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Providing the Opportunity to Access Playfulness in Music Therapy with Adults in a Partial Hospital Program: The Implementation of a Method

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Providing the Opportunity to Access Playfulness in Music Therapy with Adults in a Partial

Hospital Program: The Implementation of a Method

Capstone Thesis

Lesley University

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Music Therapy

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Abstract

This thesis explores playfulness in the therapeutic relationship and in music therapy with adults in a partial hospital program. Playfulness is shown to be an effective tool in mental health treatment, aiding in the development of coping skills (Magnuson & Barnett, 2013). A method was applied in order to establish to what extent that playfulness is present and able to be accessed. Five music therapy groups took place with adults age eighteen and older in a partial hospital program that was being conducted in a hybrid (both virtual and in-person) format. Clinical observations concluded that playfulness can be accessed in music therapy for adults in acute mental health treatment, and may have an impact on the therapeutic relationship. Further research into how accessible playfulness is in this population, specifically in the context of music therapy, is suggested.

Providing the Opportunity to Access Playfulness in Music Therapy with Adults in a Partial

Hospital Program: The Implementation of a Method

Introduction

The importance and benefit of playfulness not only in the therapeutic space, but within

the therapeutic relationship itself, has been witnessed first-hand by this writer. One setting in

which this took place was in a field placement: a day program for adults with developmental

disabilities in which playfulness added an element of liveliness to the music therapy experience.

Music therapists and music therapy interns often used humor in a playful way during sessions,

making jokes when a chord was played incorrectly or changing the lyrics of a song in a way that

would elicit laughter from the clients. Playfulness became an essential part of the relationship

between facilitator and client, and a staple of the music therapy groups at the program. Looking

back on that experience, it was the clients who first introduced humor and playfulness into the

therapeutic relationship. The facilitators were meeting them where they were at, or attuning to

their playfulness, rather than cultivating it. This element of playfulness is something that any

therapeutic relationship has the capacity for, though there are many factors that can inhibit its

emergence. When resistance occurs, it may become a matter of allowing or creating the space for

it to emerge.

There have been multiple populations that this writer has worked with in which

playfulness has not emerged with such ease as described above, the current one being a partial

hospital program for adults. While working at this placement, it has become clear that these

clients' comfortability with being playful is much less than expected. They are often resistant to

activities and directives that are employed with the hope of inciting playfulness. At such a high

level of care, it seems that there is an expectation of what therapy and treatment will look like,

which often involves traditional talk therapy. Clients seem to want answers on how and when they will be able to start feeling better, answers that there is no clear-cut path to finding. These are the instances where they need playfulness the most, where it must be given the opportunity to arise in a client that it may otherwise never. In such a case, the resources to access playfulness must be present in order to do so.

This thesis will explore resistance to play, and the extent to which playfulness is present and plays a role in music therapy with adults in mental health treatment. Playfulness has been shown to benefit the course of mental health treatment (Magnuson & Barnett, 2013) and the method employed here will allow the participants the opportunity to access and explore a side of themselves that could aid in their treatment. The results of this thesis are expected to highlight the extent to which adults in mental health treatment are willing and able to experience playfulness in a way that has a positive effect on their treatment.

Literature Review

Understanding Playfulness

The concept of understanding, rather than defining, will drive the idea of playfulness throughout this thesis. Merriam-Webster does not provide a definition of the word "playfulness" other than the fact that it is the noun version of "playful" which it defines as "full of play". "Play" is defined as "to engage in sport or recreation" or "the conduct, course, or action of a game" (Merriam-Webster, n.d). Due to the arbitrary nature of these definitions, it is important to look at the word in a context that is more specific to what will be explored in this thesis such as adults and music therapy or even therapy in general.

Until recently, there was a focus on children (and their upbringing) in most of the research surrounding playfulness (Proyer & Tandler, 2020), which suggests that the study and

scope of play is based on developmental psychology. Focusing only on children, Landreth (2012) states:

> The universal importance of play to the natural development and wholeness of children has been underscored by the UN proclamation of play as a universal and inalienable right of childhood. Play is the singular central activity of childhood, occurring at all times and in all places. Children do not need to be taught how to play, nor must they be made to play. (p. 7)

Landreth's words highlight how play is viewed as an experience most perfectly exemplified by children. Also, how important play is in the developmental stages of a child's life. This idea leaves the reader with a sense that these statements are not true when it comes to adults. In contrast to this, through a review of play studies, Henricks (2020) suggests that:

