

USES OF MUSIC IN GROUP PSYCHOTHERAPY

CHARLES WINICK, PH.D. AND HERBERT HOLT, M.D.

New York, N. Y.

One dimension of the group psychotherapeutic process which can be constructively used by the group psychotherapist is that of music. When music is introduced into a therapy group, there is likely to be a modification of the group climate which may be important for the group's therapeutic progress.

The history of music in group psychotherapy is short but significant. An early experiment is Moreno's group improvisation at Carnegie Hall in New York, in which an ensemble of musicians each playing a different instrument cooperated in the creation of a musical theme. The conductor or the player of the first instrument suggested a tempo, then the leadership during the production migrated at intervals from one instrument to another. The change of leadership occurred intuitively (Moreno, 1931). The effect of spirituals and work songs of the southern negroes made life endurable under very difficult circumstances. (Altshuler, 1945). During World War II authorized experimental work in Music Therapy was initiated, through the Office of the Air Surgeon, at the Fort Logan AAF Convalescent Hospital. (McKay, 1945). A psychodramatic technique is used to treat creativity neurosis of musical performers. (Moreno, 1939). A combination of sound and movement in group psychotherapy is found helpful in the treatment of mental patients. (Branham, 1959).

A number of studies have experimentally established how music may influence group behavior. One study (Boernstein, 1936) demonstrated that the introduction of a "dark" sound (a D-Minor chord) had the same effect as a decrease in illumination on subjects' perception of a color wheel. Music instructors have traditionally described flats as dark and sharps as bright sounds.

One experimenter has demonstrated that music can lower the threshold of sensory perception (Disereus and Fine, 1939), and another has documented music's effect on the nervous system and emotions (Schoen, 1940). A study of 20,000 subjects found that various phonograph records produced a markedly uniform mood in a significant number of persons (Schoen, 1940). Dentists have found that music piped in to patients via earphones may take the place of anesthetics.

Most psychoanalysts regard music as being related to the earliest periods of psychological organization, when the ego cannot distinguish the boundaries between reality and the self (Coriat, 1945). Musicologists have said the same thing in non-psychological language (Hindemith, 1951). One psychoanalyst observed that music may release unconscious fantasies (Pfeifer, 1922). Nursery melodies have been used to penetrate patients' defenses against contact with reality (Antrim, 1944). Music has been formally used in group therapy (Altschuler, 1940), and the specific effect on psychiatric patients with various syndromes of various pieces of music has been documented (Capurso, 1952).

THE USE OF RECORDS

On occasion it has been found that playing records of music quietly in the background during a therapy session helped some patients who had great difficulty in expressing emotion to do so. These patients had such defenses against others that voices did not stimulate them to respond, whereas music could.

There may be occasion when the group therapist may want to introduce some other kinds of musical expression because it will assist the group to express itself at a time when interpretations and other verbal insight-facilitating procedures are unproductive. On such occasions we have found that playing a phonograph record of a singer has had a powerful catalytic effect in helping to release emotional expression.

One group of adults had been meeting twice a week for eight months, and had been making good progress until it began to approach awareness of deeply buried unconscious fantasies about killing parents and siblings. The group members were approaching this material in a very gingerly way and were obviously having great difficulty in verbalizing their feelings. Some patients walked out of the room, some had spoken of leaving the group, and other expressions of avoidance had occurred.

At this point the therapist remarked that he would like to play a record which might be of interest to the group. It was "The Irish Ballade," by Tom Lehrer, a Harvard mathematician, who accompanies himself on the piano. The ballad deals with parenticide and fratricide.

THE IRISH BALLADE¹

A maid who in a fit of pique
Drowned her father in the creek

¹ Quoted by special permission of Mr. Tom Lehrer. Copyright, 1952, by Tom Lehrer.

The water tasted bad for a week
And we had to make do with gin.

Her mother she could never stand
And so a cyanide soup she planned
The mother died with a spoon in her hand
And her face in a hideous grin.

She set her sister's hair on fire
And as the smoke and flames rose higher
She danced around the funeral pyre. . . .

