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Combining Our Voices:

Collaborative Music Therapy Research

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Received 8 March 2026; Accepted 16 July 2026; Published 5 November 2026
Editor: Michael Viega
Reviewer: Andrew Rossetti
Copyeditor: Kate Apley

Abstract

The paper explores professional research collaboration through the shared experiences of two music therapists. The authors describe their individual journeys and also discuss how their partnership affected their professional growth and identities. They emphasize how clinical research is driven by observations and questions, and discuss the elements of a successful partnership. The narrative weaves together the authors' ideas through short segments in which each author addresses the evolution of their working relationship. This format is, in itself, an example of the collaborative process. The authors present their research, as it unfolded, based on the first author's clinical experience as a music therapist in cardiac rehabilitation and the second author's research expertise. Their collaboration resulted in a feasibility trial of music therapy in cardiac rehabilitation and launched a rich research agenda, as exemplified by numerous publications. They share how their identities as clinical researchers developed and fed their career trajectories. The paper offers guidelines related to the intersection of music therapy practice and clinical research, as well as a model of successful and fruitful collaboration.

Keywords: music therapy; collaboration; research collaboration; research agenda

Combining Our Voices

To sing music together
Is to live and breathe
A connected feeling,
Fulfilling to perceive.
Inhale, center, and prepare,

Publisher: GAMUT - Grieg Academy Music Therapy Research Centre (NORCE & University of Bergen)
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DOI: https://doi.org/10.15845/voices.v26i3.4914

Release our blended tone.
Our voices merge in harmony,
To weave the strands of sound.
The individual tones distinctly
Resonate a section,
Whose meaning is heard in context
Of the composition.
Each of us privileged to convey
Uniquely through her presence,
While sensitive to the other
To express collaborative essence.
Our combined energy
Reverberates as one,
Enhancing the euphonious music
With our blended tone.

Susan E. Mandel

Introduction

This article explores professional research collaboration through our shared experiences as two music therapists. We describe our individual journeys and also discuss how our partnership affected our professional growth and identities. We emphasize how clinical research agendas are driven by observations and questions, and we discuss the elements of a successful partnership. The narrative weaves together our ideas through short segments in which each of us addresses the evolution of our working relationship. This format is, in itself, an example of the collaborative process.

As music therapy firmly establishes itself as an evidence-based practice, we believe that the profession can benefit significantly from fruitful partnerships that inform clinical work from multiple perspectives. This dialogue between the two of us authors is intended to inspire music therapists to forge collaborative professional relationships. Ultimately, these connections can deepen the understanding of our practice and meaningfully inform the broader scientific community. We begin by introducing ourselves.

Suzanne

Throughout a deeply fulfilling career, I have been privileged to hold multiple professional roles, as music therapy clinician, educator, author, speaker, leader, and researcher. I was honored to serve as President of the National Association for Music Therapy, the World Federation of Music Therapy, and the International Association for Music and Medicine. After thirty years at the Music Therapy Department of Berklee College of Music in Boston, Massachusetts, I was afforded the designation of Founding Chair Emerita. Yet, beyond these titles, I consider my most vital contributions to involve the empowerment of students and colleagues—specifically, fostering a culture where practitioners bring their best selves to clinical practice and consistently challenge the impact and importance of their work through data-based inquiry. This model of music therapy was first articulated in *The Music Therapist's Handbook* in 1987, with revisions through multiple editions (Hanser, 1987, 1999, 2018). Now having published over 60 research articles in refereed professional journals, I have to say that my collaboration with you, Susan, was the most rewarding of my profession.

Susan

I am honored by your words Suzanne. Our collaboration has been a high point of my career. I am a board-certified music therapist and most recently a licensed professional music therapist in the state of Ohio in the U.S. Through my clinical practice and research investigations, I specialized in stress and pain management in medical settings. Prior to working as a music therapy consultant and researcher at Lake Health in Ohio, I established the music therapy program at Hospice of the Western Reserve. At Lake Health, I managed a clinical music therapy program and investigated the effects of music therapy in the emergency department, cardiac rehabilitation, and diabetes education, as well as inpatient patient satisfaction. In 2007, I earned my PhD in interdisciplinary studies with specializations in mind-body studies and music therapy research. I then served as a university research methodologist and a dissertation chair, reviewing both quantitative and qualitative doctoral dissertations. I served as assistant editor of *Music Therapy Perspectives*. I first met you, Suzanne, in 1999, when I applied for my first music therapy research grant and was advised to collaborate with you as a seasoned researcher. Our collaboration continues to this day. I invited you to co-author this article with hope that we could inspire readers to engage in research and combine their voices in collaboration with other professionals.

