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Abstract:

While the disciplines of family therapy and music therapy have extensive pedagogy and research, there has been little thus far studying the usage and relationship of a mixed modality approach to family communication and childhood care. Using the research and model of Beth Nemesh (2016), a license family therapist and doctorate of psychology, this paper presents an overview of one theoretical framework or family-based music therapy, wherein the therapist does not need formal musical to incorporate improvisational sounds to deepen communication, collaboration, and understanding between family members within their practice. This approach utilizes theories from Virginia Satir (convergence model) and Juliette Alvin (free improvised model).

Family-Based Music Therapy: A Theoretical Framework

In much of my initial research on music therapy, a modality of healing that incorporates the production of music and sound with clients, research and application stems mainly with children with autism or other emotional behavior disabilities or patients who have been hospitalized. A growing, but diminutive branch of the discipline resides within families, where therapists work with the entire family. The reason for this may be due to a discomfort with group facilitations or due to a focus on this form of therapy being on clients with specific disorders, rather than with the general population, and difficulty providing support for this diverse need setting. The purpose of this paper is to present initial findings on the discipline of family music therapy, to discuss several of the common methods and perspectives, and discuss areas of growth within the discipline.

Family-music therapy seeks to provide opportunities for positive interaction, strengthened communication, and a more harmonious flow between members of the family unit. Trained music therapists providing clinical interventions largely dominate the discipline; however, family therapists may also provide family-based musical interventions within their own context. The difference is in perspective, training, and craft. Beth Nemesh (2016) explains that music therapy looks to “replace dysfunctional family structure, interactions, belief systems, rules, and dynamics with new and more appropriate ones,” thereby allowing the individual and family to function more harmoniously. She explains in family-based therapy, the arts provide “a playful experience that promotes mutual family pleasure and cooperation.” The lack of structure and focus on creative play allows family members to become more aware of each other through this expression as individuals, thereby allowing for greater interpersonal connection and, as a consequence, allows for behavior change. In essence, the musical form and structure and the release from traditional boundaries and novel experiences allow for the family members to engage with and observe each other, and create together.

The theory behind this form of intervention stems largely from the humanist, experiential models of Virginia Satir and the improvisational model of Juliette Alvin. Virginia Satir’s approach to therapy focused on the concept of congruence, or harmony. She defined congruence as a “choosing to be ourselves, to relate to and contact others, and to connect with people directly. We wish to respond from a position of caring for ourselves, for other people, and with awareness of the present context” (Satir, et al., 1991, 66). In this way, congruence represents “a state of openness, awareness, and connectedness” among all member of the family and in relation to the external world. Satir incorporated physical, emotional, and spiritual wellness as a the means to achieving “balanced, healthy family communication, relationships, and behavior” (Nemesh, 2016, 22). In this model, the therapist assumes the role of facilitator who provides opportunities for interpersonal experiences rather than focusing on specific techniques or interventions. Methods often included psychodrama, family sculpting, role-play.

The practice would begin to include musical improvisations based on the work of Juliette Alvin. Alvin’s free improvisational model provided space for expression free of conventional rules, boundaries, or need for any musical training. Alvin asserted, “music affects the body, mind and soul.” In her work, clients could choose any instrument from a

large selection. They would form a subjective relationship with the instrument, having selected by a number of visual, tactile, and auditory criteria of their own determination. And the client would form a therapeutic relationship with the therapist & their instrument, wherein both would create music mutual. In Alvin's model, she normalizes this process by establishing that the client and the therapist have equal ownership in a session – this way the client can hear themselves through their music, which is reflected back by the therapist and continues to evolve as the session continues. This became known as the “eclectic model,” Alvin's work seems to build from the approach of Nordoff-Robbins. NR applied a more clinical approach to music therapy. In their model, trained musicians would use musical improvisations to form relationships with clients through sound; however, their technique required advanced musical training and often incorporated more elaborate musical improvisations, played by the therapist, to which the client would respond. These improvisational exercises, all of which are recorded for fidelity, are designed to deepen the client's sense of self and improve communication with others or groups. In this approach, the way the child plays “including use of instruments, dynamics, tempo, rhythm, and phrasing, gives the therapist insight into how that child experiences him- or herself and the world around them (Birnbbaum, 2014). In this approach, making music is an act of intersubjectivity, a form of behavior that offers direct information on human motives, from which other humans can sense what underlies a person's actions and experience” (Trevarthen & Malloch, 2004, p 4). Music therapists, in this model, use astute observation to observe the body language and quality of their client's movements and apply deep listening to the sounds produced as the means of clinical perception.

At present, research on the impact of family-based music therapy is limited. Some of this is due to therapist reluctance to include family members in child-focused therapy as it presents new challenges. While limited, research has shown that family-based interventions have had a positive communication and relationships (Oldfield, 1993) and impact of parents feeling more connected with their children (Namesh, 2016). Populations with documented research include, children with Autistic spectrum disorder, terminal illness, psychiatric needs, trauma, and “at-risk” (low socioeconomic status, parental depression, single parenthood, etc.), and disabilities. Only one study has documented impact of a “well” family or a family with no additional risk factors or diagnosis. Research has shown the impact of music therapy to include: motivation, decreased feelings of isolation, managing distress, improved social interactions and communication, subjective well-being, positive experiences, increased locus of control, reduce psychological ailments such as depression, fear, and anxiety, and foster stronger relationships (Houston, 2020).

A compelling case study comes from Pasilia (2013), which utilized a family-based music therapy approach to support a family recovering from domestic violence. The mother showed signs of PTSD and depression as a result an abusive childhood and violent marriage. Her two children, age 3 and 18 months, had also been subjected to physical abuse. At the beginning of therapy, the family struggled to have prolonged interactions, often shifting attention, distracting themselves or removing themselves from the activity. After 8 sessions of music therapy, utilizing a spontaneous, improvised play

approach, the family began to play with each other – imitating sounds, playing instruments together, and inviting each other to participate (Houston, 2020).

While this discussion is far from complete, it begins to demonstrate the impact of music on the health and well being of the client as well as the family in general. Recommendations from the field assert that music provides an additional tool through which family practitioners can begin to develop a stronger sense of belonging within a family unit, increased interpersonal communication skills, and deepen one's connection to the outer world and spiritual self. Additional research will include the use of vocal work through group singing, emotional dialogues, and facilitation strategies for this approach.

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