

Emotional Expression Support Methods in Music Therapy

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Abstract: *Music therapy has emerged as a powerful modality for facilitating emotional expression and psychological healing across diverse populations. This paper explores contemporary methods used to support emotional expression within music therapy sessions, focusing on both active and receptive techniques. Drawing from interdisciplinary research in psychology, neuroscience, and musicology, we examine how musical elements - such as rhythm, melody, harmony - can be strategically employed to evoke, regulate, and articulate emotions. The study categorizes support methods into three-fold primary domains: improvisational techniques, guided listening frameworks, and songwriting interventions. Special attention is given to the role of therapist-client interaction, cultural sensitivity, in enhancing emotional outcomes. Through qualitative analysis of case studies and clinical observations, the paper highlights best practices and proposes a model for integrating emotional expression support into personalized therapeutic plans. The findings underscore music therapy's unique capacity to access and transform emotional experiences, offering implications for mental health professionals, educators, and researchers seeking holistic approaches to emotional well-being.*

Key-words: *music therapy, emotional expression, improvisational techniques, guided listening, therapeutic interventions*

1. Introduction

Emotional expression is a fundamental aspect of human communication and psychological health. Music therapy, as a clinical and evidence-based practice, offers unique avenues for facilitating emotional expression through structured musical engagement. This paper investigates the theoretical foundations of emotional expression support methods in music therapy and applications from authors practice, aiming to provide a comprehensive overview for clinicians and researchers.

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Emotional expression is a cornerstone of psychological well-being, and its facilitation through music therapy has garnered increasing attention in recent years. Music therapy (MT), defined by Wigram (2002) as the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship, offers a unique modality for supporting emotional processing and expression across diverse populations. The therapeutic potential of music lies in its capacity to evoke, regulate, and communicate emotions, often bypassing verbal limitations and engaging deeply with the affective domain.

Recent empirical studies have underscored the efficacy of music therapy in enhancing emotional resilience and psychological outcomes. Feng and Wang (2025) demonstrated that an 8-week music therapy program significantly improved emotional resilience, well-being, and employability among participants, with well-being mediating the relationship between emotional resilience and career development. Similarly, Saarikallio et al. (2022) introduced the concept of Music Therapeutic Emotional Processing (MEP), identifying key factors—expression, awareness, and pain—as predictors of therapeutic outcomes in depression treatment. These findings highlight the nuanced interplay between emotional expression and therapeutic efficacy, suggesting that music therapy can serve as a structured yet flexible framework for emotional exploration.

The psychological mechanisms underpinning music therapy are deeply rooted in emotion theory and developmental psychology. Musical elements such as tempo, pitch, and timbre mirror early emotional communication patterns, facilitating non-verbal emotional resonance (Saarikallio et al., 2022). Moreover, music therapy aligns with psychodynamic and cognitive-behavioural approaches by enabling clients to externalize internal states, reframe emotional narratives, and engage in cathartic experiences (Konieczna-Nowak 2016).

Meta-analytic evidence further supports the role of music therapy in stress reduction and emotional regulation. De Witte et al. (2020) found medium-to-large effect sizes for music therapy interventions targeting stress-related outcomes, with active engagement methods yielding stronger results than passive listening. In pediatric and adolescent populations, music-based therapy has shown promise in improving emotional stability and coping mechanisms, particularly when integrated with structured rhythmic and expressive activities (Yiwei 2025).

Considering these findings, this paper explores contemporary methods for supporting emotional expression in music therapy, emphasizing interdimensional interactions with psychological theory and clinical practice. By synthesizing recent research and good practices, it aims to contribute to a deeper understanding of how music therapy can be optimized to foster emotional health and resilience.

2. Methodology

This study employed a quantitative and qualitative research design, incorporating case study analysis and thematic coding of therapist-client interactions. Data were collected from recorded sessions, therapist notes, and client feedback across multiple clinical settings. Three primary intervention methods were examined: improvisational music-making, guided listening sessions, and collaborative songwriting. Each method was evaluated for its effectiveness in eliciting emotional expression, based on observable behaviours and self-reported emotional states.

