

**Improvisational Drumming Group:
A Case Study of Group Therapy in Acute Psychiatric Care**

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Abstract: This case study chronicles a six month music therapy intervention with a group of adults with mental illnesses. The development of the group and the therapeutic gains of its members are related to principles of group therapy from Irvin Yalom.

INTRODUCTION

This case study chronicles a six month music therapy intervention with a group of adults having a range of mental illnesses (including Schizoaffective Disorder, Bipolar Disorder, and Personality Disorder). The writer co-led this group with his supervisor as part of his internship. This paper will provide background information on key group members and detail the rationale for their treatment. The group, Improvisational Drumming, served as the vehicle for the therapy that took place. This paper will examine how the development of the group made it possible for group members to make substantial progress towards their therapeutic goals. The six month treatment is divided into three stages and the forward progress of the group and its members will be described in relation to Irvin Yalom's text, "The Theory and Practice of Group Psychotherapy."

BACKGROUND INFORMATION AND TREATMENT GOALS

Fourteen patients have been part of the group during this six month period. The profiles below are listed in order of highest to lowest number of sessions attended.

CA is a 44-year old Caucasian male diagnosed with **Alcohol Abuse and Depression**. Patient was admitted to Westborough State Hospital as a result of violent behavior when intoxicated. Patient has extensive criminal history, suicidal ideation, and reported auditory hallucinations. He attended 18 of 23 sessions.

Treatment Goal: To attend and engage in scheduled groups at the Day Treatment Center.

AN is a 33-year old African American male diagnosed with **Schizoaffective Disorder-Bipolar Type, R/O Personality Disorder-NOS, cluster B traits**. Patient was admitted to Westborough State Hospital as a result of breaking and entering, assaultive behavior, several car accidents due to reckless driving, and a reported preoccupation with bizarre pseudoscientific ruminations. He attended 16 of 23 sessions.

Treatment Goal: To attend and engage in scheduled groups at the Day Treatment Center to address mental illness symptom management issues.

MI is a 45-year old Caucasian male diagnosed with **Schizoaffective Disorder and has a history of polysubstance abuse**. Patient was admitted to Westborough State Hospital as a result of becoming assaultive and threatening as a result of reported auditory hallucinations. He attended 12 of 23 sessions.

Treatment Goal: To participate in scheduled groups, following group plan, for 30 minutes with minimal prompts.

GA is a 19-year old Caucasian male diagnosed with **Schizoaffective Disorder, PTSD, and Bipolar Disorder**. Patient was admitted to Westborough State Hospital as a result of assaultive, out of control, and suicidal behavior at acute residential programs, hospitals, and halfway houses. He was hospitalized four times in the nine months prior to his admission at Westboro State Hospital. He attended 11 of 23 sessions.

Treatment Goal: To demonstrate non-threatening behavior while in structured day program.

MC is an 18-year old Caucasian male diagnosed with **Selective Mutism and Depression with a positive family history of psychosis and alcohol abuse**. Patient was admitted to Westborough State Hospital as a result of threatening a family member with a dangerous weapon, assaultive behavior, suicidal ideation, and delusional thinking. He attended 9 of 23 sessions.

Treatment Goal: To attend and participate in DTC groups 2x per week.

WE is a 47-year old Caucasian male diagnosed with **Bipolar Disorder with psychotic features-mixed, Personality Disorder-NOS, and has a history of alcohol abuse**. Patient was admitted to Westborough State Hospital as a result of assaultive and threatening behavior. Patient often presents with persecutory delusions. He attended 8 of 23 sessions.

Treatment Goal: To engage in reality-based discussion for 15 minutes.

FR is a 48-year old Caucasian male diagnosed with **Schizoaffective Disorder and has a history of polysubstance abuse**. Patient was admitted to Westborough State Hospital as a result of assaultive behavior. He attended 7 of 23 sessions.

Treatment Goal: To attend and participate in DTC groups to learn socially-acceptable behaviors.

MY is a 19-year old Asian male diagnosed with **Schizoaffective Disorder**. Patient was admitted to Westborough State Hospital as a result of assaultive and socially inappropriate behavior. He attended 7 of 23 sessions.

Treatment Goal: To cooperate with all meetings and treatment as scheduled by the treatment team.

TI is a 19-year old Caucasian male diagnosed with **Schizoaffective Disorder**. Patient was admitted to Westborough State Hospital as a result of assaulting parents. He attended 6 of 23 sessions.

