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Musicking Together: Affective, Cognitive and Physical Aspects of a Music Therapy Group Work

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Abstract

The purpose of this qualitative study was to describe and discuss the affective, cognitive, and physical events that occur when people gather to make music. Using a theoretical framework derived from community music therapy and sociology of music, this work focuses on the experiences and perceptions of five women who participated in music therapy group work. Structured observation was used to register the participants' affective, cognitive, and physical manifestations during the group work. Results suggested that music therapy collective music making stimulated participants to interact and develop different forms of feeling, thinking, and acting. Making music together encouraged participants to think about their feelings, roles, and judgments, reflecting that the collective experience promoted positive changes in their lives.

Keywords: *music therapy, affective, cognitive and physical aspects of group musical practice, collective music making*

Introduction

People who gather to make music together share a sociocultural experience. Making music collectively involves the communication of thoughts, feelings, values, and body expressions that are socially constructed conventions (Martin, 1995). From chamber orchestras to open sky band festivals, collective musical practices bring together a large number of individuals whose common objective encompasses singing, playing, or listening to music. This millenary human practice has been repeated through the centuries ranging from ancient rituals to modern choirs and bands (Sloboda, 2008). Based on these statements, the starting point of this research is the belief that affective, cognitive, and physical events may occur within the group space while participants make music together.

Recently, group musical performances have extended from concert halls or classrooms to unexpected environments like companies, hospitals, and community centers aiming at social integration and health promotion (Ruud, 1998). However, being part of a musical group means more than playing music together (Pavlicevic, 2006). Collective music making consists of interpersonal relationships and collaborative practice,

which generate a different set of events more than the improvement of musical abilities (Cunha & Lorenzino, 2012).

This paper presents findings of music therapy work group conducted by a team of six last-year undergraduate students and their teacher. This group work perspective was rooted in the interpretative and sociological approach suggested by Ruud (1998). Participants were five women who, at the time of this study, were part of the cleaning staff at the university. The purpose of this research was to discuss the affective, cognitive, and physical events that occurred when this group was gathered to make music in a music therapy context.

As a group, participants, students, and teacher were aware of the fact that two different objectives were involved in the journey: on one hand, the teacher and students were interested in applying music therapy techniques to facilitate the group development in order to observe affective, cognitive, and physical manifestations. On the other hand, participants were seeking an opportunity to work on their mental and social health. The challenge was to embrace both interests. The main priority was to provide the participants time and space to play the musical instruments and to sing and dance according to their desires. To do so, it was necessary to share musical experiences in an environment where the status of being student, teacher, or cleaning worker did not matter. The focus was on the possibility of interacting collectively and cooperatively during the group process. The research followed Blacking's (1995, p. 32) assumption that music reflects people's experiences in society, so when people make music together, they share aspects of their own lives.

Music Therapy Groups

Just as many other therapeutic fields, music therapy practices in Latin America have followed the contemporary ascending group work trend. From the case studies depicted in primary sources (Gaston, 1968; Leinig, 1977), to music therapy group literature, (Pavlicevic & Ansdell, 2004; Pavlicevic, 2006), the expansion in theoretical construction of group approaches is remarkable, as well as the emphasis placed on community music therapy publications (Stige, 2002; Stige & Aarø, 2012). Despite this practical and theoretical growth, few works can be cited when it comes to understanding the cognitive, affective, and physical aspects that occur within group musical activities, even though a deeper comprehension of the group approach may encourage and sustain this kind of intervention.

Community Music Therapy

In this work, the concept of Community Music Therapy (CoMT) has been understood within the social model which reflects the strategies oppressed and excluded people use to face the challenges of everyday life (Ruud, 1998). This approach embraces the symbolic and concrete objects that help determine social groups to interpret reality (Ruud, 1998), in other words, the cultural and social environment in which human interaction develops. CoMT differs from more traditional music therapy practices because it is focused on social change. It is more concerned with community development than with the needs of individual clients. The starting point of the community music therapy practice is to work *with* participants in a context sensitive to culture and co-existence (Stige, 2006).

