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Experience of Healthy Adult Women with the Receptive Music Therapy Using Body-Monochords – Qualitative Phenomenological Study

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Abstract. *Resonance chair/harmonisation recliner are prototypes of body-monochords that were developed in the Czech Republic. These instruments are therapeutically used in music therapy practice, healthcare institutions and by people with disabilities. The aim of this study was to understand how people experience this intervention in the context of private music therapy practice. The design of this qualitative study was based on phenomenology. Six healthy women on maternity leave reflected their experience through semistructured interviews before and after therapeutic session with resonance chair/harmonisation recliner. Interpretative phenomenological analysis was used to identify 12 themes describing the course of these sessions.*

The women experienced changes on physical, cognitive, and emotional levels related to relaxation and muscles relieve, calming of mind, different experience with feeling of vibrations, vivid imaginations, or changes in body perception. Intervention on resonance chair/harmonisation recliner offered positive

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experience to the participants and provided them with a space for self-care and rest. No serious adverse events were reported by the participants during or after the intervention. The intervention using resonance chair/harmonisation recliner was highly valued by our participants and has a meaningful usage in private music therapy practice. Future researchers may explore long-term experience of participants and identify other populations that may have specific benefit from this intervention.

Keywords: *receptive music therapy; body monochords; interpretative phenomenological analysis*

Introduction

Resonance chair/harmonisation recliner (RC/HR) are modifications of body-monochords that are popular in Czech and Slovak music therapy (Kantor et al., 2022). They are used within private music therapy practice (Hamáčková, 2023), but also across institutions in different sectors by variety of professionals such as music therapists, nurses, psychologists, special educators, or social service workers. The application of RC/HR and similar approaches has the potential to promote the well-being of different populations, including patients with eating disorders (Bucharová et al., 2020), dementia (Campbell et al., 2021), caregivers, and typical population.

The application of body-monochords is classified as receptive methods, specifically somatic listening, which involves listening using vibrations, sounds and music in different forms (Bruscia, 2014). However, the therapeutic use of body monochords is distinguished from most other receptive techniques by a much stronger focus on resonance and vibration. Indeed, their effects in terms of music perception can be explained not only through physiological theories of sound perception by the auditory system, but especially through theories of somatosensory listening (Ritzmann et al., 2018). Although body monochords are typically associated with music without harmony, rhythm, and meter (Zeuch, 1999), Czech prototypes produced by Karel Václav Hanzík (manufacturer of HR) and Vladimír Neuman (manufacturer of RC) can also be played rhythmically with mallets. For detailed description of these instruments, see Hamáčková (2023).

Research studies have shown that body-monochords and vibrations promote relaxed states and feelings of well-being (Sandler et al., 2008; Jungaberle et al., 2003; Fendel et al., 2018), produce spasmolytic and muscle-relaxing effects (Vilímek et al., 2023), and influence the perception of pain (Kantor et al., 2022). Furthermore, body-monochords strongly induce altered states of consciousness (Jungaberle et al., 2003) and altered body perception (Sandler et al., 2008; Zeuch, 1999). Although body-monochords are generally associated with pleasurable experiences, some studies report participants' reactions being unpleasant or even frightening (Sandler et al., 2008; Fendel et al., 2018).

Although RC/HR grow to be more and more popular in the Czech therapeutic practice, there is only few international evidence available on this topic, and no evidence on the Czech prototypes of RC/HR is available. Moreover, most of the studies are

quantitative (except Fendel et al., 2018), which doesn't inform about what people experience is during this intervention, and why this intervention is important to them. Because this information is important for the practitioners using RC/HR, we conducted a phenomenological study focussing on therapeutic applications of body-monochords in neurotypical women caring for a baby. Czech women often stay at home for long periods of time (1–4 years) without available services to release their caregiver's burden. Based on a preliminary experience from music therapy practice, RC/HR might saturate needs of this specific population. The following research question was formulated: "What are the experiences of typical female caregivers with intervention using harmonisation recliner / resonance chair in a private music therapy practice?"

Methods

Given the type of research question, a qualitative study design with phenomenological interpretive analysis (IPA) was chosen. The research was conducted as per the Declaration of Helsinki. The criteria for inclusion in the research population were as follows.