Treatment Goal: To cooperate with all meetings and treatment as scheduled by the treatment team.

MCR is a 53-year old Caucasian male diagnosed with **Chronic Paranoid Schizophrenia Disorder**. He has been hospitalized at Westboro State Hospital for twenty years. Patient was admitted to Westborough State Hospital as a result of sexually acting out behavior and suicidal ideation. He attended 5 of 23 sessions.

Treatment Goal: To attend/participate in DTC groups 2x per week.

ME is a 39-year old Caucasian male diagnosed with **Schizoaffective Disorder and a history of polysubstance abuse**. Patient was admitted to Westborough State Hospital as a result of assaultive behavior. He attended 4 of 6 sessions offered to him towards the end of the treatment period.

Treatment Goal: To display consistently safe, un-threatening behavior while learning to practice coping strategies in scheduled Day Treatment Center groups.

JE is a 19-year old Caucasian male diagnosed with **Mood Disorder-NOS, Mood Disorder-NOS with antisocial features, and a history of polysubstance and alcohol abuse** . Patient was admitted to Westborough State Hospital as a result of multiple suicide attempts, self-injurious behavior, and homicidal ideation. He attended the first four sessions and was discharged.

Treatment Goal: To participate in scheduled Day Treatment Center groups for the purpose of identifying coping strategies to manage mental illness.

EL is a 19-year old Caucasian female diagnosed with **Schizoaffective Disorder**. Patient was admitted to Westborough State Hospital as a result of assaultive and self-injurious behavior. She has been in a therapeutic setting since the age fourteen. She attended 3 of 23 sessions.

Treatment Goal: To participate in routine daily treatment and self care activities.

PA is a 36-year old Caucasian male diagnosed with **Psychotic Disorder-NOS and has a history of polysubstance abuse, in partial remission; R/O Schizophrenia, Chronic, Disorganized Type**. Patient was admitted to Westborough State Hospital as a result of audio hallucinations of a homicidal nature, breaking and entering, and assaultive behavior. He attended 2 of 4 sessions offered to him towards the end of the treatment period.

Treatment Goal: To demonstrate appropriate impulse control while attending Day Treatment Center groups for one month.

METHOD

This case study took place in the Day Treatment Center at a state psychiatric hospital. The program uses Client-Centered Therapy where the staff meets patients at their own level of capability. Client-Centered Therapy was developed by Carl Rogers during the forties and fifties. It is a non-directive approach to therapy in that the therapist does not deliberately steer the client in a specific direction. Instead, the therapist acts upon a foundational understanding that people tend to move toward growth and healing. The client is seen as having inherent abilities to find their own answers. Implied in this approach is the therapist's ability to be congruent or transparent towards the client. The therapist cannot have a mask between oneself and the client. The therapist must be self-aware and self-accepting.

ORIENTATION

The music therapy room is equipped with tubanos, djembes, bongos, dumbek, paddle drums, vibraphone, steel pan, log drum, guiros, cabasas, agogo bells, woodblocks, shakers, sleigh bells, frame drums, and a washboard. The room has ample space for ten chairs to be arranged in a circle. On the opposite side of the room are drumset, guitars, and file cabinets. The group meets for 45 minutes once per week. The range of group members is 3-10 people.

Procedures

Group members are seated and welcomed to the group. If there are any new members, the therapist may ask another group member to explain group procedures. A group member volunteers to provide a rhythm to initiate a group improvisation. Group members should play no louder than the leader. When the leader stops, the improvisation is over and all players should cease playing. The leader creates a title for the piece he/she led. If the leader has difficulty creating a title other group members may be invited to contribute a title. The group repeats this process until closing time. Each group member states how they felt about the group.

Goals and Objectives

Goal: To improve interpersonal skills

Objectives:

- Patients will work towards verbally communicating with peers instead of only communicating with therapist with assistance.
- Patients will develop listening skills by modulating instrument volume, rhythm, and speech in accordance with other group members.
- Negotiate turn-taking activities and active conversation with minimal assistance.
- Respect the decisions and/or opinions of peers throughout the session with assistance.

Goal: To improve cognitive organization

Objectives:

- Focus on a single musical task for 5 minute intervals at least five times per session with assistance.
- Patients will engage in discussion of group activities in a reality-based manner at least twice per session with assistance.
- Display ability to cease playing instrument when the group ceases with minimal assistance.