From a CoMT perspective, music is "a tool for encouraging participation, networking, opening doors, and empowerment through a strong musical identity" (Ruud, 1998, p. 3). Music, as a daily life event, is a key element to nourish group interaction with melodies, songs, dances, rhythms, timbres, and other musical experiences (Ardnt, Cunha, & Volpi, 2016). The sharing of musical, social, and cultural actions empowers and sustains the group work (Ruud, 1998; Turino, 2008). As such, collective music making involves the space where affective, cognitive, and physical dimensions are created and recreated based on the group's sociocultural context (Small, 1998). Brazilian geographer Milton Santos (2006) suggested that space is the result of the actions of people in

a particular place. According to this view, music therapy space would encompass actions and reactions that take place in a specific environment where people experience sounds and melodies they are making in that very moment.

CoMT groups are people that gather with the goal of sharing their realities through the musical activity irrespective to their musical background or their physical or mental health conditions. That means that the group members, linked by the music activity, are supposed to accept and support the diversity in a participatory situation where “everyone participates in the sound and motion of the performance” (Turino, 2008, p. 29). In participatory music making the attention is on the activity and on the other participants, rather than on the end result of the activity. The group members are deemed to share melodies, improvisations, and rhythms they make, and these are the elements they get to empower and establish inter-subjective communication in the group space.

In the same perspective, Small (1998) considers music making as a collective action that results from the relationship established among participants. The musical production is a collaborative practice that occurs within a sociocultural context in which the individuals share the action of playing, singing, improvising, composing, listening, and in doing so, they create a specific space of interaction. Group music making is essentially a human activity, which is situated within a context. From this point of view, group music making is an action interconnected to the affective, cognitive, and physical dimensions that reverberates the ways of feeling, thinking, and being of the people involved in the activity.

Methodological Procedures

In order to understand the aspects we wanted to observe, we adopted the concept of “musicking” stated by Small (1998, p. 9) and Turino’s (2008) perception of participatory performance. Following these ideas, taking part in a musical activity is a complex action, which involves listening, watching, touching, feeling, as well as having experiences that include body expression. We considered the collective music making as an encounter where the musical experience is validated by the set of relationships people establish while participating in the group production.

In this study, qualitative methodological strategies were adopted in line with the concepts presented above. Qualitative methodology sustains the interaction between researchers and participants in a naturalistic setting (Bauer et al., 2002). Members of the cleaning staff of a university that hosts an undergraduate music therapy program in Southern Brazil were invited to join a music therapy study. They were five women, older than 30-years, whose work was to sweep and scrub classrooms, bathrooms, and alleys crowded with students, teachers, and technicians going up and down to their appointments. Maria, Hanna, Donna, Sue, and Laura (all pseudonyms), had no formal music education, and the average level of their education was primary school.

Hanna was the workers’ leader; she was responsible for the organization of the cleaning work in the entire building. She knew lots of songs but preferred funk and rap to other kinds of music. Maria was fond of country music and her strong voice was remarkable. Sue’s favourite music genre was rock and she loved the distorted sound of the rock guitars. Donna knew hymns but preferred dancing to singing. Laura, who replaced Maria when she left the group to work at another institution, said she was a fan of Brazilian popular music.

The participants were chosen due to the oppressed position they have in their working place, struggling to keep it clean. They were asked to take part in the music therapy study and they accepted the challenge. We obtained ethical approval, the authorization of the Principal of the University, and the consent of the outsource company that hired the workers.

As a teacher, I supervised the six female final year students of the music therapy degree course, who conducted the group work. Their ages ranged from 20 to 28 years, and all of them were able to play the guitar, percussion instruments, sing songs, and perform circular dances. Together, we were 12 participants: five workers, six students,

Table 1

Items observed within the cognitive, affective and physical domains

Cognitive Domains	Affective Domains	Physical Domains
Attention	Anxiety	Body Language
Concentration	Anger	(proximity, distance, tension, relaxation)
Peer Learning	Sadness	Body Movement
Problem Solving	Happiness	(facial expression, eye contact, postures, gestures)

and the teacher. The music therapy group met weekly for one hour and a half for 8 weeks.