She weighted her brother down with stones
And sent him down to Davy Jones
All they ever found were some bones
And occasional pieces of skin.

One day she had nothing to do
She cut her baby brother in two
And served him up as an Irish stew
And invited the neighbors in.

And when at last the police came by
Her little pranks she did not deny
To do so she would have had to lie
And lying, she knew, was a sin.

The immediate reaction to this material was one of great anxiety and hostility. The group climate dissociated with the members falling back on secondary defenses, like *joking and laughing*, or tertiary defenses like rationalization and discussion of current events and various external matters. That a high status adult took such matters seriously enough to sing about them helped the group members to accept the extent to which such material had remained with and was influencing them and was not merely an early childhood fantasy. The mocking delivery of the record removed some of the initial sting of the content. The group members became more philosophical, more aware of themselves as participants in the human condition, and began discussing relevant myths, fairy tales, dreams, and religious matters.

After their initial defensive response, the patients responded in accordance with their individual character structures. One minister, who had been talking to the group about the essential goodness of men, was able for the first time to cope with the implications of a recurrent dream involving his

killing his wife. A very aggressive psychopath with a deep need to deny the expression of his hostility, objected to the record. "Why do you bring in this extraneous material?" A schizoid patient with a fertile imagination who had not been saying much, suddenly became alert and active when she realized that others shared her previously private language. A neurotic patient was helped to see how his response was not too different from that of the schizoid. A detached patient at first tried to disassociate himself from the content of the record as part of his general defense against others. An alienated woman who had difficulties in experiencing her own feeling range was helped to express herself by the record.

For two or three weeks the record and the material which it stimulated were the central themes of the group. Its playing had served to make it possible at an appropriate time for the group members to express buried and unpleasant ideas and feelings which might otherwise not have emerged so clearly and directly.

USE OF A PIANO

Some patients, usually schizoid or pseudoneurotic schizophrenics, have such trouble expressing themselves with words that they almost require some form of non-verbal communication like a record, music, or poetry, to make them feel that they can relate to themselves and to others. Mary was a 22-year-old and unmarried woman who lived with her widowed mother. She was in a group which had been meeting twice a week for a year.

When Mary was 11, her mother told her that her father, who had died three years earlier, was not her biological father, but that another man had been. One effect of this disclosure on Mary was to plant some unconscious doubt that her mother was her actual mother. Mary had been taking piano lessons from a male teacher and had been an enthusiastic student who practiced a great deal. After her mother's disclosure, Mary refused to read music as she projected her feelings about her "father" onto her hapless piano teacher. She began to lie to him about playing by reading notes. Although she previously had read music, she now began to play from memory. Mary played the piano throughout her adolescence almost compulsively, as her ability to communicate verbally gradually declined.

One day the therapist moved the group to a room which had a large grand piano. In the first room, Mary had been attentive to the group primarily in terms of ignoring it. As soon as the group moved to the room with the piano, Mary was drawn to it as if to a magnet. She would sit at the piano at the beginning of the session and play a piece which reflected

her mood and which usually caught the mood of the group. Like many schizoid persons, she was extremely sensitive to the group's moods. She encouraged the members of the group to ask her about each piece she played, and would delight in the group members' interest and in her discussion of the music. The group was tuned in to her moods by her playing and she served as a kind of mother-image for the members.

The music Mary played was often sad, harsh and lonely. As she and the group progressed, the music became less sad. The group looked forward to her playing briefly at the beginning of the session because the music helped the patients to respond on an affect level. Within a few months after the move to the room with the piano, Mary had progressed from saying nothing, but playing, through making comments like "The Moonlight Sonata is lonely," to the point at which she could discuss her feelings of loneliness and their meaning. She was gradually aided in achieving self-awareness and in understanding the role of the significant others in her life, and after several months no longer needed the piano to participate in the work of the group.

THERAPIST'S MUSICAL INTERVENTION

Sometimes the therapist's direct musical intervention can help advance a group. Dorothy was a 29 year old housewife with two children. She was married to a salesman and had been in treatment for two years in a group which met twice a week. She was moody and suicidal and was unhappy that her move to the suburbs had not brought the happiness she expected. Dorothy had grown up in a tenement with three siblings, and had always felt herself the least favored of the four children. She had associated the slum environment with her rejection by her parents and hoped that the suburban environment would help her in relating to others, but her hopes were not fulfilled.