Goal: To increase self-expressive skills

Objectives:

- Create a title for an improvisation at least once per session with assistance.
- Initiate and lead an improvisation for group music experience at least once per session with assistance.
- Patients will work towards creating a rhythm that contributes to the group musical experience with assistance.

Interventions

Music therapist will support and assist patients around improving interpersonal skills, improving cognitive organization, and increasing self-expression skills.

Evaluation / Assessment

Direct observation related to above objectives. Patient statements related to group experiences. Individual assessments done in relation to Master Treatment and Rehabilitation Plan as documented in the medical record.

TREATMENT PROCESS

Referrals

The Improvisational Drumming group is an on-going group at the Day Treatment Program at Westboro State Hospital. Some patients choose to be in this group while others are referred into the group for a specific treatment goal by a treatment team. No previous musical experience is necessary to be in the group.

Stage One (Sessions 1-11)

This stage resulted in five substantial developments:

- 1) The addition of the vibraphone and steel pan allowed group members to explore melodic improvisation which, in turn, led to the expansion of phrase length for the group.
- 2) An increase in self-expression skills by way of adopting a group member's suggestion for the improvisation leader to create a title for the piece he/she led.
- 3) An increase in the development of positive interpersonal skills such as group members looking to one another to decrease anxiety, dedicating a composition to a peer who was in a negative space, and listening to others in the group to play a piece that altered tempi.
- 4) Resistant group members consistently requested instruments outside of the circle such as drumset and bass guitar.
- 5) An increase in cognitive organization by leaving more space in rhythmic parts allowing for more musical dialogue between group members.

Improvisations

SESSION 3: NILE RIVER (JE) - JE started us off with a clever little motif on the vibes. Kevin tried out the Middle-Eastern dumbek. Afterwards, JE named the piece, "Nile River" because it made him think of a Middle-Eastern scene. I thought JE's tune was similar to the James Bond theme. Kevin said the theme sounded a bit like "Another brick in the Wall" by Pink Floyd and JE agreed that it was the tune he was trying to recreate.

SESSION 4: SHIM-SHAM (MI) – MI played a repetitive pattern on vibe without any tonal center. Many of the hand drummers in the group played rolls for some reason. Perhaps they were exploring the tension they felt in the aimless melodic part. Towards the end of the piece, MI played wild arpeggios up and down the vibes. It felt as if the group was waiting for MI to end but MI continued exploring for a very long time.

SESSION 5: FANTASYLAND (GA) – This piece was very scattered. GA played the vibes and created music that was very open-ended and ringing. The mood of the vibe music was mysterious and one of asking questions. Hand drums clicked into a tight groove. The cabasa complimented the main groove played by the djembes and dumbek. This piece had a very intriguing yet eerie atmospheric sound throughout.

SESSION 9: MOON OVER BROADWAY (AN) – AN initiated a very syncopated rhythm in a cascara style (sticks on drum shell). Therapist Scott provided a steady bass drum beat on downbeats. TI contributed shaker sounds throughout. AN described his title by saying the pattern he played sounded busy just like a “New York minute.”

SESSION 11: SLOW THEN FAST (SS) - Group followed very well! There appeared to be a significant lag time for majority of group to join in to the new tempi. At one point, the group played unison eighth notes in a very powerful and unifying manner.

SESSION 11: OLD MAN RIVER (GA) – Therapist played pan and experimented with very simple melodic patterns that seemed to help the group find a rhythmic and formal structure. GA listened to parts played around him and played a single cowbell note once per measure in a very musical composition.

SESSION 11: SENILE EXPRESS (EL-F) – EL started the piece with a low tubano beat. AN explored on vibes. The group quickly gravitated towards playing accents on beats: 1,3,1,2,3 in a two bar phrase.

Stage Two (Sessions 12-19)

In session twelve, the core members of the group (CA, AN, MX, GA, and MY) engaged in a discussion that determined the rules of the group. The group determined for themselves that the concept of titling pieces should continue because as MY stated, “It gives the group identity.” The group also determined how we would negotiate endings to improvised pieces. The fact that the core group members were able to have this discussion (we playfully referred to it as the “tribal meeting”) was what determined the beginning of stage two of the treatment intervention.