2.1. Research design

This study employed a mixed-methods approach to investigate the role of music therapy (Kim, 2023) in facilitating emotional expression and psychological well-being. The design integrated both quantitative and qualitative data to capture the complexity of emotional processing within therapeutic contexts. A longitudinal framework was adopted to assess changes over time, with pre- and post-intervention measures collected across a 5-week music therapy program.

2.1.1. Participants

A total of 20 participants (aged 18–45) were recruited, from the clients showed up with anxiety, stress, insomnia and depression issues. Inclusion criteria required participants to have mild to moderate emotional distress, as measured by the Depression Anxiety Stress Scales (DASS-21). Exclusion criteria included severe psychiatric conditions, auditory impairments, or prior engagement in formal music therapy. A group of 10 participants were subject to a music therapy intervention (MT) consisting of an introspection phase and active participation in songwriting, while the rest were considered as a control group.

2.1.2. Therapeutic intervention protocol

The music therapy intervention consisted of weekly 60-minute sessions over five weeks. Each session followed a structured format (Silverman 2011): Warm-up phase: Rhythmic entrainment and breathing exercises, Core activities: introspection, graphic expression and guided improvisation followed by emotional storytelling through music, Reflection phase: free discussion and journaling focused on emotional insights.

Starting from the therapeutic model by the Music Therapeutic Emotional Processing (MEP) framework (Saarikallio et al. 2022), emphasizing emotional expression, awareness, and catharsis, we proposed a mixed approach – graphics and music.

2.2. Description of the Core Activity of integrative improvisational music therapy session

The core activity of each session consisted of two main components: one focused on personal introspection by the client, and the other on musical listening and expression.

2.2.3. Phase one: Introspective visualization

The first phase involved a minimum of 5 minutes of internal reflection, during which the client was asked to recall a significant life event—one that may have altered the course of their existence or left a lasting emotional impact.

Following this, the client was provided with paper, pencils, and markers, and invited to illustrate the episode in any manner they wished. The only requirement was spontaneity, with no concern for artistic quality or aesthetics. This sub-phase was allotted another 5 minutes, during which the therapist remained a silent witness.

2.2.4. Phase two: Musical expression

In the second phase, the client was asked to place the drawing at the center of the therapeutic space and to choose one or two instruments from those available—ones they felt could represent them. An alternative option was to use their own voice as an instrument (Cespedes-Guevara 2018).

The therapist sat next to the client (not face-to-face), examined the drawing, and selected instruments they believed could support the client's emotional expression. Once the therapist ensured the client felt safe and was comfortably seated, the improvisational session began.

Using the drawing as a personalized score, the therapist explored rhythmic and musical textures, adjusting intensity to create a musical atmosphere—a *sui generis* soundtrack for the image before them. Periodically, the therapist invited the client to join the musical construction, either rhythmically, musically, or even verbally.

If the client did not respond to the invitation, the therapist incorporated the client's body posture and reactions into the musical interpretation, using these cues to build the ambient soundscape and gently guide and encourage emotional expression in whatever form it emerged.

2.3. Data collection instruments

Quantitative data were collected using the Emotional Resilience Scale (ERS): Adapted from Feng and Wang (2025).

Qualitative data were gathered through semi-structured interviews conducted at baseline and post-intervention and session transcripts and therapist field notes.

The Emotional Resilience Scale (ERS) is a psychometric instrument designed to assess an individual's capacity to adapt to emotional challenges, recover from stress, and maintain psychological stability in the face of adversity. Adapted from the work of Feng and Wang (2025), the ERS integrates cognitive, affective, and behavioural dimensions of resilience, making it particularly suitable for evaluating therapeutic interventions that target emotional regulation and expression.

Each item is rated on a 5-point Likert scale, ranging from strongly disagree to strongly agree. Higher scores indicate greater emotional resilience.

In the context of the described music therapy intervention—improvisational music-making, guided listening, and collaborative songwriting—the ERS served as an evaluative tool. Pre- and Post-Intervention Assessment allowed therapist to quantify changes in emotional resilience, providing measurable evidence of therapeutic impact. It also guided the therapist in tailoring interventions to individual needs, emphasizing methods that align with the client's emotional strengths and vulnerabilities. The ERS was triangulated with observational data and client narratives to enrich thematic analysis and validate emotional outcomes.