Along with the ethical bureaucratic process, which took us 2 months, the students read Paulo Freire's texts (2005) on oppression, liberty, and dialogue and Pavlicevic's (2006) texts on group process. To collect data, structured observation was deemed appropriate to this study because we pre-determined affective, cognitive, and physical aspects of the musical interaction we may observe during the group work. Based on Cunha and Lorenzino (2012), we organized paper charts containing the preselected categories, which we called 'maps' of the participants' manifestations. The written observations were collected at each encounter in form of field notes. Each of us completed eight maps during the group process. We compared and discussed the maps at the end of each encounter. The coding process involved recognizing and grouping the recurrent manifestations registered in the maps. Results were compared in a reflexive and interactive process in which we discussed the findings. The map's contents are shown in Table 1.

We also decided that, at the end of the music therapy work, a semi-structured interview would be appropriate to allow the participants the opportunity to speak about their involvement in the music activities. We formulated a set of open-ended questions as follows: (1) Before participating in the music therapy group, what did you think it would be? (2) How did you feel at the end of the process? (3) What was your role in the process? (4) What were your co-workers' roles in the process? Finally, we decided a schedule to specify the day each student would coordinate the encounter. We also agreed to meet a half an hour before the beginning of each encounter to discuss the group process and to share ideas about the musical activities the group would develop on that day. This discussion intended not to guarantee a fixed routine; on the contrary, our intention was to interact with the participants, to know the ways they use to express their music and feelings, and to support the group's spontaneous interaction. So, structuring the group's activities was an attempt to give sequence to the activities developed in the previous encounters. Finally, I would attend and oversee the group work, as well as conduct the interviews at the end of the process.

The interviews were recorded and transcribed to compare our interpretation of data with the participants' verbal and non-verbal manifestations. The interviews supported the researcher to control excessive subjectivity when searching for overall meaning in the written material.

To get the real comprehension of the reality we were studying, the analysis was grounded on Freire's method (2005) which suggests a two-step observation process: deconstruction and reconstruction. Deconstruction is based on the prime sight of any event when we are supposed to get the idea of the observed totality. First, the totality of the obtained information would be deconstructed in its details, elements, and singularities. The second step consists of the reconstruction of the totality, which is deemed to rebuild the phenomenon piece by piece in order to gain an in-depth understanding of the reality.

To present the results of the analysis process, the three clusters below show the details comprised in the observed reality. These groups of data correspond to the first stage of Freire's method, which is the deconstruction process. According to Kasznar and Gonçalves (2014), clustering consists in grouping data from its similarities in order to build a class of values. Following the clusters description, an overview of the interviews displays the participants' impressions about the music therapy work. Finally, the second step, the reconstruction of the studied events, is presented at the conclusion of this study.

Affective Aspects

Musical practice has the potential to evoke a range of different feelings and can be considered as a factor to arouse different feelings (Small, 1998; Turino, 2008). As such, the social and musical interaction that occurred during the collective practices engendered affective manifestations within the group. In fact, a particular way of communication was triggered in the group space by the exchange of timbres, pitches, intensities, rhythms, and melodies. Throughout the process, the participants established a ritual – a repetitive set of behaviours performed at the encounters: they usually arrived on time, greeted everyone in the room, and sat down quietly on the chairs. They played shakers and tambourines, sang songs in moderated intensity of their voices, and took turns to speak or suggest a song to be sung by the group. Although they were diverse in expressing the affective aspects of their participation in the group, recurrently when they were singing, their faces demonstrated emotional reactions such as smiles, laughter, or tears.

