

# Chapter 9. The use of group vocal improvisation as a music therapy technique in a mental health setting

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## **Abstract**

Although group work and the use of voice and of improvisation techniques are three common features in music therapy practices, a systematic review of the literature has shown that the combination of these elements has been overlooked in the research. This review also showed an association between using pre-composed material when working with the voice and, on the other hand, using instruments when improvising. This polarisation of instruments versus voice when addressing production and reproduction techniques in music therapy is not made explicit in the literature and therefore the clinical reasoning behind it might respond to decisions other than clinically orientated. Instead, these implicit assumptions appear to have become established practices in the music therapy discipline.

The present research project addresses the use of group vocal improvisation as a specific music therapy technique and attempts to look at the differences in therapeutic processes between this specific technique and a standard use of group music therapy, mainly making use of instruments. The workshop will demonstrate some of the techniques and will attempt to demonstrate their accessibility whilst uncovering the clinical reasoning behind the use of group vocal improvisation.

**Keywords:** music therapy, voice, improvisation, mental health, group work.

This workshop was organised in four stages: an introduction and contextualisation of the research topic, a presentation of the theoretical model and literature review, a practical session of group singing with some discussion with the participants and a clinical vignette at the end.

## **Introduction**

There is extensive evidence (Carr et al., 2013; Grocke et al., 2014; Tague, 2013) about the benefits of music therapy in mental health settings, both in individual and group formats. Group work offers benefits from a cost-

efficiency perspective and is also a platform to explore interpersonal struggles or difficulties, which are be very relevant for the everyday functioning and wellbeing of people suffering from a mental health illness.

The established use of group music therapy in mental health settings consists mainly in improvising with a range of available instruments. In the last decade there has been an increasing interest to address the voice as an important element in music therapy, especially in community choirs (Clift et al., 2008). However, the combination of improvisation and voicework in a group setting has been overlooked in previous research.

Applying group vocal improvisation within a National Health Service (NHS) outpatient clinic has involved in the presented study adopting an initially directive approach that aims to come across as non-threatening, accessible and not orientated towards vocal technique but more focused on the exploration of creative sounds. The main aim of the sessions is to provide an experience of being in a group, sharing something intimate about one's identity and acknowledging one's one voice within the group's voice.

This emphasis on the relational dimension within an intersubjective non-verbal medium that is strongly linked with emotional expression and sense of self aims to tackle some of the key difficulties that mental health service users encounter in their recovery journey. This is argued from an attachment theory perspective, where the agentive Self starts to develop in early years through safe and playful interactions with an emotionally attuned and empathic caregiver. This leads to the integration of primitive modes of experiencing internal reality (Bowlby, 1969).

Using the voice as a means for musical expression facilitates the emergence of an environment where a focus towards these early modes of interaction

can be revisited and experienced in a playful and aesthetic context. This provides the service users to begin to experience themselves and their self in relation to others from a new perspective with the potential for them to shift their perception of these patterns towards healthier and more accessible relationships.

### **Theoretical Model**

The uniqueness of the voice as a central instrument in music therapy can be looked at from different angles (Austin, 2008; Baker and Uhlig, 2011; Warnock, 2011):

- Physicality: when singing, the body undergoes physiological changes ranging from the breath to heart rate, from activation of particular neural regions to physical vibration and resonance.
- Embodiment: the voice is the only instance where instrument and instrumentalist are experienced at the same time. Therefore, this provides an experience as both object and subject.
- Universality: everyone who can speak can sing, all cultures sing. This means that everyone is naturally skilled in using the modulation of the voice in order to communicate emotions and to interact socially.
- Primal: both from a psychological and anthropological point of view, the non-verbal modulation of the voice is a primal instrument. It is the first means of communication for every baby with its environment in a similar way as it was for the first humans in prehistory.

The importance of the voice within music therapy has seen a recent increase in interest that has been reflected in the literature, especially in the area of the benefits of choral singing, as the literature review shows (Figure 1). Since the research in group vocal improvisation as a specific technique was almost inexistent, the literature review for the current PhD research project was organised around the different immediately neighbouring areas as the different categories of articles (A, B, C and D) reflect. Each category encapsulates 3 of the 4 distinctive elements of GVI: group work, use of voice, improvisation and music therapy.

Category A, for example, brings together articles focusing on therapeutic group singing but without improvisation; category B instead shifts the focus towards vocal improvisation in individual music therapy, losing therefore the element of group work; category C has to do with GVI outside the field of music therapy, therefore dealing with a performance and artistic practice of a minor genre such as group vocal improvisation; finally, category D accounts for articles on the music of group improvisation in music therapy but mainly dealing with instruments.

