

Structural Elements in Music Therapy Sessions for Small Groups of Young Adults

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Abstract: *During a music therapy session, the therapist must meet the needs of the clients/therapeutic indications-goals. The following general stages of a music therapy session have been identified: focus of attention, regulation of interest-arousal level, dialogue, and conclusions. This paper presents a case study with practical description of the structure of a music therapy session for a group of young adults, how the input data for the group members is analysed, how the therapeutic objectives are established, depending on the strengths of each member and how the structural elements are managed, from the point of view of the content. Working techniques are described, to address psychodynamic aspects and how to assess the members and the group evolutions.*

Key-words: *group music therapy stages, attention activation*

1. Introduction

During a music therapy session, the therapist has to meet the needs of the clients/therapeutic indications-goals. The following general stages of a music therapy session have been identified (Ridder 2004, 193-200): focus of attention, regulation of interest-arousal level, dialogue, and conclusions.

Attention can be focused with good morning songs (client and young people), or context (adults). The purpose of this initial phase is to establish a stable structure, a specific framework. After focusing attention and entering the atmosphere, the therapist adjusts the client's activation level to a moderate level, with the role of maintaining attention throughout the session. Interventions in this phase are chosen to either stimulate or calm the client. Only after the client is focused and his level of attention and interest in participation are adjusted, can the

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dialogue begin. The dialogue is the phase in which psychosocial needs are addressed, then medical. The closing phase is meant to provide stability, safety, ensuring the client a smooth transition from the music therapy session to the usual context, from the waking state.

This paper presents a case study with practical description of the structure of a music therapy session for a group of young adults, how the input data for the group members is analysed, how the therapeutic objectives are established, depending on the strengths of each member and how the structural elements are managed, from the point of view of the content.

For some people, the idea of using music is very intimidating. 'I can't sing!' is a frequent answer or even 'I don't have a musical ear!'. A therapist understands that in each of us there is a Born Musical Person. It is important to note that injuries, illness or incapacity do not remove the musical personality from a person, and one will notice that he/she will respond emotionally to music (or music will stimulate a movement or a vocal response) regardless of the disabilities. The way the therapist uses music will affect how and when spontaneous responses occur.

The therapist has to reflect, enhance and enrich client's responses through use music and to extract this innate musicality. It is important to remember that these aspects are not only fundamental to our human functioning, but also to our way of communication.

During a music therapy session, a musical world is created, a world that reflects the intensity and tempo of the responses, rhythmic patterns of the client - these can be body movements or the speed of using percussion instruments. It is also important to use the melodies, to understand the quality and intensity client's vocal responses. The type of music one will use, and its harmony will mirror the emotional state of the client. Music includes a range of human emotions and within the musical relationship the therapist will work to establish a trust relationship with the client that will allow them to express their feelings of frustration, irritability, excitement, and pleasure in a meaningful therapeutic environment.

The innate musicality is three-fold: voice-melody, movement-rhythm, feelings/moods/emotions – harmony. Given that music is a primary means of communication in this framework, the developing relationship between the therapist and the client is not dependent on the client's ability to speak. This relationship has important implications for children and young people who are pre-verbal, non-verbal or who can access words with difficulty, as a form of meaningful expression.

1.1. Keys for a client-centred approach

Working with young people groups emphasizes the need for a client-centred approach and for understanding one's behaviour and actions. This will allow a coherent rendering of their verbal or non-verbal communication choices. There are three key theories that structure the young people-centred approach to music therapy: *Mentalization* (Bateman 2012, 225), *Attachment* (Bowlby 1958, 197), *The Attitude of Unconditional, Positive Acceptance* (Rogers 1957, 95–103).

1.1.1. *Mentalization - Behaviour as a form of Communication*

Strong communications are built from the way we behave, and this is the case of young people with special needs. Communicative behaviour is presented in many forms and is a powerful tool for expressing how we feel about something. That is, "actions speak louder than words". The appropriate choice is of vital importance in effective communication and the formation of relationships with others. In group sessions one can consider four different types of behaviour, as a form of communication.