Maria regularly suggested songs; she said her “head was full of melodies.” Sue was sad, expressed few smiles, provided little verbal participation, and excused herself for her “bad mood”. Hanna and Donna were interested in playing the instruments, dancing, and sharing comments on their feelings. The participants' repertoire ranged from country music (Maria), rock (Sue), rap and funk (Hanna), to traditional folk music (Donna), and it was from these music styles each of them expressed their musical suggestions and thoughts during the encounters.

One specific day Sue, Hanna, and Donna sat apart from Maria revealing their irritation regarding her country music repertoire and the strong sound she produced on the drums. Maria's exclusion was evident, and the participants expressed the disruption through the sound and motions they performed. Despite the tense situation, Maria was smiling, suggesting different songs, playing, and singing out loud. She appeared to manage the situation by reinforcing her own musical abilities in order to get more involved with the students and teacher than with the other participants. The disagreement resonated within the collective music making. Hanna told us at the end of the encounter that they had disagreed regarding the cleaning tasks they were supposed to assume. Maria did not accept Hanna's suggestions about the cleaning tasks; Sue, Donna, and Hanna were uncomfortable with Maria's attitude. A few days later, Maria was transferred to a different building. After her departure, the participants did not return to the subject until Sue's comment before starting her interview, “Everything was better when Maria was gone.”

We worked on the conflict together with the participants creating a music therapy space where they could express feelings and make choices. We understood that power relations were influencing the resolution of the situation; as a staff leader Hanna made her decision supported by Sue and Hanna's alliance. We respected their opinions and the results they obtained. It was clear that the collective music making empowered and sustained the group, but it also fostered its partition. Maria sounded strong and left; the others refused to hear her voice and let her go. She left after four encounters. At the sixth encounter Laura replaced Maria both in the staff and in the music therapy group.

Another recurrent topic the participants mentioned was their “invisibility in the work space.” They were referring to the way they felt in the university environment

where students and teachers pass them and never say a word or smile. In fact, we noticed this social invisibility prior to the beginning of the group. During supervision, a strong discussion on this contradictory situation emerged; although the open minded, artistic, academic environment was supposed to be inclusive, the employee's exclusion was a fact. Our preoccupation was about the oppressor- oppressed relationship (Freire, 2005) present in the social interactions at the university. In fact, a critical action was required to change this situation. Thus, whenever we met the participants, we greeted them, calling them by their names, shaking hands in honest joy. Following our leads, other teachers and students in the music therapy program started doing the same. Even if restricted to the interaction with people from the music therapy course, a change happened.

Another point regarding distinction and separation emerged in the social-cultural context of this research. We did not choose the participants on a gender basis, but because they were staff workers at the university. It was a coincidence that all of them were women since men and women could form the cleaning team. What we intended to achieve was a participatory space where no distinctions would disturb the in-group interactions during the encounters. Although there were class and educational hierarchies operating, we were firmly grounded in Freire's (2005) ideas about changing situations of oppression, where individuals are considered not as a person but as an object. The dialogue was our tool (Freire, 2005), both musical and verbal dialog. In addition, Turino's (2008) perspective on art as "a special form of communication that has an integrative function-integrating and uniting the members of social groups but also integrating individual selves, and selves with the world" (p. 3), supported the approach developed during the process. These thoughts added to the community music therapy framework, nourished, empowered, and sustained the group work. Nevertheless, all of us were aware that different roles were at stake, but despite being teacher, students, and cleaning staff, we wanted to make music together, to create a bond of respect and confidence. We noticed that the cooperation among us did not avoid contradictions and conflicts, neither did it prevent disruptions among the participants.

Despite the changes we were facing in the group, during the last three encounters Sue brought in a foreign band's DVDs to be listened to as the first activity of the day. The fact that we all were watching and listening to the music she selected seemed to be very important to her. As a strategy to reinforce her repertoire, we put the songs she selected in syllables like *la-la* in order to make them easier for the group to sing along with the harmony a student played on the guitar. Other participants also sang the melodies they loved along with the guitar and percussion instruments. Prior to the music therapy work they had no access to the musical instruments we played. They had seen students handling and playing the instruments in different spaces and circumstances at the university, but that was the first time they took part of a musical group similar to those they had observed or listened to during their work hours.

