

Augsburg University

**Idun**

---

Faculty Authored Articles

---

2-10-2015

## **Use of the Iso Principle as a Central Method in Mood Management: A Music Psychotherapy Clinical Case Study**

Annie Heiderscheit

Amy Madson

Follow this and additional works at: [https://idun.augsburg.edu/faculty\\_scholarship](https://idun.augsburg.edu/faculty_scholarship)



Part of the [Music Therapy Commons](#)

---

Running Head: ISO PRINCIPLE CASE STUDY

Use of the Iso Principle as a Central Method in Mood Management:

A Music Psychotherapy Clinical Case Study

Keywords: iso principle, music listening, mood management, music psychotherapy

#### ABSTRACT

The iso principle originated in 1948, as a concept and method of intervention in the context of mood management (Altshuler, 1948). Since then, the use of the iso principle has expanded to a variety of areas within music therapy (Smeijesters, 1995; Crowe, 2004; Michel & Pinson, 2005; Wigram, Pedersen, Bonde, 2002). This article traces the use of the iso principle as a means for mood management from its origins through contemporary clinical uses. It then poses a method of mood management utilizing the iso principle as a central concept and reviews its implementation and efficacy through the presentation of a case study with a female client battling a compulsive overeating disorder, depression, and anxiety. Considerations and implications of the use of the iso principle are also identified and discussed.

(129 words)

The iso principle was introduced in the late 1940's as a method of mood management (Altshuler, 1948). Over time, music therapists have discovered a variety of ways to expand and utilize the iso principle in a variety of clinical settings (Smeijesters, 1995; Crowe, 2004; Michel & Pinson, 2005; Wigram, Pedersen, Bonde, 2002). The purpose of this article is to explore the use of the iso principle as a method of music management from its roots and into modern day clinical practice. A method utilizing the iso principle for mood management is introduced and illustrated through a case study to demonstrate the process, implementation and efficacy of this method.

### **Review of Literature**

The impact of music on emotion has consistently been a focus and area of interest in music therapy, music psychology, and related fields (Shatin, 1970; Boothby & Robbins, 2011; Punkanen et al., 2011). Developments in the fields of counseling psychology, psychiatry, and neuroscience have expanded the understanding and possibilities for those interested in music and emotion. The development of knowledge and information can inform music therapists and related practitioners regarding the means of using music to facilitate psychological changes of emotion in order to benefit those suffering from mood disorders (Punkanen et al., 2011) and to develop evidence-informed and evidence-based practices.

Research in these related fields regarding music and emotion are significant in demonstrating that overall, emotional states connect with many systems in the body that influence emotional and cognitive changes, along with physiological and motor expression (Ilie & Thompson, 2011). Neuroimaging studies demonstrate that music-evoked emotions engage the core structures of emotional processing, leading researchers to view music-evoked emotions as

having biological similarity to everyday emotions (Koelsch, Offermanns, & Franzke, 2010; Koelsch, Siebel, & Fritz, 2010). Understanding that emotions evoked in listening to music hold the same neurological experience as day to day emotions provide support for the use of music to shift affect and mood.

Numerous music therapy interventions and techniques have been studied as means of facilitating emotional change, specifically improvisation, the Bonny Method of Guided Imagery in Music (BMGIM), (Summer, 1988; Bush, 1992; Walker, 1993; Weiss, 1994; McKinney, Antoni, Kumar, & Kumar, 1995; Scott, 2007/2008) Analytical Music Therapy (Priestly & Eschen, 2002), and lyric analysis (Crowe, 2004). The impact of music therapy on mood management has been explored through music therapy processes that have focused on individual work as well as group-oriented approaches (Holland, 1995; Smeijsters, 1995).

Researchers have explored the use of music listening and its impact on mood. Särkämö and colleagues (2008) discovered that when they implemented a self-selected music listening protocol with stroke patients, that patients demonstrated significantly less depressed or confused mood states. Lesuik (2010) utilized a preferred music listening protocol with information technology professionals and found a significant improvement in mood state. Biagini and colleagues (2012) implemented a music listening intervention for athletes in training. They found that listening to music significantly altered mood state and improved performance. Lai (1999) found that utilizing music listening with depressed women helped them shift from a depressed mood state to a tranquil mood state.

While music listening has demonstrated effectiveness in altering and improving mood states, it is also an intervention that is beneficial for several reasons. Music listening is a non-

pharmacological intervention and can be implemented as a patient controlled intervention (Heiderscheit, Chlan & Donely, 2001; Heiderscheit, et al., 2013). A patient controlled intervention allows the patient to use the intervention whenever they want or need for as long as they want or need. This allows the patient to take an active role in managing their health and well-being and can foster a sense of empowerment (Heiderscheit, et al., 2013).