- Absence of special needs or any other serious diagnosis (all subjects were intact).
- Ability to communicate verbally with sufficient self-reflection skills.
- Age older than 18 years.
- Lack of any previous experience with music therapy and body-monochords.

In addition, the selection of study participants was based on voluntariness and availability (participants were recruited from potential candidates in private music therapy practice during the COVID-19 pandemics). The participants were six women aged 30–40 years. In all cases they were mothers on maternity leave, who in most cases had some kind of extra income or were slowly returning to work. Three of the participants received music therapy with the use of a resonance chair, three of them with the use of a harmonisation recliner. None of the participants had previous experience with music therapy. All were highly motivated to participate in music therapy, which they perceived as a time of self-care. The aim of the therapeutic session of all the participants was to relax from overload caused by care of the children and the household. They were after sleep deficits, with uncomfortable and/or painful feelings in the body caused by the care. All participants were informed of the aims of the research and the method of data collection before entering the study and were guaranteed anonymity in the processing of their data and the dissemination of all results of this study (participants were coded by letters not corresponding to their names).

The music therapy sessions were preceded by a short informal conversation, the aim of which was to tell the participants the following.

- The intervention on HR/RC will last 30 min.
- Participants can change position at any time during the intervention. Whenever any participant perceives that something is uncomfortable, they are free to

express themselves or stop the intervention. Participants may terminate their participation in the research at any time without giving reasons.

- If a participant wishes to say something during the intervention, he/she will always be given space to express himself/herself. After the intervention, there will be time to reflect on the participants' experiences.

RC/HR were used to implement the research procedure. In this study, data were only collected in the first session, but all participants continued their music therapy. Every 30 minutes long session was based on musical protocol. Intervention for each participant started from the lowest sounds in a slow tempo with sufficient time to get used to the vibrations. Slowly, other tones were joined in the improvisation in the lower register in louder intensity. Then, higher tones in other register were played till all the registers were used. The highest tones were played gently because it can be uncomfortable in louder dynamics. Following this introduction, sequences of tones from the lowest to the highest and vice versa were played. The intervention finished with two tones in the middle register using the fade out effect. Tempo of the improvisation slowly increased and again decreased in the end. Simple rhythmical combinations were used (mainly in the middle part of intervention). The improvisation flowed continuously, without any distinguished contrast. The therapist followed verbal and nonverbal reactions of the participants and modified the course of the intervention appropriately.

Data collection was conducted through semistructured interviews and observations. Semistructured interviews before the intervention focussed on reflection on the past week and expectations from the meeting. Interviews post-intervention reflected participants' experiences during application of HR/RC. The meaning of the experience for each participant was discussed as well.

The goal of the observations was to notice changes in breathing rate, facial expressions, body movements, changes in body position, and other nonverbal expressions. Data collection and intervention meetings took place between September and November in 2022. Interviews were recorded on a digital recorder.

In the initial phase of analysis, transcription was performed and then IPA was performed following the steps outlined by Smith and Osborn (2003). The results of the analysis were presented visually in the form of a graph and narratively described. 12 themes were graphically categorised according to following criteria: the phases of the session (pre-, during- and post-intervention phases) and the domains in which the experience was primarily described (physical, cognitive, emotional). Examples of materials such as experiential statements, mind maps, and shortened stories of participants created during the analysis are included in the Supplementary materials A–C.

Results

A summary of the themes categorised according to the phase of the session is presented in Table 1. The most important findings, broken down according to the above schemes,

are shown in Figure 1. Similarly, the description of each theme is divided according to the phases of the session.

Table 1.
Summary of themes

Phase	Themes
Pre-intervention	Overload and the need for time for yourself Enjoyable activities before the intervention Lots of thoughts Feelings in the body Emotions
During intervention	Processes and changes at the cognitive level Bodily processes and changes Experience with vibrations and music
Post-intervention	Physical perception Peace of mind Vibration perception Musical preferences

Pre-intervention

Participants' statements prior to the intervention were categorised as overload and need for time to themselves, enjoyable activities prior to the intervention, thinking a lot, body sensations, and emotions.