## Group singing activity

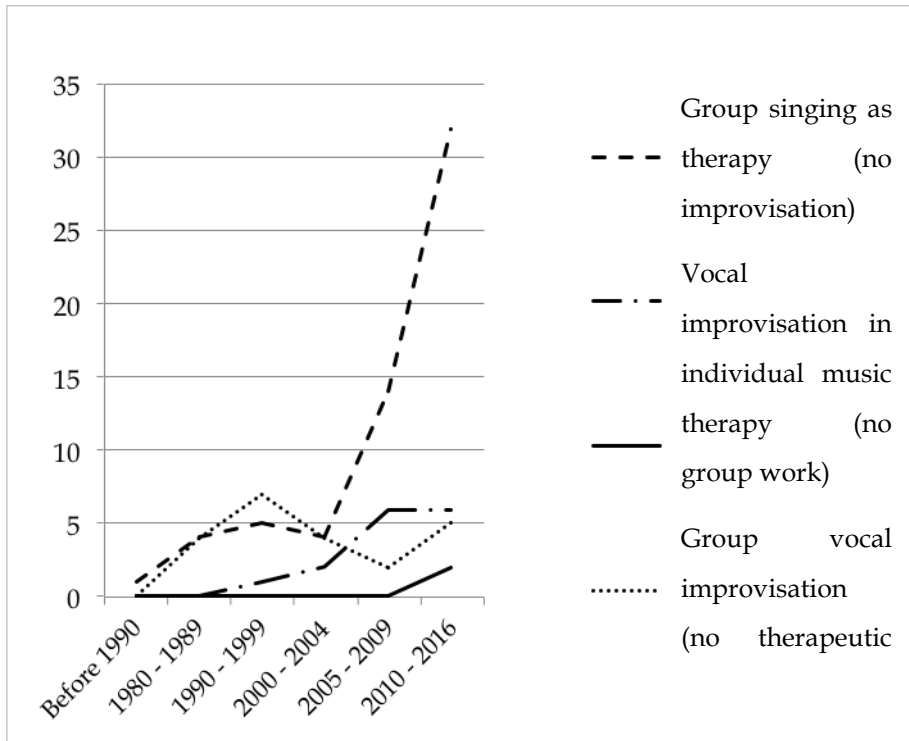


Figure 1. Results of literature review in categories

The  $y$  axis represents the number of results obtained for each category through a systematic research of the literature. The Healthcare Database Advanced Search (HDAS) was used to search five databases from the National Institute for Health and Care Excellence (NICE): Embase, PsychInfo, MedLine, CINAHL and AMED, The search was completed in November 2016.

During the workshop, participants were asked to say how comfortable they feel in using their voice in front of others in a dynamic way, by positioning themselves in a continuum from “never” to “all the time”. Having shared their experiences of group singing, the participants engaged in a gentle physical and vocal warm up, including stretching, breathing exercises and

vocalisations. The main activities of the workshop involved doing short improvisations with the sounds of each participant's name in a call and response dynamic. The practical section of the workshop ended with everyone learning a short "circle song" in harmonic parts and then introducing the possibility of adding improvisation on top of it.

After this, the participants were encouraged to share their comments about the experience and what they thought a similar kind of activity could provide in a mental health setting. The feedback was positive, with people visibly smiling and some individuals surprised at the resulting sound of the group. Some participants also shared how at the beginning they found it a little exposing to sing in front of others and how they found the different activities helpful in overcoming this sense of insecurity.

These comments were linked to the previous theoretical presentation and they were categorised in the following broad categories:

- Synchronisation: rhythmical entrainment, "being together" in the music.
- Socialisation: feeling closer to one another, perceiving others more positively.
- Energising: uplifting feeling, awakening sensation in the body and alertness.
- Shared experience: feeling part of a group, collective endeavour.
- Interactive communication: intersubjective experience of dialogue with others.
- Emotional expression: strong emotional connection and experience.

- Creativity: feeling that one could improvise easily, willingness to “try things out”.
- Preverbal dynamics: implicit affect attunement, *vitality affects*.

### **Clinical vignette**

The workshop finished with a case study from one of the groups included in this current PhD research project. The clinical vignette focused in a single session towards the beginning of the formation of a closed group where there were only two attendees. The two male participants (one in his 30s and one in his 50s), both suffering from depression, engaged in conversation about songs that they liked.

This apparent superficial way of getting to know each other was interpreted by the therapist as an attempt to define a common identity for the group and an effort to work out together what the group “was about”. After some discussion, the therapist pointed out at this and suggested to write down the titles of the songs that they had listed and to use those as lyrics for an improvisation.

The titles were: “I’m changing”, “Summertime”, “I’m feeling good”, “At last”, “A house is not a home”.

The therapist moved to the piano and started playing a few chords for the patients to chose which ones they felt would be better for the piece. Once they gave an orientation of the mood they wanted and chose the two chords the therapist started playing them in alternation.

The improvisation lasted for about 10 minutes, during which they used the mentioned titles and also started to change them to, for example: “I’m not

feeling good”, “Summertime, blue skies”. The patients provided positive feedback afterwards and they appeared to have gained a more robust sense of group and trust.

### **Final thoughts**

Bringing together the first hand workshop experience along with the clinical vignette and the initial theoretical presentation afforded a rich reflection of the different factors influencing and shaping the use of group improvised singing as a means for therapeutic change.

The workshop proposed an organic way of working with the human voice in an accessible way in order to explore emotions, relationships and creativity. The initial findings presented from the literature search and form the preliminary clinical work show good potential for the use of group vocal improvisation as a powerful music therapy technique. At the end of the present PhD research more data will be available to reflect further on the clinical implications, strengths and limitations of this new technique.

This technique links organically with the development of music therapy as a young academic and clinical discipline. Group vocal improvisation is situated within a continuation with the foundational music therapy literature describing the clinical use of improvisation (Wigram, 2004; Bruscia, 1987) and attempts to make a contribution to a new area of research involving the use of voice and improvisation in mental health settings.



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