At this point, thoughts about equality, commonness, and differences were inevitable throughout the team meetings. In the academic, sociocultural context we were immersed, class and educational hierarchies were operating; as such, making music together with the cleaning staff caused political impacts over the entire process. First, a strong bureaucratic process was required so that the workers could leave the cleaning to participate in music making. Next, the process was an educational activity students were developing to get grades. Finally, the teacher-student relationship was focused on the academic achievements, whereas the connection with the participants was oriented to a democratic and participatory interaction. We recognized that positions of power were at stake. As such, the perspective adopted to deal with this complex situation was to enhance students' and participants' potential for action, while providing space for discussion and feedback. As a result, we constructed an environment where every topic could be voiced and every situation reconstructed, in the view of the welfare of all involved.

Cognitive Aspects

The sounds we hear instigate connections inside the brain that allow us to perceive patterns such as melodies, rhythms, variations, and repetitions encompassed in a piece of music (Small, 1998). More than this, collective music making is an arena to communicate, concentrate, and listen to each other (Ruud, 1998). These cognitive dynamics were noticed in the course of the musical interactions revealing the way we understood our role within the group.

The pattern established for the group work, of warming up-evolving-wrapping up the encounter, seemed to be a positive surprise for the participants. It took them three encounters to understand this dynamic and to take advantage of the time we got to spend together. At first, they waited for our invitation to the music making, performing only the actions we suggested, and overextending the encounters by talking too much at the end of the activities. This behaviour changed over the encounters when they realized that along with the musical activity there was time and space for them to talk about their daily experiences. After that, they seemed more comfortable to engage in dancing, singing, playing percussion instruments, or listening to the songs they brought to be shared with the group. While performing any of these activities they experienced different musical instruments, listened to various sounds, observed how each of them played the instruments, danced, or selected their musical repertoire.

As making music together was something new for them, during the first and second encounters they were led by curiosity when creating sounds, and they produced random sounds while exploring the percussion. In the course of time, participatory performance became a social event. They paid attention to each other's verbal and musical interaction, created short musical phrases on the instruments, and played rhythms on the instruments. However, in spite of all these positive points, memorizing songs, even a chorus, was a difficult task for them. It is worth noting that Donna was not familiar with any lullabies or Brazilian folk music while Sue knew how to sing English lyrics along with the foreign bands' DVDs. Regarding their musical interaction, when singing along together, sustaining the pulse, singing in the key, performing rhythmic elements composed of quarters and eighths were easily performed by the participants. The predominant repertoire we explored during the process covered Metallica and Guns and Roses' rock music; Brazilian popular music as *Metamorfose Ambulante*, by Raul Seixas, *Boa sorte*, by Vanessa da Mata, *Já Foi*, by Jota Quest, and other musical genres as Brazilian funk and Brazilian country music.

In our aims to understand the connection the participants had with music in their everyday life, we exchanged stories about previous experiences with songs and instruments when we first met. Hanna told us that she joined her husband on the weekends when he played dance parties as a DJ. Sue said she loved to watch DVDs. Donna sang hymns at the church, and Maria listened to radio shows any time she could. Small (1998) posited that music is not a simple sequence of sounds, but a collection of different settings, actions, and meanings. "Music is not a thing at all but an activity, something that people do" (p. 2). The author's idea seems to support the participants' ways of music making. What they experienced was a different form of being together, of being participative. It was "in the doing" (Turino, 2008, p. 44) that the direct experience of sharing thoughts and collaborative learning happened (Hallam, 2016), although the differences were perceived in their pre-existing musical experiences.

