

# Music Therapy Groups: A Path to Social-Emotional Growth and Academic Success

by Vanessa Camilleri

*“Music therapy is an interpersonal process wherein musical experiences are used to improve, maintain, or restore the well-being of the client . . . and to help clients find the resources needed to resolve problems and increase their potential for wellness.”*  
(Bruscia 1989)

As family and neighborhood dynamics change, educators' responsibilities expand to provide what is lacking at home. More and more, they are expected not only to help children reach state academic standards, but also to act as parents, therapists, and doctors.

Students at the REACH Community School in New York City come from some of the most disadvantaged neighborhoods in Manhattan and the outer boroughs. Some who have varying degrees of learning difficulties are labeled special education students, and others are considered regular education students. Regardless of labels, however, many students face chaotic family and neighborhood situations that often involve neglect, crime, abuse, alcohol, and drugs. These situational elements often leave developmental deficiencies in student self-esteem, communication, relationship formation, respect, and responsibility. Such social and emotional deficits can hinder a child's potential for learning and growing and create a downward spiral of social, emotional, and academic failure.

To avoid such consequences, an array of qualified professionals assist students at REACH in many ways. By addressing a greater variety of

issues, the team approach increases the possibility that a child's needs will be met. Music-therapy groups and individual sessions are unique elements of the program, just as every other service is an essential piece of the puzzle.

## What Is Music Therapy?

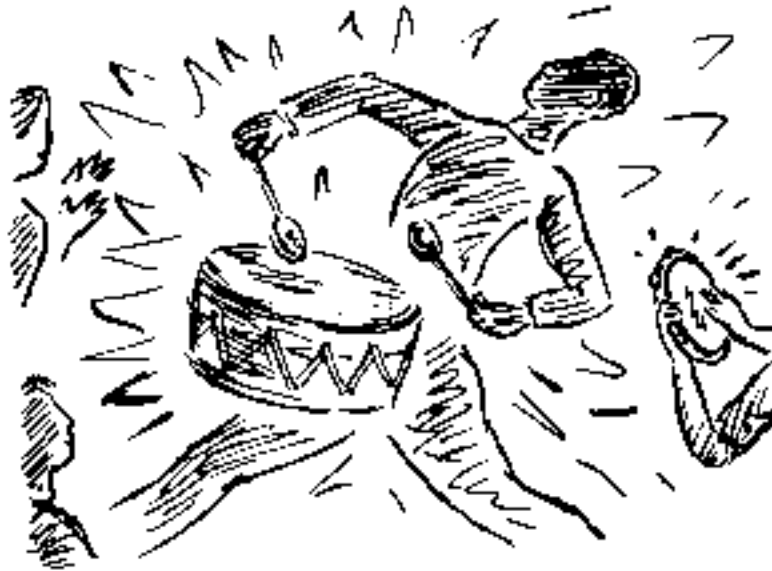
Music therapy is a treatment method that combines the use of music with the practices of various psychological paradigms (behavioral, cognitive, humanistic, developmental), depending on the theoretical orientation of the music therapist. In the humanistic perspective that will be presented here, music therapy “is the use of music as a therapeutic tool for the restoration, maintenance, and improvement of psychological, mental, and physiological health and for the habilitation, rehabilitation, and maintenance of behavioral, developmental, physical, and social skills—all within the context of a client-therapist relationship” (Boxill 1985). Music creates an experiential context within which children can learn about and develop necessary personal and group skills that will help them to succeed socially and academically.

## History and Present-Day Status of Music Therapy

The idea that music's healing effects may influence physical and psychological health can be traced back to classical Greece. Music therapy as a profession developed after World War II, when musicians visited veterans in hospitals around the United States to ease the physical and emotional traumas of war. Doctors and nurses, noticing remarkable physical and emotional responses to music by their patients, began considering music as a prescribed treatment method. First, research into the uses of music with patients and its effects on them was necessary, as

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was the development of an in-depth undergraduate curriculum.

The first music-therapy degree program was established at Michigan State University in 1944. Today there are seventy approved bachelor's and master's level music-therapy programs in the United States. Typical courses include psychology; music theory and practice; and music-therapy theory and methods, as well as field work and possible self-study (therapy). After completing the bachelor's or master's level course of study, prospective music therapists can sit for a national examination offered by the Certification Board for Music Therapists. Those who successfully complete the examination hold the music therapist-board certified credential (M.T.-B.C.). Some music therapists go on to complete doctoral degrees.