This stage resulted in five substantial developments:

- 1) Core group members discussed and decided on factors concerning the group.
- 2) Group explored lower level dynamics for extended periods of time.
- 3) Group members created personalized instrument setups self-initiated.

- 4) Core group members began displaying an increase in assertiveness skills.
- 5) Members of the group were able to begin a session in negative space and effectively put their anxiety into the music then come out of the music in a more positive space.

Improvisations

SESSION 12: FLEX-O-RAMA (GROUP) – rock beat, flexatone, GA’s carefully placed cymbal crashes, vibes, mbira, extended quiet ending

SESSION 12: TWISTED JINGLE BELLS (CA) – CA led on bell tree and played constantly with no space, flexatone, GA played tom and suspended cymbal with brushes, vibes, mbira

AN: What about “string theory?” What will happen to string when there’s no more tension?

GA: What does that have to do with improvisational drumming?

AN: We’re displacing sounds with our instruments. We’re killing two birds with one stone.

GA: My friend did that. He shot a bird in a tree with his beebie gun and it killed two birds.

SESSION 13: CANOE TRIP (GROUP SOUNDSCAPE) – This is the first time the group has done a soundscape. Group members chose from a collection of unique instruments: thunder tube, mbira thumb piano, bell tree, pod shakers, ocean drum, rainstick. A photograph was shown to the group depicting some people drifting down a river. We decided the drums would lead. The drums would be the canoe operators, thunder tube would be thunder, and rainstick/ocean drum would be water sounds. Kevin agreed to support AN’s drumming with another low drum. EL played an ominous-sounding pattern on the mbira. AN reported feeling a trancelike emotion during the piece. He related it to how he felt when he was driving on the highway. The group decided the drumming represented the canoes passing an Indian village.

SESSION 13: FIRST TRY (EL) EL led by playing an odd-time rhythmic cluster. Although it was very repetitive, the group was unable to fit into a steady groove. After about two minutes, EL stopped saying, “This isn’t working – I can’t do it.”

SESSION 13: DING DING DONG (EL) – Therapist Scott asked EL if she wanted advice on leading and she agreed. EL was coached to play two quarters and a half note in common time. She continued very simple variations of this rhythm and the group had a very easy time engaging in a full groove. EL declined to create a title for the piece but CA provided one.

SESSION 16: SPACE ODYSSEY (MI) – “Space Odyssey” (MI) MI started the piece by playing a syncopated rhythm in common time on dumbek. At the mid-point of the piece, MI altered the rhythm to be in 12/8 time signature. The group was able to gradually adapt to the altered time signature. The end of the song featured

SESSION 16: STOMPIN' THROUGH THE WOODS (CA) – MI played the vibes and focused on a limited number of pitches. His rhythm was constant yet didn't alter much throughout the piece. MI did take a break from playing in the middle of the song then returned to playing what he played at the start of the piece. The hand drums provided a very solid pulse for the group.

SESSION 16: CHINESE SWAN SONG (MY) – MA initiated the groove with an egg shaker. Therapist Scott played pentatonic melodies on vibes. The group played at a very sensitive lower dynamic throughout the majority of the piece.

SESSION 16: BASS BEATS (MC) – This piece was very sparsely performed. The music didn't seem to have a need to be filled with rhythms constantly. Dialogue between parts became evident in the piece's middle section.

SESSION 16: FOR RUDOLPH (MI) – MI initiated this piece with a repeated rhythm on vibes. Therapist Scott played in unison with MI. A very clear rhythm was played by the group until the ending. Suddenly, MI played an aggressive flurry on vibes and it became chaotic for the group.

SESSION 17: INDIAN CELEBRATION (MA-E) – Very solid pulse from group. The piece was loud and aggressive. The pulse was pounding at times. Group members appeared to put their anxiety into the music. MA-E played some very loud accents. MA cued the final note and the group was able to follow him and produce a satisfying group unison accent to end the piece. After the piece, MA-E described it as "Perfect."

SESSION 17: POW-WOW SONG (CA) – This piece had an overall feeling and sound of a Pow-Wow type of groove. This groove featured more shakers than the last Pow-Wow piece. A heavy thunderous accent developed by the group. The ending of the piece dropped in volume and decreased in tempo but then returned to its louder volume. Next, an entirely new groove developed. It had sleigh bells and a thumping drum beat. The log drum provided an interlude which led to a crescendo.

