

# Perspectives on singing and performance in music therapy

**Laurel Young<sup>1</sup> and Jennifer J. Nicol<sup>2</sup>**

<sup>1</sup> Department of Creative Arts Therapies, Concordia University, Canada

<sup>2</sup> Department of Educational Psychology and Special Education,  
University of Saskatchewan, Canada

This article provides an overview of the potential efficacy of vocal performance as an intervention in music therapy within the context of vocal performance and associated health benefits. The authors advocate increased collaboration between music therapists and other professionals in order to develop, implement, and evaluate carefully designed performance-based singing and wellness initiatives in various contexts. Indications and contraindications for the use of performance-based singing interventions are provided. Implications for research, practice, and society are presented.

*Keywords:* community music therapy; singing; performance-based therapy; health and wellness

“Music therapy is the skillful use of music and musical elements by an accredited music therapist to promote, maintain, and restore mental, physical, emotional, and spiritual health” (Canadian Association for Music Therapy [CAMT] 1994). Currently, the CAMT has about 310 accredited members, and there are six university-based music therapy training programs in Canada. Music therapists provide services in a variety of healthcare, educational, and private practice settings, working with people of all ages and abilities. As a body of knowledge and practice, music therapy is a transdisciplinary hybrid of two main fields, music and therapy; as a treatment modality, it is diverse in application, goal, method, and theoretical orientation (Bruscia 1998). The scope of practice among music therapists can vary widely and is often shaped by the context and culture in which the music therapy occurs.

Performance involves a public display of skill. Although music therapy typically occurs in private settings where groups or individuals engage in mu-

sic experiences associated with various musical and non-musical therapeutic goals, the current authors believe that music therapists also have a role to play in broader clinical and non-clinical contexts, including those that use music performance for health promotion and wellness. [Note. The term “health” is being viewed from a holistic biopsychosocial perspective that encompasses body, mind, spirit, society, culture, and environment, and proposes that these elements interact in complex ways which as a whole affect individuals’ overall state of health and wellbeing; Engel 1977, Bruscia 1998.] A growing area of practice, Community Music Therapy (CoMT, Pavlicevic and Ansdell 2004), supports this perspective and the responsibility of music therapists “to help clients access a variety of musical situations, and to accompany them as they move between ‘therapy’ and wider social contexts of musicing” (Ansdell 2002, p.10). [Note. “To music is to take part, in any capacity, in a musical performance, whether by performing, by listening, by rehearsing or practicing, or by providing material for performance (what is called composing), or by dancing”; Small 1998, p.9.] Music therapists have much to offer in performance settings that involve vulnerable persons or special interest groups. In these situations, music therapists can design music experiences accessible to participants of varying abilities (musical and otherwise) and help them manage the potential psychological ramifications of performance (Jampel 2011).

There is a growing literature on the health benefits of singing. [Note. As it is beyond the scope of this paper to review all of the research in this area, the authors recommend that readers consult recent systematic reviews by Clift *et al.* (2010) and Gick (in press) for more information.] Chorale rehearsal and/or performance have been linked with dimensions of benefit such as increased wellbeing and relaxation, social benefits, improved breathing and posture, spiritual benefits, emotional benefits, and benefits for the heart and the immune system (Clift and Hancox 2001). Different types of choir groups have been studied, such as seniors (Hillman 2002), men who are homeless (Bailey and Davidson 2003), offenders with mental illnesses (Reed 2002), and female prisoners (Siber 2005) as well as music therapy based individual and group therapeutic vocal performances (Aigen 2004, Ansdell 2005, Jackson 1995, Snow *et al.* 2008, Turry 2005).

This article’s main aims are to increase awareness about the health benefits of vocal performance and to promote increased collaboration between music therapists and other professionals in order to develop, implement, and evaluate carefully designed performance-based singing and wellness initiatives in various settings.

## MAIN CONTRIBUTION

Although inherent benefits occur in performance-based singing initiatives, facilitating these experiences for vulnerable persons requires knowledge, thought, skill, and care (Young 2009). Singing is a personal form of self-expression that evokes strong feelings (Pavlaou 2009). In groups, it is challenging to meet individual singers' needs, work with the limitations of any illness or disability, while also strengthening group identity (Jampel 2011). It is also a skill to evaluate and recognize someone's readiness to perform (Turry 2005). The following indications and contraindications provide initial guidelines for the responsible use of performance-based vocal interventions in music therapy.

### **Indications and contraindications for the use of performance-based singing interventions in music therapy**

Based on the literature and the authors' experience, performance-based vocal interventions may be *indicated* when:

- Vocal performance is a genuine client interest (O'Grady 2008), and the client is open to collaborating with the therapist (and other group members, if applicable) in order to establish parameters of performance.
- Vocal performance is directly linked to pre-established or emerging therapy goals and will presumably benefit the client(s) in some way.
- A vocal performance could serve as a pivotal healing or reconstructive experience for a client who needs acceptance from others or for a client who has had negative past performance experiences.
- The client displays an inherent ability and passion for vocal performance and potential therapeutic contraindications can be rectified.

Based on the literature and the authors' experience, performance-based vocal interventions may be *contraindicated* when:

- A desire for an aesthetically pleasing or "perfect" musical product (by the client or therapist) obscures client clinical goals (Turry 1998).
- The client is not realistic about his/her vocal potential and/or performance aspirations.
- Even in consultation with the therapist, the client is unable to choose repertoire to his/her own satisfaction or unable to choose music that is appropriate for him/her, perhaps indicative of a broader problem with life regulation (Jampel 2011).

- The client does not have the emotional capacity to cope with a bad performance or negative feedback (real or perceived).
- The venue or forum within which the client wants to perform is not appropriate (i.e. the performance will not satisfy or “fit” the expectations of the audience; Jampel 2011).
- The client is unable to manage negative “internal [critics] voices” (Jampel 2011).
- A client is unable to connect (musically or interpersonally) with other members of a performing music therapy group.
- The client obtains no satisfaction from performance experiences (Jampel 2011).
- The client suffers from an anxiety disorder that inhibits the potential benefits of vocal performance.

### IMPLICATIONS

Implications exist for research, music therapy, and interprofessional practice for community and society. Well-designed, collaborative research projects that utilize multiple research methods (i.e. experimental trials, mixed methods, qualitative paradigms) are required. Various aspects of performance need to be more clearly defined such as performance versus rehearsal contexts, public versus private performance, and presentational versus participatory performance activities (Powers 2010). Last, the creation of a database of relevant case studies and descriptions of “singing and wellness” projects would help organize current knowledge and also help to identify specific areas where research is needed. In music therapy practice, performance-based therapy interventions need to be “legitimized” and included on the continuum of standard music therapy practices so there can be better documentation and the development of relevant ethical guidelines. Increasing interprofessional collaborations between music therapists, music educators, chorale conductors, performers, healthcare workers, and other relevant professionals will help develop and establish high quality performance-based and non-performance-based singing and wellness initiatives.

Addressing these implications for research and practice could lead to the development and implementation of sustainable, high-quality singing and wellness initiatives in various contexts and communities. It may even create new kinds of communities, increase participation in singing activities, and broaden public perspectives on the roles of vocal performance in promoting health and wellness.

### Address for correspondence

Laurel Young, Department of Creative Arts Therapies, Faculty of Fine Arts, Concordia University, 1395 René Lévesque Boulevard West, VA 238, Montreal, Quebec H3H 2T4, Canada; *Email*: laurel.young@concordia.ca

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