Aggressive behaviour offends or isolates the rights of another person. It can be a demonstration of physical or verbal dominance. Aggressiveness can sometimes be an expression of fear, lack of self-esteem or inability to control a situation in another way. Aggression places the rights of the aggressor above the rights of others and avoids the responsibility.

Submission or Appeasement Behaviour

Reduces anxiety, guilt, or fear by allowing one's opinions and thoughts to be misinterpreted or allow oneself to be taken advantage. This type of behaviour is shown by not wanting to say no, or by not wanting to draw attention to yourself. Submissive behaviour often leads to a build-up of resentment, which can lead to a loss of self-esteem, or an outbreak of these resentments accumulated.

Avoidance Behaviour

Avoidance is sometimes used to escape from any confrontation. People can become very adept at avoiding difficult situations, either by refusing to

participate or by distracting attention from that situation. Quite elaborate plans can be used by the one who wants to avoid a situation.

Assertive Behaviour.

Truly assertive behaviour involves protecting one's own space and rights, while the space and rights of another person are not isolated. It could be that an assertive behaviour does not allow one to "do as one commands" - usually a compromise that works is the best solution that receives the approval of both parties.

Assertive behaviour means declaring one's own feelings and at the same time one recognizes the other person's point of view. This implies clear and constant communication, to defend one's rights and what one believes, while looking for ways to solve a possible problem.

1.1.2. The Attachment issue is decoded observing the affective tuning, considering the intensity, the synchronisation, and the form of the response.

1.1.3. The Attitude of Unconditional, Positive Acceptance allows the development of a genuine relationship with the individual and the group. The attitude of unconditional positive acceptance refers to consideration and respect the person, regardless of behaviour, values, abilities, or beliefs and not to the imposition of therapist's behaviour, values, abilities, or beliefs. But total acceptance means that one still should intervene when the behaviour of an individual client or group may threaten the safety of any participants or instruments involved during the session.

2. The group session structure

For each people in the group and for the group as an entity, one should identify the objectives of the music therapy sessions. These objectives will also help the therapist to choose and adapt activities as well as to evaluate the sessions along the way. Activities are chosen by the music therapist to meet the clinical goals of the participants (Strongwater 2018, 49).

When the activities are chosen, one must consider the following: *basic observations* for each participant, regarding their strengths and needs, *objectives*

identified for each participant in music therapy sessions, if any, objectives identified for the music therapy group, musical instruments, and the resources available.

The session format should be adapted to these considerations and, in general, observes the following structure, categorized into three generalized sections (Wheeler 2005, 236) beginning, middle and end:

Introduction/ Opening (Hello Song / Ritual) - Check-In and Warm – Up / Regulation; **Middle; Closing** - Check Out / Integration and Closing Ritual

The “hello songs” are used to provide contextual cues to orient the group members in the beginning stage aiming for structure and stability and attention focusing. The arousal level of the group is indicated to be maintained at moderate level, to have a good grasp on the activities to follow, tuning a basic level of attention. The therapist will intervene only to either stimulate or calm the group.

The arousal level is critical for the activity content, for any dialogue or transfer and as a substratum for creativity and improvisation. A small group therapy using music addresses massively to the psychosocial needs. Keeping arousal level mostly at moderate will ensure a smooth transition out of session.

Starting with the introduction, including closing phases the therapist will observe and facilitate inclusion, the contact with and within the group, promote musical environment and communication, the anxiety level amidst the group members. The session leader or the therapist is supposed to place and regulate energy at a convenient level having in mind an uptake of the common awareness, out of session.

3. The Group Activity description

This activity was built on the author’s experience regarding groups of young people and children. Working with these age groups mostly means addressing play and social skills, focus on developmental goals. In general, the general objectives for these groups refer to regulation skills, controlling impulses, leadership skills, developing confidence in social settings, working as a team, waiting, turn-taking and joint play, developing listening skills and the ability to follow directions. It is important to emphasize that working with communicative relations is very well possible “regardless of functional level” (Bergstroem-Nielsen 2015, 4).