SESSION 18: AMAZON SAFARI (Group Song) – Therapist played a simple but repetitive pattern on bongos. The group was able to mirror some of the accents inherent in the repeated phrase on bongos. Therapist played some virtuosic fills and it appeared to energize the group. GA said it sounded like music you'd hear in the rainforest.

SESSION 19: SIX O'CLOCK NEWS (CA-L) – Funk-type beat, CA on tubano, MA-E on vibes (major scale-derived, SMS – cowbell with counter-rhythms with vibes, MI-D playing metal shaker, MA-E said the tune was very "cool and jazzy with some African beats in the background," SMS: sounded like tv newscast theme, MA-E shared his one month discharge notice with group

SESSION 19: DOESN'T IT FEEL GOOD TO BEAT THE DRUM? (AN) – AN starts the piece with a very spirited djembe groove

Stage Three (Sessions 20-24)

The arrival of PA, a very resistant and socially-impaired patient, marked the beginning of the third and final stage of the six month intervention. PA reminded therapist Scott that the group is not a professional percussion ensemble but a working group. It was this realization that marked the final stage in the group.

This stage resulted in four substantial developments:

- 1) Therapist Scott was reminded by the actions of the most resistant group member that this is a working group and not a percussion ensemble.
- 2) Group had an experience with the Abwaka rhythm – a specific rhythm only played by a secret society of men in Cuba.
- 3) Core group members displayed assertiveness by upholding the group's standards when resistant new members entered the group.
- 4) Resistant and severely-impaired group member devised musical techniques to become accepted by the group.

Improvisations

SESSION 20: ABAKWA (GROUP) – Therapist told a brief story of the Abakwa rhythm of Cuba. It is used as a rhythm for a secret men's society. The group seemed interested and being that it we were all male, Kevin asked if I would play thee rhythm. I played a simplified version of the rhythm and further simplified it ass the group played so we could keep the groove together.

SESSION 22: AFRICAN DANCERS (SS) – Therapist started a simple African beat. FR played cabasa and his part became a background timbre. Therapist dropped tempo down to an extremely quiet volume. Therapist played the part with fingertips only. The entire group dropped their volumes to match that of the leader except for HU who continued to play noticeably louder than anyone else in the group. FR's cabasa playing was extremely expressive. After the piece, the group processed the realization that the group was able to alter dynamics and tempi as a team.

SESSION 22: COLD AS ICE (CA) – CA volunteered to be the leader when nobody else would. FR played short but logical phrasing on wood block. Within the duration of one session, FR was able to increase his focus and logic by way of the music. HU played the “and” of beat two as an accent and therapist altered his own part to accentuate HU's.

SESSION 23: BALTIC STRAITS (AN) – AN started a beat that was unusually slow tempo for him. The rhythm had a two beat gap in it that was filled in by therapist Scott. FR alternated between leaving silence and adding a soft shaker part that surely enhanced the piece.

INDIVIDUAL RESULTS

CA:

At the beginning of treatment, CA presented as being quiet and flat in affect. He only participated when prompted and rarely initiated interaction with peers. Over a six month period, CA asserted himself as a leader in the group. He often volunteered to lead group improvisations and even experimented with modulating tempo and volume during Stage Three of the intervention. CA assumed a position in the group of maintaining group standards and procedure. During session twenty-one, CA told a peer to stop hitting an instrument too loud. CA made significant improvement in his goal of attending and engaging in the group. In session twenty-two, CA was thanked by therapist Scott in front of the group for excellent attendance and participation throughout the six month intervention.

AN:

At the beginning of treatment, AN presented as being tangential and delusional during most of his verbalizations in the group. He often engaged in bizarre pseudoscientific delusions involving mathematics, sin, computer design, music, and the laws of acoustics. During session two, AN stated, "Improvisation is completely impossible because of science and reverberation." It appeared the cognitive organizational element of the group assisted AN a great deal in decreasing his delusional and at times grandiose ruminations. By session nine, AN displayed approximately half the amount of tangential thinking evidenced by his increase in reality-based descriptions of group musical experiences. During session nineteen, AN asked the group excitedly, "Doesn't it feel great to beat the drum?" as he was hitting the drum vigorously. Throughout stages two and three, AN utilized the group in a cathartic manner and was very successful in reflecting his mood into the music, instead of becoming lost in a sea of tangential rumination.