Overload and the need for time for yourself. Prior to the intervention, most participants (A., L., O., B.) reflected on feelings of overload due to caring for children, looking for a new job and attending job interviews, buying a car, or children being ill. Participant B. commented on her situation as follows: "I miss the solitude, I have a great need to be alone for a while, not to be touched. Everyone must leave me alone." The intervention on the HR was a significant break in the day's hustle and bustle for the participant, a moment that she reserved for herself.

Enjoyable activities before the intervention. Some participants (J., L.) also described pleasurable activities they experienced in the days immediately before the intervention. These included having enough time to run errands, meeting friends, putting together furniture with husband, going on a trip, or engaging in pleasurable activities (e.g., picking mushrooms).

Lots of thoughts. This theme is typically related to the overload of female participants. Participant O. began the interview by describing her family situation – she has an eight-month-old daughter who is teething, a ten-year-old son who requires a lot of attention, and she herself has difficulty setting adequate boundaries with her son. She says she doesn't feel well at all, had hardly any sleep before the intervention and doesn't keep up with anything. She has a lot of thoughts in her head about how to manage everything.

In some cases (J.), participants thought about different responsibilities but did not describe the situation as stressful.

Feelings in the body. At the beginning of each session, the participants reflected on their feelings in the body. Consistent with feelings of congestion, they reported feelings such as body fatigue and drowsiness, neck stiffness, tight muscles in the face and lower abdomen, strained hips, runny nose, or cold fingers. There were also unusual descriptions of the perception of her body (participant J.): "I feel tired in my hands. My middle of the body and pelvis are calm. The chest feels as if bloated, asymmetrical, leaky, sensitive, flimsy. I feel stiffness behind the neck. Head... cold, calm, cheerful." Although unpleasant feelings were more prevalent in the participants' reflections prior to the intervention, the range of feelings was much broader. Participant K. felt 'healthily tired' before the first intervention, as she had a day off that day and had indulged in more sleep than she is used to: "I'm a bit overtired, I've had a so-called sleepover today. ... I feel a bit like a goofy shovel."

Emotions. In the initial reflections there were also descriptions of the emotional state of the participants, which in some cases were a mixture of different feelings (more or less clearly expressed). For example, participant K. stated, "The week was a bit hectic, but overall everything went well. It's worse when I have a weekend when I'm home alone and my son is with his dad. That makes me sad, and I usually try to make some sort of programme to keep myself occupied. Then I spend my free time with friends, in nature, or I go to a concert, meditation, dance." At the same time, this participant described feeling nice, feeling grateful, looking forward to the intervention, and having "a wave of light sadness come over here and there." Prior to the first intervention, most participants also expressed an expectation that had different emotional charges – for example, Participant B. described it as "a weird stress, like something was going to happen... such a weird expectation of indeterminate origin."

During the intervention

The following categories were identified for the during-intervention phase: cognitive-level processes and changes, bodily processes and changes, and experiencing vibrations and music.

Processes and changes at the cognitive level. The beginning of the intervention was influenced by the psychological state in which the participants arrived. For example, Participant A. had the insistent thought, "At the beginning I was still thinking for a while about how I was going to process the ducks I got." Similarly, O. stated that it took her time to stop thinking about ordinary worries, however, at some point this stopped and the participant experienced a powerful flow experience. Throughout the intervention there was frequent emerging of different imagery, e.g., woods, cathedrals, Indians, mountains and clouds, birds of prey flying (at higher pitches), feelings of air, space. During the play, J. recalled an ancient psychedelic experience that surfaced in

her imagery: "It's an intense memory, of a negative experience. But it soon faded away. It surprised me that it went away quite quickly. I was easily taken somewhere else. It was sometime in the second third of the play, I think." In contrast, Participant K. had a fascinating experience where her head went off during the intervention, "I was very much in my head. I was taking it analytically. I was thinking about the whole process. I was thinking about the style of play and somehow, I was analysing it in my head. After a while, the head switched off and there was an amazing relaxation. Suddenly I was feeling the vibration with my whole body and listening to the music without thinking."

Bodily processes and changes. This category was richly saturated by the researcher's observations of the intervention. For example, for Participant A., it was evident from the chest movement that she was breathing faster at first. After about 10 min, the breathing eased enough that the chest movement was visibly slower and more moderate. Other manifestations that appeared in each participant were complete motor rest to immobility, fidgeting, leg positions and changes in leg positions, relaxation of the whole body, sensations of cold pelvis and hands, coughing, relief of back pain, or frowning.