> As a behavior, play expresses itself in many forms; it includes objects of innumerable variety. No setting for human activity escapes its reach…Adults also play in ways that range from the most basic kinds of dabbling and jostling to the heights of literary, artistic, and scientific creation. (p. 117)

After looking at both of these author's writing, it becomes clearer why defining the concept of play in a sentence or two is not the simplest task. A study on the nature of playfulness in young adults led to this definition: "the predisposition to frame (or reframe) a situation in such a way as to provide oneself (and possibly others) with amusement, humor, and/or entertainment" (Barnett, 2007, p. 955). Barnett's definition suggests that engaging in playfulness requires one to possess the capacity to frame or reframe, that it may be a skill in and of itself. His study also identified the most common descriptors of those most likely to exhibit playful behavior, which included

"funny, humorous, spontaneous, unpredictable, sociable, happy" and more (Barnett, 2007, p. 957).

Proyer et al. (2020) conducted numerous studies and literature reviews that led to the following four facets of playfulness, called the other-directed, lighthearted, intellectual, whimsical (OLIW) model:

1. Other-directed (i.e., enjoyment of playing with others, using one's playfulness to make social relations more interesting);

2. Lighthearted (i.e., seeing life as a game and not worrying too much about future consequences of one's own behavior, liking to improvise);

3. Intellectual (i.e., cognitive components such as liking to play with ideas and thoughts, liking to think about and solve problems and preferring complexity over simplicity); and

4. Whimsical playfulness (i.e., being able to find something amusing in grotesque and strange situations, having the reputation of liking odd and/or unusual things, persons, or activities). (p. 624)

A limitation of the studies was that all of the data was collected through self-report, but the sample sizes were quite large for this type of data-collection. Initial evidence shows reliability and validity for the OLIW model, which was an outcome of comparing results from a collection of different studies, and can be used for future research on playfulness in adults with mental illness (Proyer et al., 2020).

It has been shown that adults with specific mental health disorders, such as anxiety or obsessive-compulsive disorder, are less playful (Versluys, 2017). Symptoms of these disorders, as detailed in the DSM-V, include but are not limited to: excessive distress, worry, fatigue,

irritability, difficulty concentrating, intrusive thoughts, and compulsions (American Psychiatric Association, 2013). Along the same lines, symptoms of depression include: depressed mood, hopelessness, loss of interest or pleasure in activities, fatigue, insomnia, and loss of concentration (American Psychiatric Association, 2013). The manifestations of different mental health disorders just listed might interfere with the facets of playfulness shown above. For example, all four facets contain "liking" or finding enjoyment in something (Proyer et al., 2020), therefore symptoms such as irritability or loss of pleasure in activities would make that enjoyment difficult to access. Research suggests that when provided with the resources to access playfulness it can serve an adaptive function, providing adults such as those with the disorders mentioned above with cognitive resources from which they can develop effective coping behaviors in the face of stress or crisis (Magnuson & Barnett, 2013).

While introducing play therapy, Kottman (2010) references Thompson and Henderson to present the benefits of play therapy with children:

> (a) Establishing rapport with children; (b) helping counselors understand chilrren and their interactions and relationships; (c) helping children reveal feelings that they have not been able to verbalize; (d) constructively acting out feelings of anxiety, tension, or hostility; (e) teaching socialization skills; and (f) providing an environment in which children can test limits, gain insight about their own behavior and motivation, explore alternatives, and learn about consequences. (p. 4)

Replace the word "children" in this excerpt with "clients", and the same can be said for those of any age that may not be able to or may not want to explicitly verbalize their lived experience.

Humor

As seen in Barnett's definition of adult playfulness presented above, humor plays a large part in the process. In regard to humor, it is met with much more hesitation and questioning from the field of behavioral health when it comes to utilizing it as a tool within the therapeutic relationship (Franzini, 2001). If one were to consider their own sense of humor compared to that of those around them, they might find that there are many discrepancies. This is to say that what one person finds funny or humorous, or even lighthearted, another might find offensive or inappropriate; humor is subjective (Amir, 2005). Studies suggest that if humor is used carefully and correctly, it can build rapport and increase trust between the therapist and the client within the therapeutic relationship (Dziegielewski et al., 2003).

Relationality

Of the above-mentioned facets of playfulness in the OLIW model (Other-directed, Lighthearted, Intellectual, and Whimsical), the first one highlights an important trait that music therapy and playfulness have in common: relationality. "Other-directed (i.e., enjoyment of playing with others, using one's playfulness to make social relations more interesting)" (Proyer, et al., 2020, p. 624). Playfulness has the potential to be a way in which people relate to one another and form connections. Relational-cultural theory (RCT) states that "people grow through and toward relationship throughout the life span" (Comstock et al., 2008, p. 280). RCT is a theory that stems from feminist psychology, which holds a strong focus on social structures. These social structures, as well the process of setting boundaries within them, are explored through interaction with others (Jordan, 2017). Play is just one example of those interactions in which that can be done.