Tuning Up: Beginning Our Research Journeys

Suzanne

Research has not always been part of my identity, but curiosity about music's impact has been a lifelong companion. I suppose that my first music therapy research experiment was generating a hypothesis that music could help me deal with the challenges of my medical conditions, and I tried out a variety of interventions, like improvising and playing music I loved. As a young child, I experimented with music to cope with my anxiety and pain associated with multiple surgeries to remedy birth defects. That meant improvising on the piano to see how I could communicate the feelings that I could not otherwise express and to find ways to change the way I felt. Of course, I did not know that this was a bona fide research methodology, but I did know that sampling alternative ways of experiencing music was fun and instructive. I found that I could convey something personal and powerful at the piano, and I felt an unusual form of empathy when my melodies resonated with my feelings. Today, theories of embodied simulation and mirror neurons attempt to explain this powerful phenomenon (Gallese, 2017), but my naïve striving to comprehend these observations fueled the innate researcher in me.

Susan

I relate to your lifelong relationship with music and your questioning how music could help you manage your health challenges, Suzanne. Music played a supportive role throughout my life too, from singing in the car with my father to making music with my piano and guitar, and singing with musical groups. Music helped me cope with life's challenges, including many medical procedures and orthopedic surgeries throughout my adulthood.

I enrolled in a music therapy equivalency program after experiencing the potency of playing my guitar and singing through the months of my father's terminal illness. A music professor posted information about a research study of the effect of music on the speech of nonverbal preschool children, planned in collaboration with a speech therapy professor. They were seeking a music therapy student to work with a speech therapist as clinicians

for the study. I volunteered, and we designed a measure in which I sang "What's your name?" to each participant during an assessment. I vividly recall meeting one young boy who had never spoken. I sang "What's your name?" and he sang his name in reply! Looking back, that was a pivotal moment that began my research journey.

My immersion in clinical medical music therapy practice evoked questions regarding the remarkable effects I observed. I wondered why listening to live music brought comfort to a terminally ill young mother who struggled to say goodbye to her children. Why did listening to a music-assisted relaxation and imagery recording help a five-year-old overcome insomnia following brain surgery? How did planned music listening allow an expectant mother to communicate with her unborn child? Although I did not recognize it at the time, these questions prompted my journey as a researcher.

Suzanne

While our research trajectories followed different paths, Susan, it was consistently the questions that guided each of our research investigations. For me, as I began my training to become a music therapist and learned formal research methods, I was fortunate to have an incredible mentor, Dr. Clifford Madsen, a great role model who encouraged me to actively pursue research. So, when Madsen suggested that research performed by undergraduates was roughly equivalent in quality to that conducted by graduate students, he and I decided to test that hypothesis. Following the statistical decision-making process of the scientific method, we were able to reject the null hypothesis in this randomized clinical trial (RCT), supporting his theory and offering me a start to my research career with my first professional publication (Hanser & Madsen, 1972).

When I became a credentialed music therapist, I refined my questions to reflect how music influenced the health and well-being of the people with whom I worked. My initial research studies were based on my clinical observations of simple changes in behavior (Hanser, 1974). My personal experience during childbirth and the phenomenal impact of music during my labor led me to investigate a music therapy protocol I later developed for women during childbirth. Because of the extreme variation in individual responses at this tender and complex time, it would have taken a lifetime to gain the statistical power necessary to conduct the gold standard of research, the RCT, and see an effect, if there was one. So instead, I utilized a methodology whereby research subjects acted as their own controls, and each woman was observed as she listened to her personal playlists, compared to periods when she did not listen. In every case, there were fewer pain-related responses, such as body tension, shifts in position, and requests for medication during music listening. I wanted to report these findings to the medical community, but despite these positive results, medical journals rejected my submission, based primarily on the methodology. Fortunately, the *Journal of Music Therapy* published this study (Hanser et al.,1983), and later, I told my story through a phenomenological analysis of the experience in a chapter for a book on reflexive practice (Hanser, 2004).