Music therapy literature frequently references the iso principle (Wigram, Pederson, Bonde, 2002; Crowe, 2004) and a related concept, the compensation principle. The context and implementation of these concepts is often broad and varied in scope. For example, the iso principle has been defined as “the principle of matching music with an equal behavior or mood of an individual” (Michel & Pinson, 2005; p. 19). Wigram, Pedersen, and Bonde (2002) describe the iso principle as a process where, “music must be selected that matches the mood of client in the beginning, and then gradually induces the intended mood” (p. 110). In this process, the technique facilitates a gradual shift in the client’s mood that coincides with the gradual shift in the musical elements (Pellitteri, 2009). The compensation principle is described as a process in which, “music must be selected that contrasts the mood of the client and thus gradually (re)attunes the client’s mood (Wigram, Pederson, and Bonde, 2002, p. 110).

Brewer and Campbell (1991) describe the iso principle as a “natural and intuitive technique for moving into a new rhythm. With the iso principle, a change in tempo and mood is accomplished by entraining to the present mood and slowly altering the pace in the desired direction” (p. 216). The iso principle is also referenced in articles discussing entrainment. In these cases, the iso principle is discussed in connection with entrainment and is not specifically connected to mood management but may be focused on achieving states of attention (Brewer & Campbell, 1991) or relaxation, and decreased attention toward pain (McCaffrey & Locsin, 2002).

While the literature provides definitions and uses of iso principle to alter a client's behavior or mood, limited descriptions are given regarding the shifts within the music or musical elements. The purposes of this paper are therefore to explore the use of the iso principle as a concept for mood management and to discuss a clinical approach to utilizing the iso principle as a central method in mood management through an in-depth case study presentation.

### Altshuler and the Iso Principle

Dr. Ira M. Altshuler developed the concept of the iso principle with patients requiring psychiatric care at Eloise Hospital in Michigan (Altshuler, 1944; 1948). He utilized music within a psychiatric setting in order to assist clients with mood management disorders. His method incorporated systematically programmed classical music as means of supporting a client in experiencing his or her unpleasant emotion and moving through these emotion(s) to a more positive or stable mood. "Only after one has worked himself 'musically' into the mood or tempo of the mental patient, a shift to a different mood or tempo can be made; this, of course, by the employment of special music...this maneuver is known as the 'iso' principle" (Altshuler, 1948, pp. 30-31).

Altshuler (1948) described a method of determining the mood of all patients on the unit and developing a recorded music prescription geared toward meeting the overall mood-state of the patients and using music to facilitate mood change. He also implemented a similar approach with individual patients. Altshuler (1948) utilized a system of 'level attacks' in conjunction with the iso principle in order to develop his musical prescription. These level attacks focused on manipulating mood by centering on the following musical elements in the order listed: a theme

song to induce the process of musical mood change, rhythm, melody, harmony, mood, and finally, pictorial-association (this included music that was familiar to the patient and that elicited a variety of memories) (Davis, 2003). Thus, each element of the music became the focus during one level in this systematic approach to mood change. Pieces that supported mood shift were selected and placed in order according to their ability to meet the criteria of the level attacks with the musical elements and listener's background taken into account (Altshuler, 1948).

Altshuler based his sequence of level attacks techniques on music selections that “arouse, hold and redirect attention, alter mood and elicit imagery” (Davis, 2003, p. 251). Altshuler believed that these sequences of music would strategically help a patient integrate internal and external experiences, while shifting to a more positive perspective. More specifically, he began with a theme song that would capture the patient's attention and foster therapeutic music listening. He then selected a rhythm that matched the patient's emotional state, using slower rhythms for depressed patients or faster rhythms for people experiencing manic states. This was designed to support the patient's current internal state. He then emphasized various musical elements that shifted the patient's internal experience, primarily through listening to melody and harmony, and allowed the patient to begin to integrate this with his or her realities and memories, specifically through the final level attack of introducing pictorial association with the music. Altshuler (1948) believed that “every possible therapeutic property inherent in music should be utilized” (p. 793). Using the system of level attacks in conjunction with the iso principle insured that patients of a variety of ethnicities, personalities, diagnoses, and abilities to relate to music were exposed to the maximum musical therapeutic benefit possible (Altshuler, 1944; 1948). He emphasized the importance of frequency and consistency in listening to the music, in order to overcome the short-term effect of musically-induced mood change.