Music therapy is "the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program" (American Music Therapy Association, 2021). While there are many parts to this definition that can be explored and focused on, one key word that is important to note for the purpose of this thesis is "relationship". In Bruscia's book *Defining Music Therapy* (in which he concludes that there is not one definition), he details how unique music therapy is in this sense. Not only does a relationship exist between the client and therapist, but each of them has a relationship with the music as well. A triangle can be constructed with these three parts of the relationship (client, therapist, and music) at each point (Bruscia, 2014).

The relationships within music therapy become even more multi-faceted when it is looked at in a group context, when there is not only one client present but many clients interacting with each other, the therapist, and the music simultaneously. Pavlicevic proposed that:

> Musicking, with its irresistible personal and social associations, and its direct capacity to 'ignite' our sensibilities, provides each person in the group with the opportunity to experience a primitive, tribal and utterly human feeling of 'being a group' – possibly for the first time in their lives. (p. 104)

With this statement, Pavlicevic is highlighting how music therapy in a group context can create a space that may not be found in other areas of the group member's lives. The idea of musicking, rather than simply participating in music or music therapy, stresses the fact that it is an active process.

Independence

When discussing the idea of relationality, the concept of independence must also be included. The field of psychology was for so long focused on the "separate self" (Jordan, 2017, p. 228), which valued independence and autonomy as being a marker of mental health. Nilsen (2021) conducted a study in the UK on views and opinions of adulthood, focusing on the ideas of independence and relationality. Independence, especially financial independence in North American culture, is central to the idea of adulthood while dependence is seen as a failure to reach one's potential or a burden on others. Therefore, one might think that the concept of relationality may also exist in contrast to independence, that it may also be viewed as negative. Through a series of interviews with different families, chosen on the basis of birth-year of the middle generation, Nilsen (2021) concluded that both independence and relationality are considered important aspects of adulthood, that independence is an implicit trait while relationality is more of an ideal to strive for.

In Levinovitz's research on accounts of play and games, it is shown that freedom is an essential part of the equation. Solving or winning a game may be the desired outcome, but the underlying purpose can actually be to shape and control the experience of the game itself (2017). This idea is in direct connection to Proyer, et al.'s (2020) third facet of playfulness, intellectual, as it encompasses a preference for complexity over simplicity for the purpose of exercising that agency. Therefore, while adults may be resistant or feel infantilized by play in some situations, they are in fact exercising their own sense of freedom and agency. These feelings of resistance or feeling as though one is being made to feel like a child, come from the belief that play is only for children. From his statement on play being the central activity of childhood, Landreth (2012) goes on to explain why adults stray from this structure:

In order to make children's play more acceptable, some adults have invented a meaning

for play by defining it as work. In their push to be successful and to hurry up the process

of growing up, many adults cannot tolerate "the waste of children's time by

playing"….In contrast to work, which is goal focused and directed toward more

accomplishment or completion of a task by accommodating the demands of the

immediate environment, play is intrinsically complete, does not depend on external

reward, and assimilates the world to match the child's concepts. (p. 8)

While play does not depend on external reward, Landreth goes on to explain that it does in fact

depend on one external factor: relationships. Play therapy "is one of those rare times, one of

those rare relationships in which the child directs herself, a time when the child determines how

time will be useful" (Landreth, 2012, p. 175). All of the individual goals and traits that play

therapy is working toward are important in the health and social development of each individual,

yet they do not exist outside of the context of relationships.

Improvisation Allowing for Playfulness

In a musical performance, improvisation refers to the artist or performer creating sounds

that are not pre-planned by the composer or songwriter, though the opportunity for improvisation

itself is usually built into the piece. Another time that it appears in the making of music is when a

group of musicians improvise an entire piece together, in which there are often a set of rules or

norms that musicians spend time learning and practicing.

In music therapy, improvisation is a method or a technique to be utilized in to reach

treatment goals. There are measurable and proven outcomes of different improvisational

interventions, yet improvisation is fluid and unpredictable. Wigram (2003) lends insight into this

phenomenon: "a balance between the cognitive and the creative, fusing together the resources of

structure and organization with flexibility and inspiration" (p. 35). This explanation of improvisation carries many parallels with the benefits of play outlined by Levinovitz (2017) mentioned above, such as that it provides a chance to explore freely within a context of structure.