Experience with vibrations and music. The experience of vibration was specific to each participant. A. had a sense of which parts of her body the resonance specifically entered during the intervention, which changed over time. With the exception of the head and ears, it was pleasant and "resonated nicely in the body." She stated: "I had a little pain at first at my right ear, and then at my left ear. I felt a resonance behind my ears where the nodes are. J. had a strange experience of vibration during the intervention, which could be described as a moving vibration in the body: "At first, I felt the vibration a lot in my hands, then it migrated so that I felt it vertically and horizontally." K. felt the vibration most strongly from her head to her pelvis, almost not at all in her legs. Although it played almost inaudibly at the end, she felt the same intensity of vibration, which surprised her. Participant O. felt the vibrations very intensely, the vibrations were also reflected in her feet, she felt a strong vibration in her chest and sat on the vibrating chair several times during the game. She stated that she was uncomfortable with higher pitched noises near her head, but not so much that she felt like saying or doing anything. Participant B. reflected on the therapist's playing: "I liked that you played with more intensity, I could have easily had, just the deep tones. I felt those in my body the most, and I think that's what I need right now."

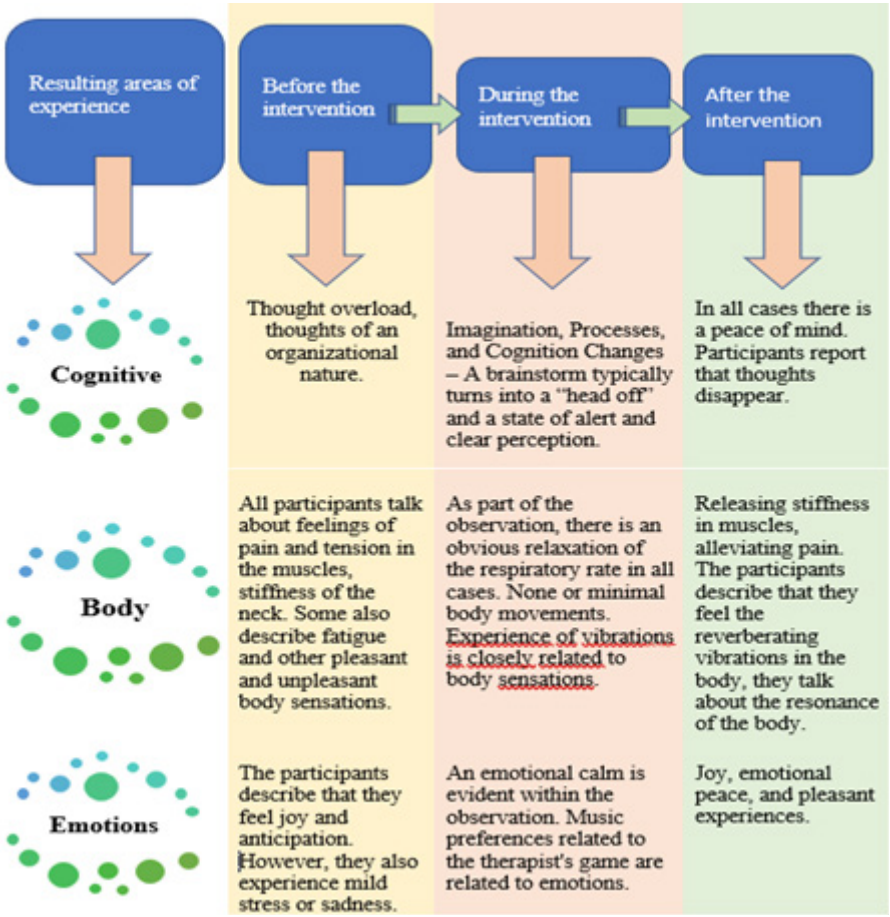
Post-intervention

The following categories describe the post-intervention state of the research participants: body perception, peace of mind, vibration perception and music preferences.