Music therapists work with people of all ages, in groups or one-on-one, in facilities equipped to address areas of physical, emotional, social, or developmental need. Music therapists work in schools, hospitals, nursing homes, correctional facilities, drug and alcohol programs, outpatient clinics, and in private practice. Specific issues addressed through music therapy include physical disabilities, brain injuries, Alzheimer's disease, addiction, pain, learning disabilities, and social or emotional difficulties. Music is an integral part of our lives, and people all over the world come together to play or listen to music. Music therapy capitalizes on the familiarity and accessibility of music to help people recover, cope, learn, and grow.

### **The Purpose of Music Therapy**

The music-therapy groups at REACH seek to provide hands-on opportunities to work on and learn about life skills that can help an individual to become a positive and active group member. Using carefully structured musical experiences and the development of a therapeutic relationship, therapists address social and emotional skills such as communication, sharing, listening, respect, leadership, self-esteem, and interaction. Music therapists interact with the child through music, encouraging expression and providing a way in which the child can be heard.

Being part of a music-therapy group gives a child the experience of belonging to and being essential to the functioning of a group. There is no right or wrong in music therapy, which allows successful experiences in sessions. The child-centered groups focus not on the aesthetics of the final musical product, but on the process that the group goes through over time. As the children accumulate positive experiences in music therapy, they gain a confidence in themselves that will help them in all areas of life.

### **Tools and Methods Used in Music Therapy**

When designing sessions, music therapists use various instruments: piano, guitar, drums (tubano, conga, bongos, hand drums, plastic buckets), xylophones, glockenspiels, cymbals, tone bars, resonator bells, temple blocks, many different small percussion instruments (ouiro, cabasa,

claves, maracas, and more), and voice. Storybooks, puppets, scarves, microphones, multicultural instruments, and other objects that can enhance musical interaction may also be included. Some methods include singing songs (made-up or popular), writing songs, improvising music, conducting, playing written-out instrumental pieces, learning about notation, playing musical games, making up musical stories, leading rhythmic compositions, moving to the music, listening to recorded music, discussing lyric content, and using the music to express feelings or work through difficult personal or interpersonal issues.

### **Goals Addressed by Music Therapy**

In addressing the following social and emotional goals through music therapy, students gain essential skills and knowledge, which will help them to improve personal and interpersonal achievement as well as achieve academic success. Observations of how children use the music and interact through it can reveal emotional states as well as how to approach them. These clues must be put in the context of the children's histories, families, schooling, and environment in order to develop a goal plan and appropriate assessment.

#### **Participation**

Music is motivational. Typically, a child in a room full of instruments will want to use them. In music therapy, performance quality is not judged; therefore, participation is not something that can "succeed" or "fail." Because participation in music therapy is valued for itself, a child is not expected to act a certain way or to produce a specific sound. Participation is comfortable and safe. As a result, music therapists can challenge students in their areas of need, using success-oriented and self-motivated learning. The goal is positive and context-appropriate participation. Areas to assess in participation include:

- how a child relates to the music-therapy situation (shy, or excited)
- how the child relates to the therapist and peers (passive, or collaborative)
- how the child relates to the instruments and the music (explorative)
- types of instruments the child is interested in
- use of voice (quality and purpose)
- use of the body (movement, body percussion)

- music activities the child is interested in (solos, improvisation, singing)
- quality or style of the music (random, organized, imitative, or perseverative)
- investment or motivation in the music (interest or willingness)

#### **Interaction**

Music provides a unique way of making contact: it is a meeting point halfway between participants. Playing music with another person broadens one's palette of interaction and adds to the many different ways in which one can "connect" with others. To encourage interaction, activities can include improvising music with a partner or group (requiring listening and responding) or giving verbal feedback to other students' music. What can be encouraged is respectful interaction, which can be assessed by a child's:

- ability to engage in, initiate, and maintain musical interactions
- quality of interaction or relationship (aggressive, intimidating, or dependent)
- awareness of others (Is the focus is on the self, therapist, or peers?)
- ability to collaborate musically (leader, follower, dominant, or submissive)
- ability to negotiate time and space sharing
- ability to engage in solitary, parallel, associative, interactive, reciprocal, or cooperative music playing

#### **Relationship Formation**

The intimate nature of music making makes it an excellent means of forming and maintaining long-term relationships. A child who does not interact well with adults may obtain positive feedback and experience intimacy through music making. The medium of music allows a child to form lasting, trusting, and safe relationships built upon an accumulation of shared musical experiences.