Shoshenksy (2001) presents the thought that if both client and therapist are willing to be open to whatever may happen in their time together, each session can be an improvisation in its own way, no matter what the specific technique or intervention being use is considered. Henricks (2020) details the unpredictability of play: "on occasion, play moves in clear directions, but often it reverses course or becomes entirely unpredictable in its path and implications" (p. 117). Therefore, play and music therapy parallel each other in the way that they are both improvisational in nature.

A meta-analysis of 55 randomized control trials was conducted to determine the effects of music therapy on depression (Tang et al., 2020). Thirty-two studies using music therapy and fifteen studies using "music medicine", or music-based interventions not conducted by a board-certified music therapist, were included. Ten studies did not report this information but met the inclusion criterion. The meta-analysis concluded that music therapy is more effective at reducing depression than music medicine. It also showed specific music therapy interventions as being more effective, specifically as recreative music therapy and guided imagery (Tang et al., 2020). If the therapist can allow for space within these intervention for improvisation to take place, then the opportunity for playfulness will be present as well.

Amir (2005) looked at how musical humor can be used in improvisational music therapy. She used interviews and recordings of sessions that participating therapists thought involved humor. Due to the subjective nature of the data, the findings are not statistically significant but lay the groundwork for more formal studies to be done and provide insight into how humor and

playfulness can be utilized musically rather than just verbally. She concluded that humor can be very beneficial but must be used carefully in order to be effective and avoid causing resistance or damaging the therapeutic relationship. For example, if the client misinterprets the therapist's humor as making fun of the client or of something they have said or did, then any trust that has been built up in the therapeutic relationship may be lost and the client may close themselves off from the relationship altogether.

Perhaps the music therapy approach that is most well-known to be tied to improvisation is Nordoff-Robbins. This approach is solely meant for application with children, but many of the ideas and techniques can be transferred to other populations. Nordoff-Robins is an approach to music therapy that was born and developed out of the collecting of case studies in order to build upon and define the system of beliefs that the approach works through. Though this may seem very methodological and intellectual, the approach operates in a much more idealogical framework. Aigen (2005) recounts that Clive Robbins himself states:

> And behind us all, guiding and guarding us is the music itself, the art of music. Music, don't forget music. It's so easy with your thinking-this awful intellectual thinking we all have to go through because we're living in that kind of an age – to forget the art of music, the beauty it holds, the force it holds, the stimulation it holds. (p. 51)

Nordoff-Robbins approach, being purely improvisational, allows the client to move, sing, listen, and play as they need (Aigen, 2001). It allows for the client to participate in the creation and development of music in the way that is most comfortable to them.

Conclusion

The literature presented in this review only touches on the vast collection of resources about play, relationships, and music therapy. Play is simultaneously focused on the individual

and the relation to others, and music therapy is the same. As detailed above, all of these concepts are deeply complex and connected. Yet there is not a body of literature specifically dedicated to how playfulness plays a part in the different relationships that are present in music therapy. This thesis will build off of the literature at hand in order to create a starting point for more specific research to be done when it comes to playfulness in music therapy.

Method

Within the context of acute mental health treatment for adults, a method was developed to facilitate the opportunity for playfulness in group music therapy sessions in order to determine the overall capacity for playfulness in the setting and in the therapeutic relationship.

Setting

This group took place at a partial hospital program. The program is known as a "step-down" program, since clients are often coming to partial from a higher level of care such as a hospital or inpatient treatment. The program is being offered in a hybrid format, meaning the clients have the option of attending in-person up to a certain capacity. In the case of each implementation of this method, the delivery was completely virtual due to client preferences. The clients attend expressive therapy group every Monday through Friday at 1pm. This method was carried out over the course of five weeks, once a week, for a total of five sessions. This means that the clients were still taking place in expressive therapy, of multiple modalities, in between these sessions.

Telehealth Considerations

Telehealth is defined as "the remote delivery of health-related services through telecommunication technology to clients for diagnoses, treatment, and prevention of disease and injuries; as well as research and evaluation and continuing education for health care providers

(Harkey, Jung, Newton, & Patterson, (2020). Since the COVID-19 pandemic began in March 2020, many therapists have moved to a virtual delivery format for their services as regulations have loosened to allow for safety during these unprecedented times. The effectiveness of telehealth has been in question since the technology was developed (Harkey et al., 2020), and now it is being carried out by therapists across the country (with some state exceptions) with no training in the format. Special consideration must be taken when operating in a telehealth format, such as strict emergency protocols and access to technology (Dent et al., 2018).