Body perception. The attention of the participants was strongly focussed on body perception during and after the intervention. Experiences of relaxation of parts of the body, such as the neck, but also general relaxation were frequently reported. Participants' reflections also included "feelings of grounding," coldness on the feet, a

pleasant tickling, a state of bliss, etc. Participant A. described a particular experience where she felt a difference in the perception of the right and left side of her body after the intervention (she described it as a "strange feeling"). She further stated, "I feel like I don't even have some parts of my body." Similarly, B. stated that she would like to throw her body away.

Figure 1.
Selected results of the analysis



Peace of mind. For participants who reported being overwhelmed by thoughts at the beginning, a contrasting peace of mind could be observed in the post-intervention reflections. For example, A. stated, "I am calm, I am not thinking about anything right now." However, peace of mind was described in some way by all participants. Also, this category was richly saturated with statements. Participant J., who recalled a memory of an earlier psychedelic experience during the intervention, stated, "I feel good now. It made me focus on the present. I'm like an unwritten piece of paper now." Participant

K., in turn, had a feeling of deep joy and clarity after the intervention, which led her to the following reflection, "After playing, you might ask yourself a question that you are addressing. I feel like you would be able to answer beautifully with such a calm mind."

Perception of vibrations. Even after the intervention, the participants could still feel the vibrations very strongly, the effect of which gradually subsided (participant L.): "I mean, I feel completely shaky, it's still catching up with the vibration. I didn't expect it to be so strong at all." Similarly, Participant O. was surprised by the intensity of the experience, "It's very strange how relaxed I feel, and I feel tingling all over my body, especially in my hands. I wasn't expecting something like this at all." Participant B. expressed the reverberating experience as a "reverberating pleasant tingle."

Musical preferences. Two participants (O. and B.) expressed a preference for playing technique for the next session after the intervention. In both cases this was a need for a stronger intensity of playing: "Next time I would like you to play more vigorously and deep notes, I would like to feel what it will be like when you play with the most intensity." (O.)

Discussion

The participants in this study provided rich data that allowed for a detailed description of their experience on the HR/RC. It was useful to divide the description of their experience into three phases – pre, during and post the intervention – as the descriptions in these three phases were qualitatively different. Regardless of the level of congestion, uncomfortable bodily sensations, and pre-intervention thought overload, all participants experienced changes at the cognitive and bodily levels during the intervention, generally characterised by feelings of relaxation and peace of mind. Relaxation is typically associated with therapeutic applications of body-monochords, both in the typical population (Kearl, 2017; Jungaberle et al., 2003) and in clinical practice (Fendel et al., 2018). Participants described an experience of "turning their heads off" or at least calming their thought processes. They also described a focus on the present and changes in perception of time that were closely related to these experiences. Previous studies (Rittner & Fachner, 2004; Sandler et al., 2008; Lee et al., 2012) have shown that changes in electromagnetic brain activity occur during a monochord intervention that correspond to these changes in cognitive processes.

During the course of the intervention, some participants experienced imagery similar to that described by Jungaberle et al. (2003), Sandler et al. (2008), or Fendel et al. (2018). The range of reported imagery in this study was quite broad, including a brief recollection of a previous psychedelic experience. Furthermore, many authors link the experience on body-monochords to altered states of consciousness (Rittner & Fachner, 2004; Kearl, 2017). In the present study, there were rather isolated statements that could be clearly identified as altered states of consciousness, e.g., the very accurate description of the flow experience.

Another area that can typically be associated with body-monochords is a strong connection to bodily experience. According to previous studies (Dill-Schmölders et al., 2012; Fendel et al., 2018), interventions on body-monochords induce changes in body perception and body schema. In this study, some typical changes were found in the participants, such as relaxation and release of initial tension in certain parts of the body, as well as unique reflexes, such as the difference in perception of the right and left side of the body. We also found that the perception of vibrations is highly individual with respect to intensity, direction, body location where the vibrations are felt, etc. This topic has been extensively addressed by Fendel et al. (2018). Data from both studies support the conclusion that the body-monochord experience allows participants to perceive parts of the body that they are not normally aware of, the vibrations intensify the perception of physiological processes, and a range of characteristic sensations associated with body perception are induced during the intervention. According to this study, participants remain in a sensitive state after the intervention where they perceive their body and the reverberating vibrations much more strongly. This is an important finding for therapeutic practice. Participants also reported post-intervention reflections corresponding to both fading and arousal – thus the intervention may subjectively act in different directions that are difficult to predict. Intervention with body-monochords needs to be sensitive to individual reactions, driven by therapists' empathy and intuition.