Nevertheless, they disapproved of Maria's musical practices. Freire (2005) stated that it is appropriate for people to be conscious about themselves in situations of confrontation when dialectic position between constraints and freedom happens. Although we have supported Maria while the other participants made it clear her music was not valued by them, the action-reflection interplay that results in authentic dialog was not reached. We listened to Maria's voice, sang, and played with her. Although we stimulated the discussion of the situation, Maria and her colleagues opted to sing and play. As Biancalana (2016) stated, voice results from the materiality of a moving body, so, when a person assigns a strong presence of the voice he may touch the sensitivity of

the audience by the power of his voice. Perhaps Maria's choice to sound out loud and then leave the group expressed her emotional and intellectual strength.

Physical Aspects

Human daily interaction is grounded in body language, since gestures, voice intensity, eye direction, silence, and sounds inform people's feelings and thoughts. So, when participating in collective movement activities these signals are central to get the sense of sharing and being together (Turino, 2008). Because we are so used to these signals, they remain lower in focal awareness even though we understand that movement styles, postures, facial expressions, timbre, and vocal inflections are all details that comprise body language (Small, 1998). These authors stated that body messages are a means to establish and maintain relationships with people.

In the same sense, Balgaonkar (2010, p. 55) studied the impact of dance motor therapy on the cognitive development of children. She defined dance as the balance, understanding, and coordination of the body in which the intense articulation between body and mind can be oriented for therapy. Under the American Dance Therapy Association perspective, dance/movement therapy is the psychotherapeutic use of movement to further emotional, cognitive, physical, and social integration of the individual (<https://adta.org/>).

The participants' body signals were contradictory along the first five encounters; they presented small, shy gestures to confident behaviour; tense facial expression to relaxed smiles; introspection and apathy to openness initiative to establish verbal or musical interaction. It was only in the last three meetings they expressed more spontaneous motions. Some questions came in mind when this set of body signals revealed the tension and relaxation character of the interpersonal connections created within the group. Presumably, being familiar with the music therapy space, making live music together with a team of students and a teacher, and the situation that led to the split of their work staff were a strain on interactive situations. It seemed that at the beginning of the process, the inequalities inherent to the constitution of our group were more important to the participants than our commonalities. Their body messages expressed that they assimilated to the situations they went through "by the sensations, that are not separate from the imagination and the reason and, therefore, are liable to the constitution of meanings" that are proper to the experience of making music and dancing (Laranjeira, 2015, p. 616).

The body distance between Hanna, Sue, Donna, and Maria showed how disrupted their relationship was. We attempted to work on that difficult situation with them. First of all we sat among them, trying to avoid the separation; however, the organization of their bodies in the space seemed to be the way they found to emphasize the conflict within the group. Despite this evident partition, Sue, Hanna, and Donna were comfortable with eye contact, hugs and holding hands with each other and the team. Maria directed her body position, more to the students than to the other participants to form a personal narrative in which her body had become "a site of political relevance" (Ruud, 1998). She took responsibility for her own decisions regarding the in-staff conflict; her body messages meant she was no longer connected to her colleagues. She was fighting her own invisibility in the workspace through the body messages she conveyed.

Body rhythmic movements in circular dances were Hanna and Donna favourite activities. While dancing, they smiled while executing the choreography, made jokes about their errors, explored the space through body movements, made eye contact, and performed gestures according to the rhythm of the music. Joy was the word they chose to name the feelings they experienced while dancing. Here Balgaonkar's (2010) voice resonates again, "Dance movement therapy strengthens the body/mind connection through body movements to improve both the mental and physical well-being of individuals". Moving creatively offered those participants opportunity to be bodily expressive, "while discovering new aspects of the surrounding" (p.55)

At the sixth encounter, Laura, the worker who replaced Maria, joined the group. She was invited by other participants to attend the music therapy encounters. She participated only in two meetings by listening to the music her colleagues were making and watching the activities they performed.

Interviews

Following the predetermined schedule, the interviews were conducted after the end of the group process. A little room designed to store the cleaning material and the women's personal belongings was the place they chose to talk to me. Curiously, they had a similar behavior along the interviews: they stopped talking and thought a little before answering some of the questions and smiled and made eye contact with me while talking about their feelings regarding the group music therapy work.