Dorothy had helped to create a relationship with her husband in which he was almost forced to reject her. She had no insight into the paranoid nature of her fantasies about him. For example, she telephoned him at home one evening and said that she was discussing music (she was a talented amateur musician) with a man friend at a bar. It was supper time, and her husband told her to come back promptly or not to come back at all. In order to "show him," she spent the night at a hotel by herself. Confronted by the reality of taking care of the children by himself, her husband did not back up his threat.

Her physician had been giving her tranquilizers and Vitamin B to

make her feel better, without much effect. One day she was complaining to the group of how nobody cared for her. Her voice and manner were becoming increasingly infantile. The therapist took his guitar and played Brahms' "Lullaby." Dorothy burst into tears and said, "This is the first nice thing anybody has ever done for me." She interpreted the therapist's playing the lullaby for her as a sign of his selecting her out of all her siblings in the group. It was important to her at that time to have the delusion that he preferred her, and she was able to discuss how neither her mother or father had paid much attention to her. The therapist's playing a guitar was a profound corrective emotional experience for Dorothy.

Like symbolic siblings, the group members complained that the therapist was favoring Dorothy and ignoring them. "You're taking the group's time to treat one member." They asked the therapist if he would make love to a group member who had a sex problem, just as he had taken the group's time to treat Dorothy's need for affection. When he said that he would not, the group members accused him of hypocrisy. The incident with the guitar sparked discussion for five sessions and the group overcame its initial negative reaction as it realized that whatever helped Dorothy also helped the group. It is of interest that a previous experimental study found the "Lullaby" to be "relaxing, meditative, soothing" (Capurso, 1952).

SOME USES OF RECORDED CLASSICAL MUSIC

The overture to Wagner's "Parsifal" was used in another group, the members of which had been meeting for from two to three years. Most were ambulatory schizophrenics. Before the record of "Parsifal" was played, the therapist said: "I'd like to see how you like this." There was some discussion about whether the group really wanted to hear the record, or whether they felt partially coerced into doing so. Some expressed dislike of authoritarians, Germans, and Wagner. Finally, in an atmosphere of some expectant hostility, the overture was played.

After it was on for a few minutes, one patient began crying. When the record was finished, Tanya explained that she had had a vivid daydream as she heard the music.

Tanya was 25, and the wife of a minister. She had seen herself as a salamander in green slime in a kind of jungle ooze. The salamander had red eyes. In subsequent sessions this picture changed to that of a blonde girl with blue eyes. Tanya's unconscious identification with an animal and her feeling that she had been born before are, of course, sometimes found in

schizophrenics. She had so little identification with the human that she could readily believe that she had been an animal.

The five other patients all had profound responses to the record. Two became very tense. One patient had a daydream about being a medieval princess. One became extremely agitated and one became withdrawn. All the patients were able to express great hostility, which was mixed with a kind of near-religious feeling. They could express the hostility because of the threat posed by the therapist to their repressed fantasies by playing the overture. The mood created by Wagner, (who wrote the overture after spending a night in the Venice cathedral) is initially one of a kind of unshaped mystical engulfment which then becomes more structured. In the case of this group, it helped some members to put their unconscious fantasies into words, over a period of several sessions.

In another group, which had been meeting twice a week for two years, the last scene of Berlioz' "Faust" was played. It has a choral accompaniment which is relatively easy to follow. In this scene, the Devil tricks Faust by telling him that they are going to help Marguerite. Actually, he takes Faust to Hell and the music is concerned with Faust's increasing anxiety as he feels that he will soon be lost. Faust sees ghosts and other frightening sights. The music beautifully describes Marguerite's ascent to Heaven and Faust's descent to Hell. It particularly evokes responses in very depressed or guilty patients.

The final few minutes of the scene are affirmative and joyful. When played in the group, it provoked a number of profound fantasies and daydreams and helped several members of the group to communicate relatively deep rooted material. Different patients responded to various elements of the music. Some responded to the feeling of reality and escape from reality and some responded to Faust's conflict.