Although the concept of the iso principle has become commonplace in the music therapy clinical practice, contemporary literature indicates that its definition may have become much broader than its original intent (Wigram, Pederson, Bonde, 2002; Crowe, 2004). According to Merriam-Webster Dictionary (2010) iso is a prefix from the Greek word isos, which means equal. In order to be equal, music must be attuned or connect with the individual's current mood state. Michel and Pinson (2005) explain application of the iso principle in the following way, "To know where an individual needs to go, we must first find out where he/she is at the present time. This process is actually an extension of the iso principle, in which the therapist adjusts his/her strategies to the present functioning of the individual" (p. 46). However, the iso principle also continues to be mentioned specifically in connection to music and mood. Crowe (2004) describes music's ability to influence mood through using music to match one's emotional state and then gradually altering it. This allows for matching to a client's undesirable or negative mood and shifting to a desired mood.

Research specifically examining the use of the iso principle is limited. To date only a single study specifically examines the use of the iso principle since its inception. Shatin (1970) employed the iso principle as a means of mood management and described its use in managing mood through systematically changing the mood and content of music. However, no other articles examining the iso principle as a central principle in mood management can be found in contemporary music therapy publications or research literature (PubMed, CINAHL, Medline Plus, PSYCHINFO, and EBSCO, using search terms such as music listening for mood, music and mood management, and iso principle).

This article proposes an approach of utilizing the iso principle as a central method in mood management that incorporates Altshuler's original concept with contemporary ideas from

music psychotherapy practice, specifically through incorporating a post-modern psychotherapeutic approach that emphasizes a collaborative client-therapist stance, opportunities for results measurement, and an emphasis on client empowerment evident in Feminist Therapy (Corey, 2008) and Gender Sensitive Therapies (Prochaska & Norcross, 2009).

### **Case Study: Mary**

Mary<sup>1</sup> is a 57 year-old female crafts artist, seeking treatment for co-morbid diagnoses of Eating Disorder Not Otherwise Specified, Major Depressive Disorder, and Generalized Anxiety Disorder. Mary is married and has one adult daughter. Mary described her childhood as challenging and that she often felt like an ‘orphan.’ She believed this was due to the fact that she often felt alone. Her mother battled schizophrenia and was untreated for quite sometime. When she did finally receive treatment, she would frequently go off of her medications. Mary described her father as loving, but he worked long hours and was not often present at home. Mary was the youngest of five children. Her siblings were much older and already established their lives when she was born, so for much of her childhood she was the only child in the household.

Mary reported a long history with compulsive overeating. When she began eating disorder treatment, her treatment consisted of weekly outpatient individual verbal psychotherapy and individual appointments with a registered dietician (RD). After a short time in this level of care, Mary’s team recognized the depth of her struggles, and recommended she increase her level

---

<sup>1</sup> The name of the individual has been changed and identifying information has been altered to protect her identity. Any changes made to identifying information do not compromise or impact the integrity of this case study. Mary provided documented consent for her information to be utilized in this case study.

of treatment and begin the Compulsive Overeating Intensive Outpatient Program (COE-IOP). The COE-IOP provided three hours of programming for three days a week. This programming included group verbal psychotherapy, meal support, and a focus on developing new coping strategies. Through the course of more intensive treatment, Mary and her primary therapist began to discover the need to access feelings that were underlying the eating disorder and triggered symptom use.

In order to address these underlying symptoms, Mary was referred to the music therapist by her primary therapist to address her issues of grief and loss. Mary's primary therapist reported that she demonstrated difficulty accessing her emotions through verbal processing and had a tendency to talk around or intellectualize her feelings. Her therapist hoped that the music therapist could work with Mary to access these emotions and that this would help to explore and work through her feelings as well.

When Mary initially met with the music therapist she reported that her niece died due to complications of bulimia nervosa a few years earlier. She acknowledged she had not been able to process this loss or her feelings around it and she was often afraid to feel her emotions. Mary noticed that her struggle to manage these emotions intensified especially around the anniversary of her niece's death. After meeting with Mary and consulting with her primary therapist, the music therapist recommended The Bonny Method of Guided Imagery and Music (BMGIM) to help facilitate the grief work that Mary desired to do. This approach was recommended for Mary as she was engaged in weekly verbal psychotherapy with her primary therapist and in COE-IOP in which she had group verbal psychotherapy three times a week. Mary and her team felt she had sufficient time to verbally process other aspects of treatment, but what she needed at this point in her treatment was to find new and different ways to access and explore her emotions.

Mary was able to connect with emotions she had long pushed away and avoided in the BMGIM sessions. As she was working through her grief surrounding her niece's death, she began to connect with her feelings of grief and loss surrounding her childhood and her mother's schizophrenia. She began to discover that she could experience and express these feelings and not just be left feeling wounded or vulnerable. She was finding that she could access her emotions, work through them, and feel stronger as a result. Mary was in the midst of a series of BMGIM sessions working through her grief and loss and exploring images and issues surrounding empowerment, when she began to notice her depression worsening. She was aware of the progress she was making in treatment overall and her team also acknowledged she was demonstrating new coping strategies and not using food as her primary means of managing her feelings, and becoming more social and less isolated. Despite her progress, she felt discouraged because she was working hard in treatment, was able to observe her own progress, felt committed to her recovery, and was doing what her team recommended. As her depression worsened, Mary's outpatient team monitored her safety each week. While her depression was challenging to navigate, Mary continued to report throughout the process that she did not feel inclined to harm herself and had no plans to do so.