In this study the interviews were a source in which I compared my subjective impressions whenever any doubt about the field notes analysis arose. The semi-structured interview guiding questions left the participants free to move the conversation in the direction they wanted. Consequently, they broadly explored the pre-determined topics selected for this study during the conversation. The recorded and transcribed interviews resulted in a table of contents in which I could check and recheck data enhancing the reliability of the study (Trochim, 2006). The following is an overview of the participants' opinions.

In response to what they first thought about participating in music therapy, their opinions ranged from embarrassment, indifference and discomfort, regarding the social distance between the group of workers and the student-teacher team. Compared to these early opinions, at the end of the process their ideas were about tranquility, freedom, and joy. They also said the music therapy work gave them an opportunity to learn more about each other, to release their bodies from stress, and to experience spontaneity. They thought that each of them had a specific role such as pushing forward the group musical expression, stimulating fellowship, observing, and learning. They concluded that the roles they observed were interchanged along the encounters. They also highlighted cognitive dynamics such as talking, learning about each other, and interacting in musical and personal relations that conveyed joy and relief.

Reconstruction of the Totality: Conclusion

Following Freire's (2005) proposal for the deconstruction/ reconstruction observational process, the conclusion of this study is dedicated to the reconstruction of the reality we observed in order to achieve a distinguished and original perspective of it. As a qualitative researcher, my attempt was to become immersed in the group work to share the cultural and social relation that the unique group created. So I presented here one perspective from which the affective, cognitive, and physical aspects produced within group music therapy encounters can be analysed. As such, my personal perceptions were not absent in this study, although data have been managed within qualitative patterns. It is also important to note that the Western culture perspective, mainly represented by the Brazilian social custom and values, is reflected in this research.

CoMT gathers together people interested in creating a collaborative space where the group members can share their interpretation of the world. We intended to do the same by avoiding the fragmentation in the group relational and musical space. However, it was clear that the participants noted that our subgroup was bigger than theirs as we were seven whereas they were five. This disparity emphasized the need to stimulate intragroup socialization and interaction by mingling the teacher, students, and cleaning workers into one single group. Despite all the effort, at first they sat side-by-side highlighting the group's double composition: "they" and "us". We were uncomfortable with that physical disposition, so, we mixed ourselves with them attempting to achieve an integrative musical space. The mixed group organization facilitated interaction, although it pointed out the fact that each subgroup had its own history, which was constituted at one side by working relationships, and on the other side, by the teaching-

learning process. Through reinforcing the in-group social relationships we intended to stimulate a sense of belonging, of group involvement. Even so, Maria isolated herself from her counterparts and aligned with the team; perhaps this alliance elicited her desire to be accepted and included. I found myself limited by the short process schedule and the little research time to foster a deep debate of the conflicting issues with the participants. Although we observed benefits the participants got when sharing the music therapy work, this limitation was also a result of our interventions in the group work.

The interpersonal communication developed during the music making generated a variety of musical and non-musical manifestations that revealed the multifaceted context of that specific group space. The roles each of us performed were some of these outcomes. The participants' participation encompassed the roles of coworkers, friends, members of the group, and participants of the study. The students considered themselves colleagues, members of the group, and observers. I performed as the teacher, researcher, and group member. Despite these collections of roles, the CoMT theory, and Paulo Freire's concepts inspired in us the construction of an integrative and participatory environment where our interactions could be mediated by dialogue, reflection, and action. Given the complexity of the situation, the meetings with the students and the participants' verbal feedback were vital to assure we were establishing healthy and democratic relationships. Our dialogues were central to underpinning the research, therapeutic, and academic development. As a result, when with the students, we talked sincerely about our doubts, failures, and achievements, seeking to improve the in-group interaction. We trusted and supported each other. I believe this kind of communication encouraged their involvement in the music therapy work as well as in the observation process. All of them succeeded in both of the activities. The participants experienced the music therapy activities using the musical space they formed to express themselves, to relieve stress, to solve problems, and to know new ways of moving and dancing. I had the opportunity to practice musical interactions, share practical and theoretical contents with the students, and get to know the participants as work-mates since we were employees of the same institution.

