musical listening or practice may have on the modalities of care, the exchanges and interactions between patients and carers and each individual’s subjective experience and well-being. Although preliminary research has begun to examine some of these issues (Balzani, Naudin, & Vion-Dury, 2014; Chlan et al., 1999; Gerdner, 1992; Güsewell et al., in press; Lund, Bertelsen & Bonde, 2016; Topo, Mäki, Saarikalle, & Gilliard, 2004), many aspects require more detailed study.

To this end, the conference ‘Music and psychiatry: orchestrating interaction’ aims to assemble a multi-disciplinary gathering of participants, including researchers in psychology, medicine, sociology, anthropology, history, engineering, etc., as well as health and music professionals with the aim of encouraging and facilitating the sharing of experience, innovative practices and research data on the use and contribution of music in psychiatric settings.

Key words

Music, psychiatry, subjective experience, caregiver relationship, emotions, quality of life, well-being, quality of care

Submission of proposals

Abstracts may be submitted to [the conference website](#) from **20th March** to **30th June 2019**.

Authors shall respect the following guidelines (no consideration will be given to abstracts failing to comply):

Scientific paper: presenting your empirical research (25 mins)

- Structure of the abstract: title, introduction, research question or problem, method, results and discussion, five references.
- Language: French or English
- Length: 300 words maximum (not including references)
- Title: as short as possible (≤ 60 characters)
- Format: Word document
- References: alphabetical order and APA style (5th or 6th edition)

Practice: presenting your innovative intervention or practice (25 mins)

- Structure of the abstract: title, introduction, aim, approach, findings/experience, discussion.
- Language: French or English
- Length: 300 words maximum (not including references)
- Title: as short as possible (≤ 60 characters)
- Format: Word document
- References: alphabetical order and APA style (5th or 6th edition)

Workshop: leading a practical activity on the conference topic (90 mins)

- Structure of the abstract: title, introduction, topic, proposed format and activities, pedagogical aims.
- Language: French or English
- Length: 300 words maximum (not including references)
- Title: as short as possible (≤ 60 characters)
- Format: Word document

Abstracts will be anonymised prior to evaluation. Please therefore provide authors' bios (max. 10 lines per author) in a separate file (Word document).

Evaluation criteria

Proposals will be evaluated by the Academic Committee according to the following criteria:

1. Originality of the topic, innovativeness of ideas, contribution to the field (4 points)
2. Relevance of the proposed activities, method and approach (3 points)
3. Relevance to the conference topic (2 points)
4. Presentation, compliance with guidelines (1 point)

A publication of the proceedings is planned.

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