For the purpose of this thesis, "telehealth" will refer to therapy being delivered through Zoom, a video-conference platform available on computers, tablets, and smartphones. Clients may not be familiar with the platform which can cause delays and frustration. For some, the virtual therapy experience may be a source of comfortability and allow for more freedom within sessions, while for others it may create a sense of disconnectedness or hesitancy. In a group format, both experiences will be present and will need to be held.

Participants

The group consisted of anywhere from three to twelve clients. The age range was adults ages eighteen and over. The youngest client that participated in these groups was eighteen and the oldest client was fifty-seven. The turnover rate of this program is very fast with intakes, admissions, and discharges taking place nearly every day. Therefore, there was always a chance that this method would be implemented during a client's first or last session of the program. This was always taken into consideration when planning groups. Each group that took place occurred with a different group of clients. Some individuals were present for more than one group, but none were present for all.

Procedure

The following sections detail the procedure that was followed for each group that was a part of this method.

Warmup

Each group began with a ten- to fifteen-minute warmup. The warmups varied, yet each had an element and goal of facilitating group cohesion with the hope that it would allow for more comfortability and risk-taking in play. They ranged from creating quick songs on various music-making platforms, to call-and-response using items that they found around their house as musical instruments.

Intervention

The main directive of each group was rooted in improvisation, though not necessarily the typical improvisation on a musical instrument or the voice that one might think of when hearing the word. The interventions utilized allowed for the kind of improvisation that Shoshensky (2001) describes as an openness to anything that might come in a session., whether that is musical in nature or not.

1) **Sound Play with Found Objects.**

For the first group, clients were asked to spend five minutes with their cameras off and look through their house for any object that they could use to makes noise. The following steps were explained ahead of time in order to ease any anxiety about what was going to happen next when given the initial instructions. When the group came back together, each person was instructed to keep their item out of view of the camera when they turned it back on. Clients then took turns making noise with the off-screen item while the rest of the group attempted to guess what the item was. Once the item was revealed, clients chose another group member to pass the

turn to until each individual had made their sound and the group attempted to guess what the

sound was.

2) Plink.

Clients were introduced to the website: plink.com. Plink is a virtual music experience that

allows for a private room to be created in which individuals can be invited with a unique link.

Once inside the room, individuals can experiment with different sounds, which are represented

by different colors and carried out by clicking and moving the mouse up and down across the

screen. The facilitator of the session shared their screen while walking through accessing the

website and modeling how to use it. Clients were invited to enter the room one by one, by their

own choice, and were given instructions on how to access the website with minimal feedback

through their microphones. Clients explored the musical experience, and those who did not enter

the website were able to see and listen through the shared screen.

3) Songwriting.

Clients were asked to identify themes that had emerged in their group sessions earlier in

the day. They were then informed that these themes would be the starting point of a group

songwriting process. Clients identified one theme that they wanted to focus on through a voting

system. Then song names were brainstormed, and once again voted on. Clients were then invited

to contribute sentences or phrases that they created, informed by the theme and title, and

discussed placement. Once enough lines were created to form a verse, clients were asked about

the music that would go along with their lyrics. Through trial and error, the clients voted on

musical suggestions presented by the facilitator. At the end of the session a song containing two

verses (or a verse and a chorus) was completed. With client's permission, the facilitator recorded

themselves singing and playing the song and emailed the recording to each client so that they could listen to it if they wish.

4) **Musical Pictionary.**

Pictionary was played on the whiteboard feature in Zoom using well-known songs that were pre-identified by the facilitator. The facilitator would assign a song to a client that volunteered, and that client would begin to draw while the rest of the group guessed what song they were drawing. Once the song had been correctly named, it was played and the entire group was invited to contribute to the drawing for the duration of the song. Every group member that wanted a turn to be the original drawer was able to do so.

5) **Songwriting.**

Clients were asked to journal on what had brought them to the partial hospitalization program, and where they want to go from here. Clients were instructed to underline the most important lines and circle the most important words in their journaling. They then presented these to the group as the facilitator took notes on the whiteboard feature of Zoom. Clients identified connections and themes between each other's words and phrases. Clients were then invited to contribute lines for the song, informed by the themes, and discussed placement. Once enough lines were created to form a verse, clients were asked about the music that would go along with their lyrics. Through trial and error, the clients chose musical suggestions presented by the facilitator. When finished, the facilitator recorded the song and distributed it to the clients. At the end of the session a song containing two verses (or a verse and a chorus) was completed. With client's permission, the facilitator recorded themselves singing and playing the song and emailed the recording to each client so that they could listen to it if they wish.

