



The Music Therapy

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Editorial

According to the World Federation of Music Therapy, music therapy is the use of music and/or musical elements (sound, rhythm, melody and harmony) by a qualified music therapist, with a single subject or a group, in an action process to facilitate and foster communication, relationship, learning, motor skills, expression, organization and other relevant therapeutic objectives, in order to satisfy physical, emotional, mental, social and cognitive needs [1]. Music therapy aims to develop the potential and/or residual functions of the individual in such a way that they can better achieve intra- and interpersonal integration and consequently can improve the quality of life thanks to a preventive, rehabilitative or therapeutic process [2].

One of the first doctors to deal with the effectiveness of music in therapy was Robert Burton (1557-1610), while Richard Brockles by (1722-1747) wrote what we could call the first treatise on music therapy in history.

The music system is based on three fundamental aspects that are universally present and that contribute to form the structure of these elements are [3], \bar{n} the rhythm; \bar{n} harmony; \bar{n} the melody.

The rhythm activates more the upper region of the frontal cortex and some cerebral areas outside the cerebellum.

The intervention techniques used in music therapy are distinguished in:

1. Active music therapy: It is based on the patient's "sound auto production" through the use of musical instruments, voice, body, movements, encouraging creativity and spontaneous expression.
2. Receptive music therapy: It is based on listening to sounds and music chosen by the music therapist that allows the patient to relax, to experience emotions, to evoke positive memories of the patient.

The application areas can be represented by rehabilitation and therapy [3].

The first intervention technique is mainly used in psychiatric syndromes (schizophrenia, autism, Alzheimer's disease), mental retardation, mood disorders (anxiety, endoreactive depression, endogenous and post-traumatic), post-injury traumatic injuries (aphasia, apraxia, agnosia, amusia, avocalia, Parkinson, etc.), in the trauma of the ear and the vestibular apparatus (tinnitus, vertigo) and in behavioral disorders (anorexia or bulimia nervosa), while the second technique, acting directly on the sympathetic and parasympathetic system, it causes significant modifications of all organs or systems: cardio circulatory (it is possible to verify its effect through the monitoring of blood pressure and heart rate), respiratory, digestive, endocrine system, musculoskeletal system, system nervous (through an increase in endorphins) [4,5].

Can be fully included in a broader multidisciplinary recovery program, aimed at the social and work reintegration of the disabled, but also does not neglect the objective of improving the quality of life: disability is not just a deficit, lack, deprivation on an organic or psychic level, but it is a condition that goes beyond the limitation, which overcomes mental and architectural barriers. With the new technologies and the new discoveries in the scientific field the use of this discipline and its multiple applicative aspects will be deepened even if, probably, it will always remain something inexplicable and mysteriously fascinating.

The authors' wish is that this rehabilitation process is better known and appreciated. The rationale of the method is that it can be applied to various pathologies. The possibility of growth is also linked to employment, which can and must be encouraged.

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