Also in the emotional area, some participants described changes – before the intervention they felt rather a mixture of different emotions related to the context in which they came to the music therapy sessions. After the intervention, only emotions with a positive valence were reported, such as a state of bliss and joy, although the course of the intervention included some minor unpleasant moments. However, these uncomfortable feelings were in the background of an overall positive perceived experience of the intervention, similar as reported in some previous studies (Sandler et al., 2008; Fendel et al., 2018; Kearl, 2017).

Furthermore, we reflected the results of this study from the perspective of musical classifications of reactions to music, namely the six categories created by Gabrielsson & Lindström (2001) based on the subjective descriptions of musical experiences of more than nine hundred people. With respect to the data from this study, it is possible to conclude that the therapeutic application of RC/HR can stimulate reactions in all six main categories, which are bodily reactions, changes in perception, cognitive reactions, emotional reactions, existential aspects of the experience of music (here in the sense of transpersonal experiences during intervention on body-monochords) and healing experiences. In addition, some categories, e.g., bodily reactions, are strongly saturated with experience on body-monochords. This conclusion is interesting due to the fact that musical production on body-monochords uses very limited musical resources, which cannot be compared with the complexity of contemporary Euro-American artificial and nonartificial music.

Recommendations for music therapy practice and further research

The intervention could be recommended to participants that need to create a specific space where they could rest, and take care of themselves (Jungaberle et al., 2003). The results of this study would be useful to supplement with long-term case reports that could show how the participants' experience of the body-monochord intervention develops over long-term therapy. At the same time, it would be useful to carry out research in a clinical environment and focus on how the intervention on HR/RC is experienced by persons with various health problems. So far, there are only isolated phenomenologically oriented studies on therapeutic application of body-monochords (Fendel et al., 2018). There may be many benefits of body-monochords also for other types of special needs considering effects of various music-based interventions in this population (Lindblom, 2021). No serious adverse reactions were identified in this study, and the course of the intervention on the HR/RC could be considered safe for all participants. This is important for future research on Czech body-monochord prototypes for people with health problems who may be much more vulnerable and riskier in terms of the occurrence of adverse effects, and the overall spectrum of their emotional reactions is less predictable (Fendel et al., 2018).

Researchers' reflections

In accordance with the principles of IPA, we consider the use of our own experience with the researched topic to be an integral part of the research process, which needs to be reflected upon. The main author of the research study, who collected the data and implemented the intervention, has been working in a private music therapy practice for 7 years. She has training in Integrative Music Therapy and is a graduate of the follow-up MA study program. She had her own rich experience with intervention on the HR/RC before the start of the study. The second author of the study is a researcher in the field of vibroacoustic therapy and music therapy with many years of experience in people with severe multiple disabilities. He gained his own experience with body-monochords before starting the research. The entire data collection process as well as the actual analysis took place both under clinical supervision and under the supervision of the second researcher.

Strengths and limitations of the study

The number of participants corresponds to common recommendations for group size in studies based on IPA (Smith et al., 2009), and the level of transferability on the population of women caring for children may be satisfactory. However, to explore transferability to different populations, especially men or people with serious

health problems, future research is needed. Moreover, the experience with long-term application of HR/RC may differ from our results.

The data came primarily from semistructured interviews. All participants had a good level of reflexivity and the data obtained reflected their deeply lived subjective experience. However, in this study it was not possible to triangulate the interview data with other sources (apart from observation of the participants during the intervention).

Conclusion

Czech prototypes of body-monochords are valued by women impacted by caregiver´s burden as an intervention that may offer space for self-care, relaxation, and other benefits related to their physical, cognitive, and emotional domain of well-being. We found that HR/RC induce strong changes in body perception and body schema, and participants remain in a sensitive state after the intervention. High level of therapists´ empathy and intuition is required because of highly individual reactions of participants. Moreover, Czech prototypes of body-monochords enable to create specific type of sound compositions and participants narrations manifested rich range of reactions to music. No serious side effects were detected during or after the intervention, but there may be some potential risks, because the imaginative processes is strongly supported by the intervention. We recommend that further researchers focus on a long-term experiences with body-monochord in various populations.

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