Introduction into the ambient of the session can be personalized, with hello songs tailored around specific experiences of the group, specific entourage conditions or, simply, the participants names. Rhythmic pulse, sustaining simple melodic lines is one of the simplest and accessible introductory activities.

The warm-up. Materials and instruments used for this activity are simple percussion sticks or little drums/ djembes. This activity can be easily adapted to body percussion variants. The group members are arranged in a semicircle or circle, with sufficient space if the body percussion is used. The therapist introduces a simple rhythmic pattern, changes the dynamics, and introduces new variations on the same pulse, inviting the members to improvise, while others maintain the basic structure of the rhythm.

The figure displays musical notation for rhythmic patterns in 4/4 time, with a tempo of 120. It consists of two systems of staves, each with a 'Left' and 'Right' hand part. The first system covers measures 6 to 10. Measure 6: Left hand has a quarter rest, quarter note, quarter rest, quarter note; Right hand has a quarter rest, quarter note, quarter rest, quarter note. Measure 7: Left hand has quarter note, quarter note, quarter note, quarter note; Right hand has a whole rest. Measure 8: Left hand has quarter rest, quarter note, quarter rest, quarter note; Right hand has quarter note, quarter note, quarter note, quarter note. Measure 9: Left hand has quarter note, quarter note, quarter rest, quarter note; Right hand has quarter rest, quarter note, quarter note, quarter note. Measure 10: Left hand has quarter rest, quarter note, quarter rest, quarter note; Right hand has quarter note, quarter note, quarter rest, quarter note. The first system ends with a double bar line and the instruction 'Wait and listen'. The second system also covers measures 6 to 10. Measure 6: Left hand has quarter note, quarter rest, quarter rest, quarter note; Right hand has a whole rest. Measure 7: Left hand has quarter rest, quarter note, quarter rest, quarter note; Right hand has quarter note, quarter rest, quarter note, quarter note. Measure 8: Left hand has quarter note, quarter rest, quarter note, quarter rest; Right hand has quarter note, quarter note, quarter note, quarter note. Measure 9: Left hand has quarter note, quarter note, quarter note, quarter note; Right hand has quarter note, quarter note, quarter note, quarter note. Measure 10: Left hand has quarter note, quarter note, quarter note, quarter note; Right hand has quarter note, quarter note, quarter note, quarter note. The second system ends with a double bar line and the instruction 'Impro zone'.

Fig. 1. Sample rhythmic patterns to use in regulation, impulse control, waiting.

The middle section might refer to the confidence development in a social setting. Materials and instruments used for this activity can be the same as previous activities or simply body percussion, with vocalisation. While the group keeps a pulse, each of the members are invited to take the lead, with commands for intercalated rhythms, small gestures, to be mimicked after the leader. This will help the leader to follow and adapt his/ her proposals to the group abilities, to listen and respect/ accept the others performance. As a variant, the leading game can be transferred to a strictly improvisational performance of that member of the group the leader gives the command to. Another variant is to form pairs of performers, to dialogue with vocal or body percussion, on the pulse maintained by the group.

More activities, also useful for developing relationships and leadership, can be built in small groups upon harmonic or rhythmic agreement. Materials and instruments used: Montessori bells set, or glockenspiel or another visual harmonic musical instrument, a guitar or piano. The therapist proposes a simple melodic structure, playing the guitar and invites pairs of members to tackle the corresponding bells, according to the harmonic context, taking turns.

For turn taking and waiting, the same instruments can be used consequently by each group member, with the scope to create the harmonic base for the song sung by the therapist or one of the activity leaders, nominated one by one.

The integration can be achieved returning to the basic pulse from the opening part, while fading the sounds to a whispering level. The close-up can be done with a “good by song”, along with a respiration sequence, with large, widespread arms and leaning the body in the front. After three to five breathing sets, the group member can rub their palms and gently massage the head down to the shoulders, for better grasp on the *now and here*.

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