Mary met with her psychiatrist and the decision was made to switch the medication prescribed for her depression. Her psychiatrist believed her current medication appeared to be ineffective. Although Mary had been taking this medication for just over 20 years, her psychiatrist explained that a medication that had once been effective may become ineffective over time. While this information was frustrating for Mary, based on the recommendation of her psychiatrist, she consented to the medication change. During the course of tapering her current medication and adding the new medication, Mary continued to struggle with her depressed

mood. She continued to process this in her individual and group therapy sessions, but found little relief in simply processing her struggles with her mood.

All of the members of Mary's team recognized how the impact of her depressive mood in the midst of this medication change was impacting her overall wellbeing. The process of a medication change is simply a waiting period, as one medication leaves the system and the new medication is introduced and the client awaits any symptom relief over a several week period of time. The music therapist discussed with Mary's team the concept of using music to help her shift and manage her mood during this transition time. The team agreed that this would be an appropriate option for Mary and could give her a tool to help her manage her depressive mood.

Mary was only able to meet with the music therapist for one session per week, which was the coverage permitted by her healthcare insurance. So in order to address Mary's increasing struggles with depression, the BMGIM sessions were temporarily discontinued, to allow the music therapist to introduce and implement the use of a therapeutic playlist. Therefore for a four-week period the sessions shifted focus from her BMGIM work to implementing the use of the iso principle to assist in mood management. This work was encompassed in four, one hour weekly sessions that incorporated introducing, developing, and implementing Mary's therapeutic playlist.

The music therapist introduced the concept of the iso principle to Mary as a method to help with mood management during this time of transition. She discussed the idea of developing a therapeutic playlist(s) to help her manage her mood. During this discussion, Mary became tearful and stated that she was surprised that someone would go to that much trouble for her. Introducing this concept appeared to represent a sense of being cared for and nurtured that Mary

had not experience before. This also became an important area of focus in the therapeutic process. The music therapist encouraged Mary to bring music from her CD collection to the next music therapy session. Exploring her music collection and preferences allowed the music therapist and Mary to engage in a collaborative process of developing her iso principle playlists for managing her depressive mood.

Mary indicated preferences for Celtic, classical, and world music. In subsequent sessions, she explored her depression and ways that she connected music and mood through conceptualizing her depression on a continuum. She described her depression as, “a sense of hopelessness, feeling lethargic, questioning the purpose of life, feeling too tired to do anything, and feeling that she was drowning”. When her depression was at its worst, she felt the song ‘Wild Child’ by Enya, expressed the depth of her mood. On the other end of her depression continuum, Mary explored hopefulness. She described this mood state as “being out in the world, feeling optimistic, having more energy, and having an *anything is possible* attitude,” where she perceived that “little steps lead to bigger steps.” She connected her experience of hopefulness with the song ‘Bubbly’ by Colby Callait (see Diagram 1).

When Mary and the music therapist completed the two ends of the continuum, the music therapist introduced a graduate music therapy intern into Mary’s music therapy sessions. The music therapy intern joined the music therapist and Mary in sessions, in order to assist in the process of developing the therapeutic iso principle playlist. Due to the music therapist’s heavy caseload, it was not feasible for her to listen to all the music from Mary’s music collection and determine the progression of the music. Therefore, in order to create this tailored playlist the music therapy intern was introduced into sessions for a short period of time only and met with

the music therapist and Mary. It is important to note that Mary was already acquainted with the music therapy intern from attending group sessions facilitated by the intern.

In the following session, Mary brought in nineteen CD's from her personal music collection. Mary collaborated with the music therapist and music therapy intern and determined her preference was to begin with a Celtic-themed playlist for her mood management. Mary, the music therapist, and the music therapy intern listened to several pieces of music and began to find what other pieces of music might fit within Mary's continuum. Mary requested the playlist include at least an hour worth of music, so twelve songs were selected in order to give her an hour's worth of music (It is important to note that all the music included in her playlist was from Mary's personal collection and included music she had purchased, in order to abide by copyright laws).

Under the supervision from the music therapist, the music therapy intern created and implemented a rating system to serve as a reference point as she put together the initial Celtic therapeutic playlist. She utilized two five-point Likert-type scales in which one corresponded to Mary's descriptors of her *depression* and five corresponded with Mary's descriptors of *hopefulness*. On one scale she evaluated the musical elements of the piece (rhythm, tempo, melody, tone color, harmony, mood, and musical effect), and on the other scale she evaluated the message of the piece presented through the lyrics as they corresponded to Mary's descriptors.