I was able to conduct an RCT with another mentor, Dr. Larry Thompson, thanks to a National Research Service Award from the National Institute on Aging (Hanser & Thompson, 1994). The *Journal of Gerontology* reviewers were impressed with our results, and that we were able to follow participants after the conclusion of the experiment, as well as perform a test of clinical significance. Indeed, those individuals who participated in home-based music therapy and those who self-administered the music therapy protocol experienced significantly fewer negative symptoms than a wait-list control group and there were clinically significant improvements in their depression.

An appointment at Dana-Farber Cancer Institute provided an opportunity to conduct another RCT with women who had metastatic breast cancer, along with a team of colleagues who supported the use of integrative treatments, such as music therapy. Along

with the trial, we collected qualitative data to help explain the results. The *Journal of the Society for Integrative Oncology* accepted the paper, but only under the condition that we delete the qualitative findings—the most interesting part of the research, from my vantage point.

Steadfast adherence to the RCT as the only acceptable methodology for testing effectiveness did not alter my enthusiasm for conducting research, and I did manage to publish a mixed methods study with a large group of collaborators in *Global Advances in Medicine and Health* (Roseen et al., 2017). Medical journals began to accept more varied research methodologies, more complex research questions, and more qualitative approaches, but my ongoing clinical experience exposed questions that were more closely related to meaning and the unobservable transformations possible through music therapy. Music seemed to have the capacity to affect every domain of human experience, from psychological to physical, and from the objective to the spiritual. When I witnessed changes that appeared to be a function of music therapy, I questioned how much the music accounted for that change, and how much my presence may have contributed. I challenged my observations, attempting to assess my bias because of my strong desire to see a difference. Little did I realize that with these inquiries, I was embodying the attitude of a researcher and truly becoming one.

As I accompanied more and more people through their journeys to wellness, my questions became more clinical, complex, and phenomenological. Why did music have such an impact, and how was it that music seemed to change so many things that I could not sense or see? Could music modify brain activity or help a person make meaning of life? My simple questions of cause and effect grew into existential queries that were harder to parse and discern. I began to cull data that were not clearly observable, and collaborated with like-minded professionals in a neurology laboratory (Haddad et al., 2024; Quinci et al., 2022), as well as clinicians who were investigating the role of creativity and meaning in music (Hanser & Ross, 2025). With the advent of new technologies and research methodologies, it became particularly important to team up with experts in related fields, as well as those who were benefiting from music therapy, when feasible. But fundamentally, my research interests revolved around individual responses to music therapy interventions, the influence of music and music therapy, the meaning of the experience, and the mechanisms to explain the impact.

Making Music Together: Launching Collaboration

Susan

Prior to meeting you, Suzanne, my initial contribution to music therapy literature was the writing of two articles that discussed my intentional music experiences as a patient before, during, and after orthopedic surgeries (Mandel, 1988, 1991a). As in your early experiment, I was my own test subject at this time. Following my music therapy internship, I was asked to help develop a music therapy program in a local hospice. It was my mission not only to offer clinical music therapy services with patients and families, but also with volunteers, hospice staff, and bereavement support participants. Given the limited number of music therapy programs in hospices at that time, I sought to inspire similar programming through my experience (Mandel, 1991b).

I was later invited to initiate a music therapy program for stress management with people enrolled in cardiac and pulmonary rehabilitation at a local hospital. I published an article describing specific music therapy strategies to inform other music therapists about the potential for music therapy in this important clinical setting. At the conclusion, I reported my review of 142 patient charts that indicated incidence of self-reported stress related to

both chronic illness and daily living, and that 64% of patients returned to subsequent music therapy sessions after the initial session (Mandel, 1996). Given these promising findings, the researcher I had always been, without yet knowing it, finally awoke. I began to think about a study to examine the short- and long-term effects of music-assisted relaxation and imagery techniques through an experimental design.