Improvising music together and creating or singing songs together are ways of developing a musical relationship. A trusting and predictable nature will allow increased depth of expression and exploration by both child and therapist. A child who begins to trust the music therapist will be better prepared to accept challenges presented by the therapist. The goal is the development of positive and trusting relationships through music. The success of relationship formation can be evaluated by:

- the depth of content that comes out in a session
- the quality of the relationship (symbiotic, independent, collaborative, or intimate)
- the role of relationship for the child (necessary, essential, or redundant)
- the development and maintaining of appropriate boundaries

### **Communication and Expression**

Because music is abstract, not absolute, the possibility of misinterpretation in a musical interaction is small. In speech, what is being communicated is concrete; it is either understood or not. In music, what is communicated—such as the experience of feelings or the development of attitudes—is often difficult to put into words. What one plays is intimately connected to who that person is. As stated by Scheiby (1998), “By its nature, music cannot be sanitized or neutral—it is a mirror of what is going on inside and is consequently a highly subjective medium in which to work” (p. 187). One’s music can elucidate feelings, attitudes, relationships, patterns of interaction, and much more. Some activities that encourage communication and expression include writing stories with songs or sound effects, improvising music as a group, call and response, and song writing (getting specific content information across). Clarity of expression and depth of content can be encouraged. They can be assessed by:

- symbolic or creative use of instruments
- expression of emotion
- communication through song lyrics
- responsivity to group music
- body language
- verbal expression

### **Space-Sharing**

Many students find it hard to wait their turn, share supplies, or listen to others. Students who need attention may do anything, positive or negative, to get it. Such behavior can distract from learning for children and their peers. In music therapy every child does get a turn, and each child will be heard and attended to. Activities that foster space-sharing awareness are instrument distribution, playing composed instrumental pieces, playing a given beat one after the other, improvising, and following a leader.

The key to space-sharing issues is whether children have an awareness of others and

whether they can find their places in the music. To assess such issues, one can look for students’:

- ability to wait for their turn
- ability to listen to others while they speak and play
- ability to share instruments
- ability to play and speak when it’s their turn
- ability to channel and focus their energy into constructive participation

### **Problem-Solving**

Children are constantly required to assess situations and act accordingly. Some children lack such cognitive skills as decision-making, insight, and focus. In music therapy, students are constantly challenged to act in the moment. They are therefore encouraged to develop strategies to deal with new and changing situations. One way to address such strategies is through musical storytelling about a specific issue the group may be dealing with, such as fairness. Students may decide to tell a story; make up songs; create sound effects; play what fairness and unfairness “sound like”; or talk about what they feel like. They can also address problem-solving skills in their instrument choices and group improvisations, where one must decide how to be a part of the group music. Such decision-making encourages the development of constructive problem-solving skills, which can be assessed by:

- ability to make choices about instruments and activities
- ability to take initiatives during musical interactions
- ability to follow directions
- ability to discuss musical interactions
- ability to use music creatively and symbolically to work through issues

### **Self-Esteem**

Low self-esteem can affect students’ academic results, social interactions, and the overall development of strengths and skills. Children have different skills, different styles of learning, and different ways of communicating knowledge. For a child who is failing academically, playing music may be a way to experience success and positive attention. When drumming, for example, a child may suddenly sit a little taller, present more varied affect, and interact constructively with peers.

Music therapy can develop self-esteem by providing chances for leadership. Students can

start a beat that others follow, serve as the conductor and initiate group volume and tempo changes, play solo works, work with songs and a microphone, sing different verses, or work on specific instrumental or vocal pieces over time as they work toward completing the project or performing the piece.

The hope is that all students will feel good about themselves and about their contributions to the group, which can be assessed by:

- approach to the music (with trepidation, or willingly)
- appearance during the music (confident, hesitant, aggressive, or shy)
- ability to evaluate the music and feelings about their work (pleased, proud, dissatisfied, frustrated, unsure, or self-deprecating)
- ability to confront new challenges and take risks
- ability to take leadership initiatives
- ability to perform alone
- ability to act as independent group members
- ability to separate from others musically and verbally (stating opinions, not following negative behaviors)
- ability to take responsibility for themselves and to be aware of the consequences of their actions for themselves and others

### **Respect**

Negative peer attention may often harm a student's self-esteem. Music therapy makes it clear from the start that all people in the room are equal. A session is not about performance, and the emphasis is not on what the group sounds like or who plays "better." The emphasis is on the process of making music together. All sounds in a music-therapy session are considered equal, and they are considered music.