In this manner, the music therapist and music therapy intern attempted to create objective measures through which both musical elements and lyrical elements of the music could be considered in terms of Mary's experience of her depression and according to the depression continuum. In order to consider both aspects of the music, the music therapy intern then

averaged the musical and lyrical elements of the score in order to determine the placement of the piece of music on Mary’s depression continuum. Thus, the music therapy team utilized a system developed through exploring intersubjectivity with the client in order to develop a playlist order that moved from depression to hopefulness in a manner that corresponded to Mary’s description of her experience of moving from depression to hopefulness. In addition to utilizing this system, the music therapy team also incorporated Altshuler’s system of level attacks as previously described in order to determine the playlist order. Table 1 illustrates an example of this evaluation process for the Enya album, *A Day without Rain*.

---

Diagram 1: Depression Continuum

---

Depression  
Wild Child, Enya

Hopeful  
Bubbly, Colby  
Callait

---

Depression Descriptors

Hopeless, Lethargic,  
What’s the point?  
Too tired to do anything  
Why bother?  
Drowning

Hopeful Descriptors

Being out in the world  
Optimistic  
More energy  
Anything is possible  
Little steps lead to bigger steps

Table 1

Comments and rating of Enya, *A Day without Rain*

Song	Music	Message	Overall (Determined by calculating the average of the music and message scores)	Comments
<i>A Day without Rain</i>	3	3	3	Yearning, hopeful, zen
<i>Wild Child</i>			1	Reminds Mary of very depressing time. Persistent music and message
<i>Only Time</i>	3	2	2.5	Sad tone, admitting unknown, “time will tell” message is strong
<i>Tempus Verum</i>	2		2	Strong rhythm and tonalities. I get an image of a big storm.
<i>Dora Ar Mo Chroi</i>	1.5	4	2.75	Hopeful, pure, angelic, lonely, not in English
<i>Flora’s Secret</i>	3.2	4	3.6	Hopeful and energetic
<i>Fallen Embers</i>	2	1.5	1.75	Sad, validates depression, but allows some room for hope
<i>Silver Inches</i>	3.5		3.5	Energetic and rich texture for Enya’s music
<i>Pilgrim</i>	2.5	4	3.25	Hopeful, gives power to listener, emphasizes inner wisdom and multiple paths – good to use in mix
<i>One by One</i>	3	3	3	Alternating textures
<i>Lazy Days</i>	2	2	2	This seems like a good example of a 2-3 because it validates but also energizes

This method was utilized to serve as a starting point when the music therapist, the music therapy intern, and Mary discussed the gradual progression of the music and its active role in helping manage her mood. The purpose of this strategy was to develop a language for shared meaning and a reference point for Mary, the music therapist, and music therapy intern, to better understand her depression in order to develop an effective tool for mood change. This initial therapeutic playlist allowed Mary to explore and experience the iso principle and allowed Mary to try out and test her list and let the music therapist and music therapy intern know what changes needed to be made in order to best meet her needs.

Mary's Celtic therapeutic iso playlist is included below along with the artists performing the songs. The complete discography is listed in Appendix 1.

1. Ce He Mise Le Ulaingt performed by Loreena McKennit
2. Wild Roving No More performed by Sylvia Barnes
3. Storm in my Heart performed by Dolores Keane
4. Lazy Days performed by Enya
5. Are Ye Sleepin' Maggie performed by Dougie Maclean
6. Eirigh Suas A Stoirin (Rise Up) performed by Moya Brennan
7. Never Tire of the Road performed by Andy Irvine
8. The Bonny Swans performed by Loreen McKennit
9. Pilgrim performed by Enya
10. Joy be with you performed by Ceoltoiri
11. My Darling, I'm Fond of You performed by Ceoltoiri
12. Alasdair Mhic Cholla Ghasda performed by Caercallie

Mary began to listen to the initial playlist during a music therapy session in order to assess its impact on her mood. She appreciated how the playlist began with an open and expansive piece of music that helped her feel connected to her roots as a creative person who loved nature. She described feeling at home in Ireland and commented that this playlist helped her connect with the comforting sense of being home. During this initial session, the music therapist asked Mary to rate her depression on a ten-point Likert-type scale (1= hopeful, 10= depressed) before and after listening to music. Prior to listening to her playlist, she identified that her mood was an 8 on the scale and after listening during the session she reported her mood at a 5. She felt encouraged by the change. She then took her playlist home in order to further evaluate it. The music therapist encouraged her to continue to systematically evaluate her depression using an assessment form (see Appendix 2).