I approached a local foundation with the request to support research of the effects of music therapy with patients enrolled in a cardiac rehabilitation program. The esteemed president of the Kulas Foundation, Herbert Strawbridge, wisely observed that I was a novice researcher at that time in my music therapy career, and advised me to work with you, Suzanne, as you were a renowned music therapy researcher. I was awarded a one-year planning grant to develop a full research proposal. With trepidation, I telephoned you, and was grateful for your affirming response: "I have read your work and think we would make a good team!" Your recognition of my recent publication was validating. Our collaboration and a lifetime friendship began.

Suzanne

You are very kind, Susan. Perhaps my reputation was based on the weight of my published research, but it was truly the persistence of my curiosity that made me a researcher. Of course, then, I was very excited to collaborate with you, not only because we were asking similar clinical questions in our own practices, but because we shared beliefs concerning the potential of music to bring about positive change. Our joint desire to document clinically relevant and significant movement through the course of a music therapy treatment protocol forged a process of discovery that challenged previous thinking and ways of observing.

I traveled to Cleveland to observe your work, and was impressed with the rapport that you established so easily with the people undergoing rehabilitative services. I could easily detect your clinical goals and objectives by observing the music-based techniques that you presented with great clarity and compassion. One thing was clear to me: it was going to be challenging to separate your impressive therapeutic manner and competence from the music therapy interventions that you were so skillfully applying.

Debriefing our observations, we discussed why research was important in this setting, and some of the beliefs and theories that could explain how individuals in rehabilitation could benefit. Having a seasoned music therapist like you was fundamental to articulate a research process that addressed the complexities of human behavior and limitless variables. We were obligated to select the single most important elements and outcomes of the music therapy process.

Susan

As you know, Suzanne, to investigate the effects and effectiveness of music therapy for stress management, we decided to compare changes in selected health-related outcomes, using the gold standard for effectiveness research, an RCT. We generated a null hypothesis that could be tested experimentally: there would be no differences in health-related outcomes between cardiac rehabilitation patients who experienced music therapy plus cardiac rehabilitation vs. patients who experienced only cardiac rehabilitation. After articulating this hypothesis and hoping to dispute it with our data, we had many other decisions to make.

The music therapy protocol was based on interventions that I had previously incorporated and which narrative data suggested to be effective for stress management with patients in cardiac rehabilitation. It was important to design a protocol that other clinicians could replicate in their own settings, to the degree possible. Each session

included both live and recorded music selected to stimulate group discussion about stressors and lived experiences with cardiac illness. Participants were invited to share personally preferred music during the sessions. Each session concluded with a group experience of music-assisted relaxation and imagery, which I recorded for patients' home practice. Copyright permission was received from Dr. Daniel Kobialka, a prominent musician and composer, to utilize recordings of his music to accompany my verbal relaxation suggestions. Kobialka's music consisted of improvisations and extended versions of familiar themes. Selections from *Fragrances of a Dream* (Kobialka, 1992a), *Going Home* (Kobialka, 1992b), and *Timeless Motion* (Kobialka, 1982) incorporated musical properties conducive to relaxation, including simple sustained melodies, consonant harmonies, soft dynamics, slow steady tempi, predictable structure, and legato passages (Mandel et al., 2010). Kobialka's discography is located at: https://www.danielkobialka.com/

Because this was one of the first clinical trials for music therapy in cardiac rehabilitation, it was challenging to determine how to assess the changes that I had observed in music therapy patients. We needed to start with a feasibility study to determine the assessments that would measure behavioral, physiological, and psychological health-related outcomes. We wanted to examine a large number of outcomes in an exploratory feasibility trial that would provide guidance for designing a larger scale investigation in the future. Based upon a review of related literature, we chose to examine blood pressure, stress, anxiety, depression, and quality of life, among other variables.

These sorts of effects of music therapy were not previously measured over time, so we ran a longitudinal trial with extended measurements over one, four, and ten months post-treatment. In addition, we examined immediate changes in reported stress and anxiety for music therapy patients pre- and post-sessions. We searched the literature to identify standardized measures that were reported to assess these outcomes with high validity and reliability. Our research proposal was funded, which allowed us to add a registered nurse researcher and medical statistician to our team and analyze the data from unbiased sources.

