

# Music therapy as a complementary approach with premature infants

TENA ORMUŽ, JOSIPA BRČIĆ

UNIVERSITY OF ZAGREB, FACULTY OF EDUCATION AND REHABILITATION SCIENCES, ZAGREB, CROATIA

tena.ormuz@gmail.com

The goal of this paper is to provide an overview of research on the influence of music therapy on biopsychosocial dimensions of premature infants. According to the American Music Therapy Association (AMTA), this kind of therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Today this therapy is applied all over the world in many specialized clinics, rehabilitation and education centers as a means of prevention and treatment of various mental and physical disorders. Research has shown that dance/movement therapy is very effective as a complementary method in the treatment of various psychological and neurological disorders, oncological and chronic diseases, eating disorders etc. This therapy is also used as part of an interdisciplinary approach with premature infants; babies born before 37 completed weeks of gestation (more than 3 weeks before the “due date”). Premature infants represent children with neurological risks which may lead to the occurrence of developmental disabilities, which are hard to predict when the baby is born. It is very important to follow the development of prematurely born children until they reach the age of seven. In order to encourage their development, music therapy programs have been designed with techniques that are focused on improving health and quality of life. Also, music therapy can help in bonding process between mother and child, relationship which usually develops difficulties due to premature birth. All things considered, there is need for further and application of this approach as a part of holistic treatment and rehabilitation program is shown.

Keywords: premature infant, music therapy, interdisciplinarity

[HTTP://DX.DOI.ORG/10.17486/GYR.3.2217](http://dx.doi.org/10.17486/GYR.3.2217)