While a five-point Likert-type scale was utilized in the developing a systematic iso playlist, a ten-point scale was used when asking the client to rate her depression. In developing the playlist, the music therapy team wanted a measurement tool with an odd number that could quantify the process of evaluating the music and assist in determining the placement of each piece of music in the playlist. Having five points seemed to do so because it allowed the music therapy intern to compare the elements of many pieces of music with maximum efficiency. However, a ten-point Likert-type scale was utilized when having Mary rate her depression because this scale most closely mimics other scales clients frequently complete, for example, the ten-point pain rating scale.

Mary returned the following week for her music therapy session. The music therapist inquired about the use of the therapeutic playlist and Mary shared that she was using her playlist at home and in her car. She discovered she could start listening to any song on the playlist in

order to match her mood at that moment. She liked having this flexibility with the playlist, as she felt it allowed more opportunities to use the playlist. She asked the music therapist for an additional copy of the playlist because she was making use of it in multiple settings and wanted to have her playlist readily available in either location.

Mary talked about the gradual shift she noticed in her mood as she listened from one piece to the next on her playlist. As she shared this she became tearful. She reiterated she felt very cared for during this process and she felt overwhelmed by this. She recognized she was not accustomed to others caring for her. Experiencing this level of care was difficult for her to comprehend, as it felt unfamiliar to her. The music therapist utilized this opportunity to validate Mary's feelings around this. Acknowledging that this experience of feeling cared for was new and different, and she could practice continuing to take this in each time she listened to her playlist.

Mary acknowledged that historically when she was depressed, she had a tendency to pull herself away from music. She was surprised and pleased with how the music (her music) could connect with her mood and then begin to change it gradually. Mary reported making use of her playlist at various times throughout her day. She also reported this gave her a sense of hope as she navigated this transition time with her medication change. She also found she felt better able to engage in social events and found she was not avoiding others, as was typical when she was feeling depressed. Her intensive outpatient team and her outpatient therapist also noticed that Mary appeared to be better able to manage her depressed mood following the implementation on this new tool.

After about four weeks following her change in medication, Mary began to notice an overall improvement in her mood. She believed her new medication was taking effect. She continued to use her playlist as a means of coping when needed. Creating and implementing this tool for her to assist in managing her mood gave Mary a feeling of being empowered as now she had a way to help herself. Mary continued to use her playlist whenever she felt she needed it. This playlist did not serve as a cure for her depression, but as a tool to manage her depressed mood during this medication transition. Utilizing the playlist to manage her mood allowed her to better engage in her eating disorder treatment and to continue her work toward recovery.

### Summary

The iso principle is referenced in contemporary music therapy literature, however most references simply include a definition of the principle. Although Altshuler introduced the iso principle in 1948 as a method of mood management, the current descriptions and clinical illustrations regarding its use in this manner are scarce. This gap in the literature makes it unclear as to how the iso principle is being utilized in music therapy.

This case study illustrates how the iso principle was implemented as a tool for mood management for a client in eating disorder treatment and diagnosed with depression. Mary's struggle with her depressed mood during this medication change interfered with her ability to fully engage in her intensive outpatient program and in her individual verbal psychotherapy sessions. She talked about how depression was not only getting in the way of her eating disorder treatment and also interfering with her work toward recovery. The music therapist worked with Mary as she described her experience of depression and explored her music preferences. This collaborative process entailed listening to music from Mary's personal collection in the music

therapy sessions and empowering her to identify which pieces of music connected with her depression at its worst and to her desired mood state. In the process of developing a playlist, it was important to understand Mary's experience of her depression in order to select the music that would best match this mood, as well as the desired mood state she wanted to achieve. This process allowed her to describe her experiences and struggles, and inform the music therapist of her hopes and desired outcome with regard to her mood state.

A simple measurement tool empowered Mary to evaluate the effectiveness of the therapeutic playlist. This gave her a method of discovering if the designed therapeutic playlist was helpful or if the music therapist needed to work with her to make some changes to better meet her needs. The playlist was a tool she could easily implement in her day-to-day life and find relief from her depressed mood state. Having an easily accessible tool gave her a greater sense of empowerment to manage this challenging time in her life, rather than feel like a victim of her depression.

There are important implications in utilizing a non-pharmacological approach such as this in mood management. One important consideration in this process includes ensuring that when a patient is struggling with depression that safety is carefully assessed and monitored. Throughout this process, several members of her team, including her psychiatrist, verbal psychotherapist, music therapist, and therapists in the intensive outpatient program assessed and monitored her safety. The team also consistently maintained communication regarding this aspect of Mary's care.