Closure

To close out each session, a brief discussion on the topic of playfulness took place. Clients were asked for their feedback on the session as a whole, how they perceive it allowed them to access a sense of play or playfulness, as well as how doing so can be beneficial for their progress in treatment. Clients were also asked to raise their hand if they felt more playful than they did at the beginning of the session in order to gauge the group trend.

Tracking

To aid in tracking the progress of this method, note-taking took place when appropriate during sessions. Notes focused on moments of interest, reflections from clients, and the number of hands raised for the above-mentioned self-report on change in playfulness level from clients. This writer engaged in general reflection on the sessions during documentation, in which each client is given an individual progress note. Throughout the course of this method, a journal was kept in order to capture reflections on each session as a whole which provided a necessary contrast to the individual nature of the clinical documentation. A total of six journal entries were made, of varying lengths. Five entries were made after each of the method sessions, and one after the instance where technological difficulties were experienced as detailed above.

From these journal entries, significant words were picked out and themes identified. These words and themes were used as a starting point for reflective songwriting. This writer engaged in writing lyrics and then experimenting with melodies and chord progressions, just as was done with the clients in the "songwriting" sections above. The song that emerged from this process was used as a container in which further reflection on the entire method process could be safely explored.

Ethical Considerations

When conducting therapy over telehealth, there are many ethical considerations to make note of. One is confidentiality; with all documents being delivered and signed virtually, there is opportunity for information to be leaked. Clients must sign a consent form acknowledging that they are agreeing to engage in telehealth services and therefore take on the risk that comes with that. In terms of confidentiality as well as privacy, another part of that risk is privacy in the space either the therapist or client is occupying. In the setting of this method, all facilitators are conducting sessions from an office on site at the program in order to reduce risk of distraction or confidentiality breach in their own home. Clients are informed that they must be in a private space, or wear headphones if that is not possible, in order to protect the privacy of other group members. This rule is reviewed with clients at the beginning of each day, yet is one that often has to be reiterated many times due to the fact that many clients have others in their home who are also working or studying from home.

Results

Due to technological difficulties that could not be foreseen, some scheduled sessions of the group had to be postponed and then completed at a later date. One such instance was when the Wi-Fi at the facilitator's location went down for a half hour. The musical Pictionary session that had been planned was unable to be carried out due to two necessary software programs: the whiteboard function on Zoom and Spotify. When unable to proceed with musical Pictionary, the facilitator joined the Zoom over the phone and gave an alternative directive (which was not a part of this method) while Pictionary was postponed to an later date. The clients were not yet aware of the planned intervention since the outage happened during the warmup portion of the

session, therefore there were no expectations going into the group or when it was later able to

take place.

As described in the closure section, clients were asked to raise their hand if they felt more

playful at the end of the group than they did at the beginning. The groups collective response was

recorded (see Table 1) in order to be able to compare the five different groups to one another. In

the counting of the hands that were raised, all group members that were present for any amount

of time during the group were included in the count, even the ones who left the group early.

Table 1.

Self-reported Increase in Playfulness

Group	Participants n	Hands Raised n	Hands Not Raised n	Signed Out n
1	10	4	6	0
2	12	2	9	1
3	12	4	8	0
4	8	7	0	1
5	3	2	1	0

Hesitation and Resistance

There were times throughout the implementation for this method that clients appeared to

be hesitant or resistant to the intervention that was being presented. Twice over the course of the

groups, clients actually signed off of the Zoom and did not return to the session. When a client

leaves the group unannounced, a team member must call them to make sure that they are safe

and that a wellness check does not need to be performed. Both times that this happened, during

Group 2 and Group 4, the clients responded that they were safe but they did not "see the point of

this activity" and asked "how is this relevant to my treatment?". In both instances, the clients did

not return to the group.

During Group 2, the majority of clients did not participate in the directive. The warmup

consisted of stretching, something done often in the program since it is a full six hours of

telehealth each day. Clients each presented a stretch to the group, which the rest of the group

participated in, and then passed it along to the next person. For the main directive, out of twelve

clients, only four followed the link that was provided to the Plink website and explored the

different sound effects that it could make. In order to not overload the platform, the group was

asked for volunteers to enter the Plink room one by one. How to do so had already been

demonstrated, and after the first person, the other three hesitated before volunteering. Much

prompting was given to the rest of the group to participate, and none were willing. Plink is

accessible on any device that supports Zoom. The four clients on Plink continued using the

platform to create different sounds together, while the remaining clients watched. None

responded when asked why they did not want to join, other than shrugging. The intervention was

cut shorter than planned due to this resistance to participate, and the rest of the session was spent

discussing. Three out of the four that participated were able to speak about their experience. One

client shared that they thought that Plink could be used as "a new way to connect with other

people during the pandemic". At the end of the session, two out of eleven clients raised their

hands when asked if they felt more playful than before the group started.