As the music expressed Faust's falling sensations, a 29 year old secretary cried out, "Oh, I remember a dream." Leslie was an ambulatory schizophrenic who had been married for six years. She had actually had the dream three months earlier, but the music triggered its recollection. In the dream she was in a therapy group telling the other patients of a dream she had had. The dream involved her engaging in homosexual wrestling with another woman, after she holds up a baby and tells her husband, "I'll kill the baby if you move." Her masculine self-concept, fantasies of murder, and sex problems, all emerged in this dream within a dream, which might not have been recalled were it not for the selection from "Faust." It had

been repressed for a long enough period so that there is reason to suspect that she might not have brought it to the surface without the music.

The problem of a group which had been meeting for about two years was not so much difficulty as ease in expressing hostility. Much self hate as well as mutual dislike was being expressed by members of the group. This blossomed forth at one session into shouted accusations. One male patient (Sidney) was insulting a female patient (Susan) very vigorously. She told him that she would have her husband, a policeman, "take care" of Sidney. When the therapist tried to say something, the patients would not let him do so and began saying "What kind of a doctor are you?" and "Give us our money back."

The therapist said, "You seem to be in a hateful mood. I'd like to play some Christian music." He put on a record of Debussy's "The Blessed Damozel," which is written around the theme of forgiveness. It has substantial parts for flutes and cymbals, and a very soothing quality.

The music had the effect of not only calming the group but also of helping to gear them into expressions of relatedness to each other. Susan explained that she was mad at her son, and had expressed this hostility toward Sidney. The music helped her and the other members of the group to express the feelings of relatedness which they had been repressing. They were able to be much more aware of why they had been so nasty to each other, and to express their desire to work with each other in the group.

A PATIENT'S MUSICAL RESPONSE

Musicians' choice of their vocation is usually a function of dynamic forces of which they are, of course, seldom aware. One use of music in a group involved a professional musician's loss of his ability to play.

A 35 year old married patient in a group which had been meeting for about six months was a trumpeter. When his wife asked Philip for a divorce, he lost his ability to play the trumpet, almost overnight. The other patients asked him to bring his trumpet for the group sessions to see if he could play in the group. Philip tried, but he could not make any sounds. He was not able to move his lips on the instrument's mouthpiece and his lips trembled when they approached the trumpet. The group began to call him "Quivering Lip Phil."

His wife was very disturbed about Philip's deterioration and asked the therapist for permission to come to a group session and tell her side of the story. The patients, after some discussion, decided to let her come. Phyllis was a former schoolteacher with considerable intellectual pretensions who

thought of her husband as a "sex machine" and an animal who was not up to her intellectual level. She told the group how her husband had become *impotent and repeatedly tried cunnilingus*, much to her disgust. She said that she kept telling him "you're no man."

The group helped Philip to see, at subsequent sessions, how he had projected his wife's vagina onto his trumpet. By the time his wife asked for a divorce, Philip could no longer even get his lips on the trumpet's mouthpiece. Shortly after his wife's visit to the group, he reported a dream in which he was sitting on the toilet bowl and frantically calling his wife for help, which she was refusing to give. The following week he had a dream in which he was twelve years old and his mother was beating him for not practicing on the trumpet. His lips began quivering and he bit the mouthpiece in defiance of her. These two dreams which the group helped Philip to understand, made visible his dependency needs, his regression, and the coercion associated in his mind with playing the trumpet, as well as helping to clarify the interrelationships among his wife, his mother, and the trumpet.

In spite of these insights, working through his problem was difficult and he could only bring himself to play again very gradually. He brought his trumpet to the group sessions and derived a great deal from being able to play in the group. He had to retrace all of the steps through which he had gone in playing the trumpet, first playing scales, then marches, and finally standard pieces. Were it not for the group interest in his struggle and permitting him to play in the group, his progress would have been very questionable. After about a year he overcame his musical amnesia and was able once again to work as a musician, as he became more aware of music's meaning for him. Philip and his wife established a much healthier relationship generally coterminous with his reestablishing himself as a musician, after his wife joined another therapy group and began to achieve some insight herself.