When I received the data analysis spreadsheet from the statistician, my initial response was disappointment at the paucity of statistically significant findings, despite knowing that the large number of outcomes diminished the likelihood of finding significance. However, one line in the report jumped out at me. The music therapy group's mean systolic blood pressure decreased from pre- to post-treatment, while the control group's mean systolic blood pressure increased, and the difference was highly statistically significant ($p = .03$). My husband is a physician, and I asked him for a possible explanation. He commented that it made sense because relaxation (as induced by music-assisted relaxation and imagery) can reduce systolic blood pressure. Details of the completed trial were reported in the *Journal of Music Therapy* (Mandel et al., 2007).

The study results sparked more questions in my mind. I removed myself as clinician in our next study which focused on a single aspect of the protocol, namely listening to a music-assisted relaxation and imagery recording (Kobialka & Mandel, 2005). Findings of the mixed method investigation with a small sample of cardiac rehabilitation patients suggested a relationship between listening to the music-assisted relaxation and imagery recording and observed changes in anxiety, stress, and blood pressure immediately after listening, as well as over time for some participants. The importance of personal preference in both music and imagery suggestions was indicated in the narrative responses (Mandel et al., 2010).

Composing the Score: Paths to Research

Suzanne

Susan, you allude to certain challenges we faced in conducting our clinical outcome research and how we addressed them. Still, it stands that, while the clinician seeks to devise the best possible set of personalized interventions for a given person, the researcher is determined to control variables within a structured design in order to determine effectiveness. So, the two perspectives can appear to be at odds. However, clinical research is not one or the other. Neither is there a set methodology for a given research problem. However, a team of like-minded colleagues with expertise in related specialties can build an agenda that incorporates multiple perspectives on a series of clinical research questions.

In designing research, there is an established practice that allows the music therapist to examine the effectiveness of an intervention. It begins with addressing the feasibility of the investigation, as you and I did in our first collaboration described here. The initial research design reflects an exploratory approach. This could be a pilot study to test a music-based intervention or a feasibility study to determine the viability of a design, recruitment strategy, or assessment plan. A critical element of the plan is that it is based on a theory and poses a hypothesis, based on previous observations or data captured in previous research. This is a foundation of evidence-based practice.

Next, observational and descriptive research can add important qualitative information about the variables of interest. Hermeneutic research, case studies, surveys, and personal narratives are some of the interpretivist approaches that provide in-depth data on how change manifests and evolves. Individual perceptions can inform progress along clinical goals and objectives in biological, psycho-spiritual, and other realms that come into focus through more intensive study of a single person through the music therapy process. For example, we can examine responders versus non-responders to music therapy, to provide further insights. As patterns emerge, correlations between variables like depression and anxiety can be investigated, as we did in our study.

Another methodology could be a mechanistic research design to inform the clinician/researcher about the underlying process that may account for the impact of music therapy, as in imaging studies of the brain's response to music. Psychological theories of stress gave us clues as to how we could best observe indicators of stress that would ultimately affect some of the physiological responses, like blood pressure, that were of critical interest to us.

When it comes down to it, what we really wanted to know was whether music therapy improves certain outcomes, and the purpose of the next level of design, experimental and quasi-experimental investigations, was to find out just that. By controlling variables, these designs aimed to examine cause and effect between music therapy and the clinical outcomes of interest.

This trajectory helps establish a research agenda, but there are many more research designs utilized by music therapists to address their questions and theories. It is only with a preponderance of systematically reviewed evidence that a claim of cause and effect may be made. Meta-analyses of the published research inform us about the size of the effect of music therapy upon the observed outcomes, and hopefully, our research will be integrated into future meta-analyses, contributing to the larger knowledge base regarding the impact of music therapy. These results, coupled with the insights provided through interpretivist approaches, offer more holistic ways of describing the process and products of music therapy experiences.

Notating the Score: Research Agenda

Susan

Through the research process, we experimented with music-based interventions for managing stress. So, we decided to combine our personal and professional experiences, and published the self-help book, *Manage Your Stress and Pain Through Music* (Hanser & Mandel, 2010). Ignited by our successful collaboration, my research agenda continued to evolve through interdisciplinary collaboration with Beth Davis, a nurse researcher, and Michelle Secic, a medical statistician. Given the relationship between diabetes and cardiac illness, the cardiac rehabilitation studies were followed by an investigation of music therapy with patients enrolled in diabetes education. Of particular interest was the finding of reduced systolic blood pressure in patients with diabetes and hypertension who either listened to a music-assisted relaxation and imagery recording or participated in music therapy sessions with a board-certified music therapist (Mandel et al., 2013).