Playfulness

The fourth group that took place, the musical Pictionary, ended up being the group in

which the most playfulness was observed and reported out of them all. This was also the group in

which one of the clients left the group due to the directive, as described at the beginning of the

section above. Aside from that one client, the other seven clients present appeared engaged and all of them presented with laughter at some point throughout the session. Clients could be seen dancing in their chairs and singing along when each song was played in between turns. One client in particular sang along with many of the songs with her microphone on, and was met with encouraging words from other group members. When asked at the end of the session how it felt to participate in that group, clients' responses included "good", "fun", and "exciting". One client elaborated further with: "it felt good to focus on this and take our minds off of everything that we spent the rest of the day discussing". Every single client present at the end of the session, seven out of seven, raised their hand when asked if they felt more playful than they did before the group began.

Songwriting

An experience of playfulness was reported in both songwriting groups, in the second group much more prominently that in the first.

The first songwriting group, Group 3 of the method, was carried out with a group of 12 individuals ($N =12$). There were moments of disagreement between group members in regards to lyrics. These moments were talked through and resolved, some on their own and some with direction from the facilitator. There were many moments when the facilitator asked for thoughts or suggestions and received no response from any clients. The number of individuals was a larger group than the facilitator had experience facilitating the writing of a collective song with. There were also moments of laughter observed throughout the group. At the end of the session, four out of the twelve clients raised their hand representing that they felt more playful than when the group had started. The clients who raised their hands were the ones also seen laughing and actively engaging in the songwriting process.

In the second songwriting group, Group 5, there were many differences in the group dynamic. The second songwriting intervention was carried out with a small group of only three clients. All three of those clients fell into the "young adult" age range (ages 18-29). During this group, there was plenty of space and time for each client to adequately contribute their thoughts and ideas to the songwriting process. After stating that they "can't sing", two of the clients were able and willing to try singing a line of the song by themselves, in order to communicate how they wanted it to sound. There were multiple instances where humor was used by both the clients and the facilitator. Out of the three clients, two raised their hand that they felt more playful than when the group started.

Arts-based response.

This writer engaged in reflective songwriting, as mentioned in the "tracking" section, in order to further reflect on the songwriting that was done with the clients in Group 3 and Group 5. Though done individually, the same process was used as that was used in the method. One difference was that there was no time restraint for this reflection. It was completed over multiple weeks and in more than one sitting due to the fact that the reflection was based one two different sessions spaced a couple of weeks apart. The following lyrics are the end product of the reflection:

Expectations

More people, more ideas,

More opinions, more conflict.

Can connections be made in the midst of this?

Laughter without humor,

Smiling without play.

Less people, more space,

Less resistance, more relation.

What happened to all of the complication?

Connection and risk-taking,

Humor and play.

I'm hanging on, waiting for the moment

That everything falls into place.

It might not happen, but that's the point,

I'll have learned something either way.

One intervention, two different groups,

I can't expect them to be the same.

The difference though, I can feel it,

As if I am a part of their play.

These lyrics, especially the third verse which may be considered the chorus, represent not only the observations but also the countertransference that this writer felt when facilitating the two different groups. There was a feeling of anticipation, of wanting to be able to provide an appropriate space for play and wanting the clients to experience playfulness. The countertransference being felt was a product of this anticipation. Based on previous knowledge of the clients, this writer was expecting specific people to respond to the intervention in a certain

way. The second time implementing the songwriting intervention was full of expectations and worry that the results would be the same as the first time. The word connection is mentioned more than once in the reflective song, and is present due to the observation that more playfulness and humor were observed when this writer felt a stronger sense of connection with and between the clients. The first verse highlights this when it portrays that there were laughter and smiling happening during that group, but that the sense of connection was not present even with those factors.

Summary

Each of the five sessions in this method resulted in a different level of playfulness. There were no sessions in which every client reported feeling playful, and there were no sessions where no clients reported feeling playful. Even the two songwriting sessions that were extremely similar directives, elicited very different responses. This speaks to the fact that each individual participating in the groups will have experienced play differently throughout their lives, and has a different level of access to play currently.