There is much folk lore about the embouchure, or the lip and mouth muscles involved in playing a wind instrument. It is of interest that part of the folklore of modern jazz is the story of the famous trumpeter who prepares for a performance by engaging in extended cunnilingus. In some magical way he is presumed to be able to play the trumpet better as a result. Philip had not mentioned this story, which was referred to by other musician patients, but symbolically he responded as if he knew the story, and he may have heard it at one time and repressed it. Of all jazz instruments, the trumpet is generally regarded as the most aggressive, and it is certainly the loudest as well as the most physically taxing for the performer.

DISCUSSION

In each of these cases, the introduction of some form of music into the therapy group advanced the progress of the group. In every case the music was introduced when it appeared to be an organic outgrowth of the group situation. There was some discussion by the therapist of the music to be introduced and an indication of what it would be. There was some group resistance to the music in each case, but this was not unexpected. Music is seen by some patients as a kind of mysterious force of which they may be afraid.

The specific kinds of music used varied with the situation and the group's therapeutic progress. There is a differential sensitivity to dimensions of music like rhythm, tonality, theme and dissonance. The more disturbed the patients, the more likely are they to respond to these elements of the music. Jazz music was not found to be productive, because the themes of suffering (the "blues") and sex of most modern jazz represent areas that patients have little difficulty in verbalizing.

The patients in the groups reported on were largely composed of borderline cases, or ambulatory schizophrenics, who were being seen in a private practice situation. It is possible that less disturbed patients in other treatment settings might respond differently. Work is currently under way on the use of music in a variety of other treatment contexts.

Relatively contemporary composers like Mahler and Stravinsky, who use a sophisticated awareness of the psychological components inherent in music, are actually composing music in terms of their expectations of specific audience perceptions. This may lead to more precise employment of music in group psychotherapy as more composers verbalize the themes of their music. The profundity of therapy groups' reaction to music underlines the importance of employing this potentially valuable tool with maximum advance planning and care.

BIBLIOGRAPHY

- ALTSCHULER, I. (1940), One Year's Experience with Group Psychotherapy. *Ment. Hyg.*, **24**, 190-196.
- ALTSCHULER, I. (1945), The Organism-as-a-Whole and Music Therapy, Group Psychotherapy, A Symposium, Beacon House, Inc., 227.
- ANTRIM, D. K. (1944), Music Therapy. *Musical Quart.*, **30**, 409-420.
- BOERNSTEIN, W. (1936), On the Functional Relations of the Sense Organs to One Another. *J. Gen. Psych.*, **15**, 117-131.
- BRANHAM, EYA FETCHIN, (1960), Sound and Movement in Psychotherapy, Progress in Psychotherapy, Grune & Stratton, Inc., **V**, 112-115.

- CAPURSO, A., et al. (1952), *Music and Your Emotions*. New York: Liveright.
- CORIAT, I. H. (1945), Some Aspects of a Psychoanalytic Interpretation of Music, *Psycho. Rev.*, **32**, 408-418.
- DISEREUS, C. M. AND FINE, H. (1939), *A Psychology of Music*. Cincinnati, College of Music.
- HINDEMITH, P. (1951), *A Composer's World*. Cambridge: Harvard University Press.
- McKAY, LEILA A., 1ST LT., AC (1945), Music as a Group Therapeutic Agent in the *Treatment of Convalescents*, *Group Psychotherapy*, A Symposium, Beacon House, Inc., 233.
- MORENO, J. L. (1931), The Impromptu Orchestra, *Impromptu Magazine*, **2**, 7-9. See also the chapter on Psychomusic, *Psychodrama Volume I*, pp. 277-314, Beacon House Inc.
- MORENO, J. L. (1939), Creativity and the Cultural Conserves, *Sociometry* **2**, 1-36.
- PFEIFER, S. (1922), Problems of the Psychology of Music in the Light of Psychoanalysis, *Int'l J. Psych.*, **3**, 272-273.
- SCHOEN, M. (1940), *The Psychology of Music*. New York: Ronald, pp. 89-110.