The process encourages respect for each other's music and, ultimately, tolerance for each other as humans. Music therapy can help by providing chances to listen to others' music and give respectful feedback. Students can thus learn to treat each other with respect and sensitivity. Their progress can be assessed by:

- sensitivity to different ways of playing music
- ability to listen to and make space for others
- ability to give constructive feedback

### **Awareness**

Many students have little opportunity to converse with parents. Such children may thus never

develop the ability to think introspectively or learn to articulate problems, let alone have the chance to do so.

A child unable to identify personal feelings about, for example, the death of a grandmother, may be able to play that feeling on an instrument and even describe the playing. Music therapy gives the child the chance to discover the emotion and to experience it through music making, rather than having to depend on cognitive functioning to describe a purely emotional experience. As stated by Robbins (1993), "Joy in discovering self-expression or in achieving musical creation with a therapist can be momentous. Such events bring a release from feelings of confusion, restriction, inadequacy, and dependency and from negative expectations, to generate a living, positive sense of selfhood that is fundamentally optimistic" (p. 15). In music therapy children can, for example, play or sing about different emotions; play or sing to different people; choose different instruments to represent different family members and play or sing about how they feel about each one; and make up songs. The aim is that children will become aware of personal feelings and issues and become willing to deal with them through the music. This can be assessed by:

- ability to use music for emotional expression
- capacity to access feelings
- ability to demonstrate feelings in context-appropriate manners
- range of mood in the music
- congruence between music and affect, body language, mood
- important material released as a result of being in the music (memories, dreams, images, associations, emotional reactions)
- intentionality (Is there purpose to the music?)

### **Case Example**

Helix is a hip and well-respected African American twelve-year-old. Despite his tough attitude, he has obviously erected walls to protect himself against his dangerous environment. When given a math test, Helix throws himself face down on the rug and refuses to move. He has little confidence in his academic abilities, so he will not even attempt the assignment. Helix makes up for his lack of academic success through social means, often intimidating other children into admiration.

Helix attended music-therapy group twice a week. Six months into the school year, his participation transformed drastically from negativity and lack of interest to helpfulness and involvement. By this time, Helix would enter the music room and immediately go about setting up the instruments. He took musical initiatives and encouraged group members to get involved in the music. His commitment to music making and to group cohesion finally made him a positive role model. Through music, he found a positive and equal way to interact with peers.

When Helix drummed, his entire body posture changed. He smiled, his shoulders went back, and his entire being was focused and involved in music creation. By the end of improvisations, the children in the group would cheer and high-five each other. This feeling of success and mastery occurs infrequently, but those moments elucidate the potential in these students. Helix found a skill to be proud of and a positive way to be admired.

Helix wanted to get a band together and often initiated conversations about amplifying the keyboard and getting an electric bass so that the group could work on songs, record them, and even make a music video.

With continuous support and encouragement, Helix' self-esteem should continue to grow and enable him to be successful in life—not because of the latest colored contacts or sneakers, but because of an intrinsic passion. My job as a music therapist was to nurture his ambition and to truly believe in him.

## Conclusion

The social and emotional goals discussed above address areas that educators are hopefully working toward in the classroom. Music therapy is a service that complements and enhances an already-existing framework and adds one more way of meeting the needs of students. Music therapy can encourage the development of many skill

areas at once, safely and positively, and reach children who may not respond to more traditional methods of interaction. Not only does music therapy deal with social and emotional goals, but it can also address many cognitive, developmental, and physical areas such as concentration, attention span, focus, memory, content learning, gross and fine motor skills, and coordination.

Music provides a container within which important learning can occur. It places the work in a context that is safe, fun, familiar, and understandable to the child. A child's input is essential for the functioning of musical interaction, thus creating opportunities for choice and meaning for the child. Learning comes about as the therapeutic relationship develops and music's grounding organization creates avenues through which a child's possibly chaotic energy can be channeled. During such progress, those who rally around the music experience success; cohesive musical interaction is achieved.

Music therapy is a creative method of treatment that encourages the development of social and emotional life skills. These skills are not only necessary to function in society, but are essential for academic and personal success, allowing individuals to live life to the fullest of their potential.

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*For further information please visit the American Music Therapy Association web site at [www.musictherapy.org](http://www.musictherapy.org), or feel free to contact Vanessa Camilleri at [vanacam@aol.com](mailto:vanacam@aol.com).*