As much as it was not our objective to approach gender issues, the amount of the women's participation in this study cannot be ignored. Although Brazilian literature about feminism in the music therapy field is not available, through observation it can be inferred women are prevalent in courses, scientific events, professional lists, as well as group members in southern Brazil. However, neither texts exploring their personal view and professional experiences are available, nor an overview about women participants in groups or individual processes. As we have a little access to discussion about this topic, research publications from abroad (Curtis, 2013, 2015) may shed light on social identity, cultural commonalities and differences, ethics, and practices through a female frame. The same perspective may guide studies giving voice to male music therapists in Brazil.

Joining the roles all of us performed, the music therapy space we constructed was shaped by our personal resources to share knowledge and musical experiences. As such, the group was unique in its fashion of creating and recreating songs, improvising melodies, dancing, and singing favourite songs. These actions altered the participants' daily routine deeply marked by the sameness of the cleaning. These group characteristics were strongly expressed within the group work despite the low number of participants and the little time of the process. However, the field notes showed the growth of spontaneous body movements, song performances, and verbal interactions after Maria departed. When discussing with the students the data registered on the maps of the participants' expressions, the sense was that we overestimated the power of the collective music making to mediate the participants' interrelationships. Nevertheless, we agreed to respect the solution the participants figured out for themselves since we were working *together, with* them, and not *for* them.

Studying the maps filled out during our observations, we clustered the recurrent themes within the three prior selected domains: affective, cognitive, and physical. The

affective signals of their interaction included smiles, laughs, tears, and feelings they expressed such as loneliness, joy, and sadness. Their cognitive dynamics encompassed attention, speech patterns, and agency. The physical dimension embodied personal body space (proximity and distance), gestures, postures, and the movements they performed while playing and dancing. This classification was a didactic strategy to improve the students' observation skills, and at the same time the maps' content served as guide to the understanding of the group process as a whole. As I was concerned about personal influence on the data analysis, the answers obtained in the interviews were not coded; on the contrary I revisited this material whenever doubts about the interpretation of data emerged. So, they served as a means of controlling subjectivity (Ruud, 1998). As a result of these research procedures, I understood the relational framework depicted here as the way the participants expressed themselves in front of the others while interacting in the group. As such, they expressed the way they interpreted the everyday life on the topics related to their work reality that we debated, the songs of their own repertoire that we sang, and the complaints about the academic environment we discussed. The recognition of the participants' relational characteristics expanded our interpersonal relationships to the outside of the music space as the students and participants came together in social conversations during their break time at the University; teachers and students greeted and talked with them at the University classrooms and corridors. Sue also asked me for a private conversation about a personal issue after the end of the music therapy process. In my view, these consequences of the music therapy process situated the participants as a part of a larger social and cultural group, than just the cleaning staff. These impacts represented a social turning point marked by the exchanging of brooms and buckets for musical instruments in an academic environment. This was just one among other social and political consequences we experienced along the research and the music therapy process.

The reconstruction of the reality studied here leads us to think about our role as music therapist researchers. As we could see, even in a short time process, the sharing with students and participants resulted in material to be studied, but more than this, it was a unique opportunity for us to work together, to learn together, and to strengthen bonds of conviviality.

Two months after the end of the eight encounters, Sue, Hanna, and Donna left the University; we never heard about them again. Laura, who is working there until today, was with whom I shared impressions about the group work in the course of different phases of the data analysis. Although her participation was restricted to the two last encounters, she stored some interesting memories about our musical interactions and also about the commentaries she shared with their colleagues regarding the whole process. I believe that, like Laura, we all have been moved both by the research and the musical relationships we went through. If so, the community music therapy approach helped all of us to form a new narrative of togetherness, which I hope will resonate in our further personal and professional interactions.

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