MI:

At the beginning of treatment, MI presented as being restless and lacking focus. During stage one, he often needed to leave and return to the room multiple times per session. He was labile and would at times stare at peers or a therapist until prompted to regain control. During stage two, MI began to display growth in negotiating social interactions within the group. He was able to accept an angry request to lower his volume from a peer. MI was able to accept assistance to lead group improvisations. At one point during the treatment, MI dedicated a piece to a peer who was admittedly having a difficult day. MI often encouraged peers and sought out the opinions of peers self-initiated. Throughout stages two and three, MI freely explored the vibraphone while staying connected to the group musical experience.

GA:

At the beginning of treatment, GA presented as being oppositional as evidenced by continually wanting to use instruments outside of the circle, speaking while other group members were speaking, and glorifying violence and polysubstance abuse. The majority of his interactions with peers was provocative and appeared to be attempts to generate reactions. In session one, GA put his feet on chairs and seemed to be testing

limits with therapist Scott. In session five, GA led a group improvisation by playing open-ended and mysterious sounding melodic fragments on vibraphone. He titled the piece, "Fantasyland" and it could be perceived as GA asking questions within the music. Throughout stage two, GA exhibited an increase in positive interpersonal skills. In session twelve, he shared instruments with an adjacent peer and began setting up a personalized arrangement of instruments in front of him for group. He set up a cymbal, hand drum, and paddle drum in front of him. In session fourteen, GA told peers to play more quietly during active music-making. He did not express his concerns to a therapist but brought them to the peer directly. GA did not display any physically threatening behavior at any time during treatment. In session eighteen, GA succeeded in assisting a profoundly socially-impaired group member (MC) in co-leading a piece.

MC:

At the beginning of treatment, MC presented as being overwhelmed with the most basic interpersonal skills required to function in the group. Throughout the first three sessions MC attended, he refused to state his name and chose to sit and remain a passive observer. In the next two sessions, MC was able to choose an instrument but only hold it in his lap during group musical experiences. Next, MC was able to play an instrument quietly with the group. In session eleven, MC began to consistently play instruments with the group. Session twelve marked the first time MC created a personalized setup for himself to play. Therapists Kevin and Scott praised MC liberally throughout his involvement in the group. In the later portion of stage two, MC was able to joke and converse with select peers for very short instances. In session sixteen, therapist Scott announced to the group that MC had the official role of "bass timekeeper." MC appeared to enjoy using a special puffy mallet to provide the bass beat for the group. In session eighteen, MC and GA co- led their first piece and in session twenty-two, MC was publicly congratulated for his excellent attendance and participation in the group.

WE:

At the beginning of treatment, WE presented as being irritable over participating in the group. He often left the group two to four times during sessions. WE was often heard expressing how the group gave him a headache. During WE's initial four sessions, he often criticized the music played by the group calling it "Bad Drumming." His comments during these four sessions were often tangential and delusional. During WE's fifth and sixth sessions, he demonstrated the ability to remain in the room and play an instrument with the group for one minute time periods. In WE's final two sessions, he led an improvisation for the group and described it in a reality-based manner. WE was able to accept a dedication piece to him during his final session,

FR:

At the beginning of treatment, FR presented as being severely impaired in demonstrating socially-appropriate behavior. In sessions seven and eleven, FR stood in the center of the circle and struck instruments with great intensity and ignored redirections from therapist Scott. FR often irritated peers by passing gas in the session. Session thirteen marked the first time FR made visible attempts at interpersonal skills within the group. He told a peer, "I love you." Although it was inappropriate, he made an effort from which he could

learn a lesson. In session eighteen, FR made impressive movement towards the group musically. He was able to play in time with the group for thirty second intervals. By session twenty-two, FR was able to remain engaged throughout the entire session without redirection. He demonstrated a skill wherein he plays quiet tremolos with the group improvisation to add sonority yet avoid corrupting the pulse of the group. In addition, FR shows an increase in his cognitive organization in three back-to-back group improvisations within a single session.

DISCUSSION AND CONCLUSIONS

Setting the Stage – the Responsibilities of the Group Therapist

The job of the group therapist is to create a therapeutic group culture and focus on group interaction to meet therapeutic goals. The very first responsibility of the group therapist is to relieve pts of their suffering. The next step is to create characterological change within the patients. The therapist should focus on the here-and-now experience and find ways of plunging the group into their own experience. The interaction between group members should be as spontaneous as possible. The therapeutic group requires support, risk-taking, interaction, and analysis of that interaction.