In introducing the iso principle for mood management, the goal of the process does not include eliminating psychotropic medications. In this case, the impetus for its use was to assist

the patient in navigating a medication change. Additionally, this was done with the consent of the patient and after consulting with her team. While it is therapeutically beneficial to empower a patient in the therapy process, the patient's team must be consulted before introducing this type of concept or implementing the method as a part of their treatment.

While the use of the iso principle was helpful for Mary in her therapeutic process of managing her depression during the medication change, the lack of research surrounding this approach warrants the music therapist work closely, carefully, and methodically with the patient to facilitate the mood change. This necessitates understanding the impact of the elements of the music on the patient's mood as well as taking the time to discover and explore the patient's music preferences. This requires time and attention to these many details in the therapy process and continuing to check in with the patient to explore the effectiveness of the therapeutic playlist, while making necessary adjustments to best meet the patient's needs.

Additional clinical case studies and research are needed to further explore the use and impact of the iso principle as a method of mood management for patients. In the profession of music therapy, the iso principle is frequently referenced term, however, the concept is rarely explored in the therapeutic process or care of clients. When thoroughly assessed, individually designed, implemented carefully and appropriately in the context of a patient's treatment, it can serve as an effective tool for mood modulation, one that may empower the patient as an active participant in their care.

## References

- Altshuler, I. M. (1944). Four years' experience with music as a therapeutic agent at Eloise Hospital. *American Journal of Psychiatry*, 100, 792-794.
- Altshuler, I. M. (1948). The past, present, and future of musical therapy. In E. Podolsky (Ed.), *Music therapy* (pp. 24-35). New York: Philosophical Library.
- Biagini, M.S., Brown, L. E., Coburn, J.W., Judelson, D.A., Statler, T.A., Bottaro, M., Tran, T.T., Longo N.A. (2012) Effects of self-selected music on strength, explosiveness, and mood. *Journal of Strength Conditioning Research*, 26(7):1934-8..
- Boothby, D., Robbins, S. (2011). The effects of music listening and art production on negative mood: A randomized, controlled trial. *Arts in Psychotherapy*, 38(3), 204-208.
- Brewer, C. & Campbell, D. G. (1991). *Rhythms of learning: Creative tools for developing lifelong skills*. Tuscon, AZ: Zephyr Press, Inc.
- Bush, C. (1992). Dreams, mandalas and music imagery: Therapeutic uses in a case study. *Journal of the Association of Music and Imagery*, 1, 33-42.
- Davis, W. (2003). Ira Maximilian Altshuler: Psychiatrist and Pioneer Music Therapist. *Journal of Music Therapy*, 40(3), 247-263
- Corey, G. (2008). *Theory and Practice in Counseling and Psychotherapy* (8<sup>th</sup> Edition). Belmont, CA: Thomson Brooks/Cole.
- Crowe, J. (2004). *Music and soulmaking: Toward a new theory of music therapy*. Lanham, MD: The Scarecrow Press, Inc.
- Heiderscheit, A., Chlan, L. & Donely, K. (2011). Instituting a music listening intervention for critically ill patients receiving mechanical ventilation: Exemplars from two patient cases. *Music and Medicine*, 3(4), 239-245.
- Heiderscheit, A., Breckenridge, S., Chlan, L., Savik, K. (2013). (in review). Music preferences of mechanically ventilated patients participating in a randomized controlled trial.
- Holland, P. (1995). The role of music therapy in the effective use of stress. In T. Wigram, B. Saperston, & R. West (Eds.). *The art and science of music therapy: A handbook* (pp. 406-432). Chur, Switzerland: Harwood Academic Publishers.
- Ilie, G., Thompson, W. (2011). Experiential and Cognitive Changes Following Seven Minutes Exposure to Music and Speech. *Music Perception*, 28 (3), 247-264.
- Juslin, P. & Sloboda J. (Eds.) (2001). *Music and emotions: Theory and research*. Oxford: Oxford University Press.