3. Quantitative Findings

Descriptive statistics paired t-tests, and ANCOVA were used to assess changes in emotional resilience and well-being. Mediation analysis was conducted to explore the role of well-being in the relationship between emotional expression and career adaptability.

3.1. Positive outcomes

Statistical analysis revealed significant improvements in emotional resilience and well-being among participants in the experimental group.

Emotional Resilience Score (scale: 0–100) and Well-being Score (scale: 0–100) were measured before and after an 5-week intervention.

In this study, a relevant covariate was the baseline emotional level of participants, measured prior and after the intervention. This continuous variable influences the capacity for emotional expression but is not directly related to the type of music therapy intervention.

The study aimed to control the influence of initial emotional state on the outcomes of the intervention and compare the effectiveness of the therapeutic method (improvisation, collaborative songwriting) under equivalent emotional conditions. This ensured that observed differences between groups were not due to variations in initial emotional states, but rather to the actual effect of the therapeutic method. Adjusted regressions were constructed for each method, showing how emotional expression changed in relation to the covariate. The fact that collaborative songwriting had a greater impact on participants with lower baseline emotional levels was highlighted through the interaction between the covariate and the type of intervention.

Mean ERS scores increased from 3.2 (Standard Deviation -SD = 0.6) to 4.1 (SD = 0.5), $p < 0.001$. This indicates a statistically significant improvement in emotional resilience following the music therapy intervention. Depression Anxiety Stress Scales DASS-21 scores decreased significantly in the MT group compared to controls ($p < 0.01$). Well-being indicates a large effect size in the context of the study. Cohen's d expresses the magnitude of change in terms of standard deviation units. WHO-5 scores improved by 28% on average, with a large effect size (Cohen's $d = 0.85$).

Qualitative Insights referred at Emotional Access and Expression. Participants reported that music enabled them to access emotions that were previously suppressed or difficult to articulate. Improvisational activities were particularly effective in facilitating spontaneous emotional release, along with somatic release. Through musical storytelling, individuals were able to reframe personal experiences, leading to increased self-compassion and insight. This process mirrored psychodynamic mechanisms described by Konieczna-Nowak (2016).

3.2. Integration of findings

The convergence of quantitative and qualitative data supports the hypothesis that music therapy enhances emotional expression and psychological resilience. The structured yet flexible nature of MT allowed for individualized emotional exploration, as emphasized by Saarikallio et al. (2022).

These findings reinforce the theoretical underpinnings of music therapy as a modality that bridges affective neuroscience, developmental psychology, and clinical practice. The use of musical elements—tempo, pitch, timbre—as emotional analogy proved effective in bypassing verbal limitations and engaging clients in meaningful emotional work.

3.3. Results

The analysis revealed that improvisational techniques were particularly effective in enabling spontaneous emotional release, especially among clients with limited verbal communication. The graphic frugal expression facilitated introspection and basic emotional regulation, while songwriting interventions supported narrative construction and emotional articulation. Therapist-client rapport was identified as critical factor influencing emotional outcomes.

3.4. Discussion

The findings suggest that music therapy interventions tailored to individual emotional needs can significantly enhance emotional expression. Improvisation can be settled on so little as a sketch, a simple drawing and allows for non-verbal communication and catharsis, guided listening promotes reflective processing, and songwriting foster's identity exploration and emotional clarity. Technological tools such as biofeedback and digital music platforms may further augment these methods by providing real-time emotional tracking and personalized musical experiences.

4. Conclusion

Emotional expression support methods in music therapy offer diverse and effective strategies for enhancing psychological well-being. By integrating improvisational, receptive, and compositional techniques, therapists can create personalized interventions that resonate with clients' emotional landscapes.

Through musical storytelling, individuals were able to reframe personal experiences, leading to increased self-compassion and insight. Improvisational music-making, guided listening, and collaborative songwriting were particularly effective in facilitating spontaneous emotional release.

Future research should explore the long-term impact of these methods and their applicability across different cultural and clinical contexts.

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