A collaborative retrospective study of patient satisfaction suggested that the integration of music therapy with inpatient care can improve the likelihood that patients will recommend the hospital to others and sparked our interest in continuing to explore patient satisfaction with music therapy services (Mandel et al., 2014). Seeking wider applications for these music therapy interventions, my research agenda was rounded out by a trial designed to inform the development of a model of music therapy service in emergency departments, while investigating patient satisfaction (Mandel et al., 2019).

Coda: Conclusion

Suzanne

What excites me most about research is raising the fascinating questions about the remarkable ways that music affects people and finding the best way to test beliefs and theories. From studying an individual's moment-by-moment response to music to investigating the impact of music therapy on large groups of people, all these endeavors contribute to the body of knowledge about the capability of music therapy. In addition, bringing teams of colleagues together to test our theories not only provides multiple perspectives, but also forms lasting collegial relationships and friendships.

Susan

Exactly, Suzanne; collaboration can create lasting relationships like ours. I ask myself, what is it that I want you, our readers, to take away from this shared research journey that includes all our collaborations, as well as other investigations. First and foremost, I encourage you to ask questions. I learned that even more important than answers, my questions generated more questions. Take a leap of faith and reach out to others who have knowledge or skill that you lack and collaborate to develop research proposals. Identify prospective funding sources and approach them with confidence. Share your work through conversations, presentations, and publication. In this way, you will expand benefit beyond your immediate borders.

Suzanne, you brought a wealth of research experience to our work together that encouraged my ongoing exploration, learning, and growth. While I was absorbed in the details, you maintained an aerial perspective that allowed your objectivity and a view of the big picture.

Suzanne and Susan

It is our hope that you will identify collaborators who will both challenge and support your ideas, while complementing your abilities. It has been said that collaboration drives innovation. For us, it enhanced our creativity, openness to differing perspectives, and understanding of the remarkable ways that music therapy works. Combining our voices facilitated a unique unfolding of our relationship and yielded a lifetime of professional and personal rewards.

We resonate with lyrics written by Stephen Schwartz in "For Good" from the musical *Wicked* (2003)*:*

> I've heard it said
> That people come into our lives
> For a reason
> Bringing something we must learn
> And we are led
> To those who help us most to grow
> If we let them
> And we help them in return

About the Authors

Susan E. Mandel, PhD, LPMT, MT-BC, is a retired licensed professional, board-certified music therapist. She specialized in stress and pain management in medical settings. She is a past assistant editor of *Music Therapy Perspectives*. Susan established the music therapy program at Hospice of the Western Reserve in Ohio. She was a music therapy consultant and researcher at Lake Health in Ohio. Susan managed a clinical music therapy program and investigated the effects of music therapy in the emergency department, cardiac rehabilitation, and diabetes education, as well as inpatient patient satisfaction. She served as a university research methodologist and a dissertation chair, reviewing both quantitative and qualitative doctoral dissertations. She co-authored a self-help book, *Manage Your Stress and Pain Through Music*, as well as *Harmony of Mind and Body, A MARI Experience*, a compact disc recording of music-assisted relaxation and imagery. Susan published numerous articles in peer-reviewed music therapy and medical journals.

Suzanne B. Hanser, EdD, MT-BC, is Founding Chair Emerita of Music Therapy at Berklee College of Music in Boston, Massachusetts. She is Past President of the International Association for Music & Medicine, World Federation of Music Therapy, and National Association for Music Therapy. Her books include: *The New Music Therapist's Handbook*, *Integrative Health through Music Therapy: Accompanying the Journey from Illness to Wellness*, *Manage Your Stress and Pain through Music*, and *Music for Wellness: Feel the Music, See the Light*. She has published research primarily in medicine and integrative health, gerontology, and other medical specialties, and currently studies auditory/reward networks underlying musical engagement. Her musical achievements include compositions for piano and choral ensemble, and "Michio's Musings: A Musixploration." She has received many honors, including a National Research Service Award from NIA, Model of Healing Award from the Children's Music Fund, and the American Music Therapy Association's Lifetime Achievement Award.

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