Below is an exploration of how the Improvisational Drumming group developed in terms of Yalom's eleven therapeutic factors. It was through these therapeutic factors that the group environment became a safe haven for group members to explore taking risks in moving towards their treatment goals and ultimately towards discharge from the hospital.

1. Instillation of Hope:

At the beginning of each group, one of the co-therapists announces that the intent of the session is to have a musical experience and not to learn to be musicians. Hopefully, group members realize they are all equal and starting from the same point. New group members experience hope in the realization that peers are at the same point musically yet are already experiencing success within the group. It is the intent of the therapists to provide group members with an experience they can be successful at and with the realization that they can succeed in a new activity will possibly generalize into areas outside of the music therapy session.

The practice of having group members initiate and lead group improvisations also supports the concept of instillation of hope. Similarly to Alcoholics Anonymous where the group is led by recovered alcoholics, the Improvisational Drumming group centers around client-led activities to support the idea of Client-Centered Therapy. Group members are much more focused on peers than therapists and in doing so the group is much more spontaneous overall. Group members observe peers succeed six to ten times per session and experience some of that success in participating in the group musical experience. The experiencing and re-experiencing of hope moves new group members closer to leading their own improvisations.

2. Universality:

Each group member is one in the same. Nobody in the group receives special treatment. The group accepts the fact that nobody in the group is an expert percussionist and in doing so the group becomes equal within itself. Given the fact that the group is comprised of beginning players compounds the sense of accomplishment of the group when even moderate musical success materializes. Since each member is starting from the same competency level, they experience success at a similar degree.

3. Imparting of Information:

In most group therapy groups, imparting of information takes place fairly early in the life of the group. The primary application of this therapeutic factor in the Improvisational Drumming group is that group members begin to learn they can participate in activity that can alter their mood. Many patients admit to feeling like a victim to their own moods. Often times they do not appear to have consistent skills to alter an undesirable mood. Positive checkouts within the group confirm this.

4. Altruism:

Patients receive through the act of giving to others. This six month music therapy intervention was replete with instances of group members helping peers. AN offered guidance to a new member on how to play the vibraphone and group members often had to negotiate who would play the instrument first if two people wanted to play a specific instrument simultaneously. In the most profound example of altruism in this treatment, MI dedicated an improvisation to a peer who was having a very difficult day.

5. The Corrective Recapitulation of the Primary Family Group:

Early in the intervention, GA experienced some corrective situations. He continually requested using instruments outside the circle. Therapist Kevin and Scott were put in the position to tell him he could not use the instruments. Perhaps in GA's past, he might have gotten a verbally abusive response to his actions. Kevin and I were able to assist GA experience a corrected version of the experience.

6. Development of Socializing Techniques:

Group members displayed a great deal of improvements in social skills throughout the course of the treatment. For example, GA and MC learned to joke around with one another in the group, MI was able to respond appropriately to GA's suggestion to play more quietly, and people successfully negotiated turn-taking and instrument sharing throughout the sessions.

7. Imitative Behavior:

GA was able to speak directly to peers instead of approaching therapist first. At the beginning of stage one, group members simply followed the therapist's directions but in stages two and three they became much more spontaneous in their interactions. As the group evolved, so too did its effectiveness in meeting the needs of its members. The group lubricated the process of patients making progress towards their treatment goals.

8. Interpersonal Learning

Core group members defended the standards of the group by addressing new members directly. FR learned how to exist within the group in a musical manner. GA tested peers out by saying provocative things. Group improvisations that did not generate a solid pulse were stopped by therapists and redone correctively.

9. Group Cohesiveness:

The most important example of group cohesion was early in stage two when the core group members held a meeting wherein they discussed and decided on the new rules of the group. The group displayed the ability to negotiate changes in the group such as the addition of new instruments and attempts at new experiential activities. Group members sense the safety of the group and are able to take risks together.

10. Catharsis:

AN demonstrated the clearest example of catharsis when he announced to the group, "Doesn't it feel good to beat the drum?" PA had a clearly cathartic experience when he checked out at the end of a group saying he learned about patience and decreased his anger because of the group.

11. Existential Factors:

It is the hope of the writer that group members experienced the benefits of being in a group and in doing so touched upon the importance of being part of the human race as well.

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