<div align="center">

Discussion

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This thesis explored the presence and benefits of, as well as resistance to, playfulness in the mental health treatment of adults in a partial hospital program in the context of music therapy. The review of the literature found that playfulness has been shown to be an effective supplement in the treatment of different mental health issues (Magnuson & Barnett, 2013). The results from the interventions employed in this method support this research, some more so than others. Through observation and reflection, this writer concluded that playfulness, resistance, and connection were all present simultaneously within each group that took place. The extent to which this was so will be discussed in the following sections.

Games

Both Group 1 and Group 4 were introduced as games, specifically using the words "we are going to play a game". These two group had a significant number of hands raised compared to others (see Table 1). Clients were seemingly quicker to understand the directives that were introduced this way, and also participated with less hesitation at the very start of the interventions. A behavior that could be described as competitive was observed, though never in a negative or aggressive manner. The concept of a game is one that is very familiar in this society, much of our entertainment and pastimes consist of games or competitions such as sports. The rules and regulations of such activities provide a sense of containment for the participant, especially if they are familiar with the proceedings. As Levinovitz (2017) described, the underlying reasoning as to why people are so inclined to participate in such activities is that it may provide a sense of agency and freedom. When one plays a game, they are able to choose their actions, and often have an equal standing as any other participant (or a "level playing field") in a way that they might not be possible in other areas of their lives. At the same time, games provide a sense of containment

Playfulness in Warmups

In each group, a baseline level of play was observed during the warmup. It appeared that when clients appeared to be playful in the warmup of each session, they were more likely to easily access playfulness during the main directive. This occurred on both an individual level as well as collectively as a group. The warmup for each group was different, none were repeated, so the nature of the warmup itself may have played a part in the level of playfulness during the warmup. Each one was carefully chosen for the purpose of facilitating cohesion between group members in order to encourage comfortability within the group. That said, there also may have

been a level of playfulness present for clients when they entered the therapeutic space. In that

such case, then any client's preexisting access to play when they entered the group appeared to

have an effect on the group's ability to access play as a whole.

This observation of baseline playfulness informed how the facilitator presented the main

directive after the warmup. The extent to which this was consciously done is not measurable, but

through reflection it can be concluded that the presentation of the directive was impacted by the

level of connection within the group.

Limitations

A significant limitation of this method was the telehealth format. It was very difficult to

gauge a group's level of playfulness, or even participation, during a virtual session. One can

appear engaged and reactive to the rest of the group on screen, while in reality they are looking

at their cellphone for a portion of the session. This possibility (and often reality) made it very

important to establish rules surrounding phones and other distractions, and to uphold those

boundaries. Yet even with these parameters in place, it was difficult to enforce them since there

was no way to ensure that a client was not looking at their phone or doing something else off-

screen. A virtual delivery of therapy requires even more reliance on self-report from the clients.

The fact that sessions were being conducted over zoom limited the different types of

interventions that were accessible. There is a delay, or lag, in the sound on zoom so making

synchronous music was not an option. Much more playfulness may have arisen if live music-

making was possible. Telehealth also presents the unique situation in which if the client leaves

the room, there is no way follow them to debrief. In such an instance, they have signed out of the

meeting and may be many miles away. The only option to contact them is a phone call, which is

contingent upon them answering.

Another limitation of this method was the constraints of conducting a specific method during predetermined time frames. There were many instances during milieu time outside of the specific groups that were designated as part of the method, that playfulness and humor were observed in and among the clients. Moments like these were essential in the building of cohesion within the group, and when the facilitator was present and participating they also aided in the building of rapport and strengthening of the therapeutic relationship. A study revolving around milieu time in a setting such as a partial hospital program, or even any program that allows for time spent together in between sessions, would be very beneficial to explore the baseline playfulness of these clients. Observations that took place within this milieu context could then be compared to the data and results from formal research sessions. This would provide valuable information about when playfulness is most adequately offered and in what context it is being more readily accessed.

Conclusion

This thesis concludes that music therapy, under the lens of improvisation, may promote the emergence of playfulness in adults in acute mental health care settings, which in turn has the potential to positively affect the therapeutic relationship and the course of their treatment. The method at hand showed that playfulness is in fact present in music therapy in acute mental health setting with adults, but the extent to which it is was not able to be concluded. In order to establish a better understanding of the presence and benefit of playfulness in this population and setting, formal studies must be conducted. More insight, with a wider range of participants, is required to draw any stable conclusions. This writer hopes that this thesis will spark conversation and further inquiry into the topic of playfulness, not only in music therapy but in all scopes of practice in the mental health field.

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THESIS APPROVAL
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Student's Name: Carolynn Walker

Type of Project: Thesis

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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