- Koelsch, S., Offermanns, K., & Franzke, P. (2010). Music in the Treatment of Affective Disorders: An Exploratory Investigation of a New Method for Music-Therapeutic Research. *Music Perception*, 27 (4), 307-316.
- Koelsch, S., Siebel, W. A., & Fritz, T. (2010). Functional neuroimaging. In P. Juslin & J.A. Sloboda (Eds.), *Music and emotion* (pp.313-346). Oxford: University Press.
- Lai, Y., M. (1999). Effects of music listening on depressed women in Taiwan. *Issues in Mental Health Nursing*, 20(3), 229-246.
- Lesiuk T.(2010). The effect of preferred music on mood and performance in a high-cognitive demand occupation. *Journal of Music Therapy*, 47(2):137-54.
- McCaffrey, R., & Locsin, R. C. (2002). Music listening as a nursing intervention: A symphony of practice. *Holistic Nursing Practice*, 16(3), 70-77.
- McKinney, C., Antoni, M., Kumar, A., & Kumar, M. (1995). The effects of guided imagery and music on depression and beta endorphin levels. *Journal of the Association for Music and Imagery*, 4, 67-78.
- Merriam-Webster (2010). *Merriam-Webster's Dictionary and Thesaurus*. Merriam-Webster, Incorporated.
- Michel, E. & Pinson, J. (2005). *Music therapy in principle and practice*. Springfield, Illinois: Charles C Thomas.
- Pellitteri, J. (2009). *Emotional Processes in Music Therapy*. Gilsum, New Hampshire: Barcelona Publishers.
- Priestly, M., & Eschen, J. T. (2002). Analytical Music Therapy: Origin and Development. In J.T. Eschen (Ed.). *Analytical Music Therapy* (p. 11-16). London: Jessica Kingsley Publishers.
- Prochaska, J. & Norcross, J. (2009). *Systems of Psychotherapy: A Transtheoretical Analysis* (7<sup>th</sup> Edition). Belmont, CA: Brooks/Cole.
- Punikanen, M., Eerola, T., Erkkilä, J. (2011). Biased emotional recognition in depression: Perception of emotions in music by depressed patients. *Journal of Affective Disorders*, 130 (1/2), 118-126.
- Särkämö, T., Tervaniemi, M., Laitinen, S., Forsblom, A., Soinila, S., Mikkonen, M., Autti, T., Silvennoinen, H.M., Erkkilä, J., Laine, M., Peretz, I., Hietanen, M. (2008). Music listening enhances cognitive recovery and mood after middle cerebral artery stroke. *Brain*, 131,(3), 866-876.
- Scott, D. (2007/2008). Individual differences in response to the Bonny Method of Guided Imagery and Music. *Journal of the Association for Music and Imagery*, 11, 39-63.

Shatin, L. (1970). Alternation of mood via music: A study of the vectoring effect. *Journal of Psychology*, 75, 81-86

Smeijsters, H. (1995). The functions of music in music therapy. In T. Wigram, B. Saperston, & R. West (Eds.), *The art and science of music therapy: A handbook* (pp. 385-394). Chur, Switzerland: Harwood Academic Publishers.

Summer, L. (1988). *Music Therapy in the Institutional Settings*. St. Louis: MMB.

Walker, V. (1993). Integrating Guided Imagery and Music with verbal psychotherapy. *Journal of the Association for Music and Imagery*, 2, 111-121.

Weiss, L. (1994). Accessing the inner family through Guided Imagery and Music. *Journal of the Association for Music and Imagery*, 3, 49-58.

Wigram, T., Pedersen, I. & Bonde, L. (2002). *A comprehensive guide to music therapy: Theory, clinical practice, research and training*. London: Jessica Kingsley Publishers.

Appendix 1

*Celtic Iso Playlist and Discography*

1. Loreena McKennit (Performer). (1994). Ce He Mise Le Ulaingt in *The Mask and the Mirror*. New York: Warner Bros.
2. Sylvia Barnes with Kentigern. (2008). Wild Roving No More in  *Holding Up Half the Sky: Voices of Celtic Women, Vol. 1*. New York: Dara Records.
3. Dolores Keane (Performer). Storm in my Heart in  *Holding Up Half the Sky: Voices of Celtic Women, Vol. 1*. New York: Dara Records.
4. Enya (Performer). (2000). Lazy Days in *A Day without Rain*. New York: Warner Bros.
5. Dougie Maclean (Performer). (1996). Are Ye Sleepin Maggie in *Putomayo Presents: A Celtic Collection*. New York: Putomayo World Music.
6. Moya Brennan (Performer). (2003). Eirigh Suas A Stoirin (Rise Up) in Celtic Circle. New York: Windham Hill Records.
7. Andy Irvine (Performer). (1996). Never Tire of the Road in *Putomayo Presents: A Celtic Collection*. New York: Putomayo World Music.
8. Loreena McKennit (Performer). (1994). The Bonny Swans in *The Mask and the Mirror*. New York: Warner Bros.
9. Enya (Performer). (2000). Pilgrim in *A Day without Rain*. New York: Warner Bros.
10. Ceoltoiri (Performer). (1998). Joy be with You/Flowers of Spring/Sweet Biddy Daly in *Women of Ireland*. Annapolis, MD: Maggie's Music, Inc.
11. Ceoltoiri (Performer). (1998). My Darling, I'm Fond of You/Blatighoran in *Women of Ireland*. Annapolis, MD: Maggie's Music, Inc.
12. Capercallie (Performer). (1996). Alasdair Mhic Cholla Ghasda in *Putomayo Presents: A Celtic Collection*. New York: Putomayo World Music.

