

**PLASTICITY AND ELASTICITY:
QUALITIES OF THE MUSIC THERAPY ROOM**

**PLASTICIDADE E ELASTICIDADE:
QUALIDADES DO SETTING DE MUSICOTERAPIA**

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Abstract - This article presents two qualities of the music therapy room, exemplified by two clinical vignettes. The vignettes also demonstrate the creative cycles that occur through interventions involving technology with a specific group of eight young adults with autism spectrum disorder (ASD). In regular music therapy dynamics, therapists identify the group's needs and intervene musically in the here-and-now. The produced musical material, then, can be arranged outside the music therapy room with or without the presence of the clients. The arranged clinical composition or soundtrack is brought back to the group's process which responds to the intervention, in this way restarting the creative cycle. This therapeutic dynamic enabled me to experience the fact that the music therapy room can have two very powerful qualities: its plasticity (it can be transformed in something else, musically; a train station) and its elasticity (it can be stretched, meaning that an intervention can occur in an extra place as an extension of the music therapy room; a music studio). In saying that, I am also stating that the *musicicking* can be broader, more collaborative, and more social.

Keywords: plasticity, elasticity, music therapy room, technology, autism spectrum disorder.

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Resumo - Este artigo propõe a apresentação de duas qualidades da sala de musicoterapia: a plasticidade e a elasticidade. São exemplificadas através de duas vinhetas clínicas. Estas vinhetas também demonstram ciclos criativos que ocorrem através de intervenções que envolvem tecnologia com um grupo específico, composto por oito adultos com transtorno do espectro do autismo (TEA). Em dinâmica de musicoterapia, musicoterapeutas identificam necessidades e interesses do grupo e intervêm no aqui-e-agora das sessões. O material musical produzido, então, pode ser arranjado fora do espaço da terapia com ou sem a presença dos pacientes. A composição clínica arranjada, ou a trilha sonora, é trazida novamente para o grupo que responde a ela e continua a recriá-la. Esta dinâmica terapêutica permitiu o entendimento de que o *setting* de musicoterapia pode conter duas qualidades importantes: PLASTICIDADE (pode ser transformado de acordo com a necessidade clínica; musicalmente, em uma estação de trem, por exemplo) e ELASTICIDADE (pode ser ampliado, estendido, significando que a intervenção clínica pode ocorrer fora do espaço do consultório sendo uma extensão do *setting* terapêutico; por exemplo, no estúdio musical, em um palco de teatro etc.). Assim forma-se um ciclo clínico-criativo que envolve o dentro e o fora do *setting* de musicoterapia. Como conclusão, a ideia de que a experiência musicoterapêutica, realizada através do fazer criativo-musical, pode alcançar níveis mais abrangentes, colaborativos e sociais.

Palavras-Chave: Plasticidade, elasticidade, sala de musicoterapia, tecnologia, transtorno do espectro do autismo.



MUSICOTERAPIA

Introduction

In order to develop and explain the two proposed concepts of plasticity and elasticity of the music therapy room, I will utilize two very brief clinical vignettes, therapeutic situations that occurred in the process of a group comprising eight young adults, most of whom were diagnosed with autism spectrum disorder (ASD).

This group has been working together since 2001; therefore, members feel very comfortable, safe, and creatively spontaneous in the room.

Clinical vignette 1: Therapists working at the music studio (outside the music therapy room) on a clinical soundtrack that was created in the therapy session, then bringing it back to the therapeutic process.

As usual, at the beginning of one of the group's sessions, the cotherapist and I were observing and waiting for group members' creative and musical indications for us to intervene. One of the clients then proposed the creation of a train with which the entire group could travel around different regions of the country (Brazil). Other members liked the idea and immediately joined the creation. They named the train "Candomblé," which is an important African-Brazilian religion. The cotherapist and I intervened musically, with train and station sounds, using a guitar and a keyboard. After the end of the session, we shared a feeling that the intervention we had done had not offered enough support for the group's needs. Therefore, we decided to go to his music studio in order to keep working on the intervention, using technological resources, with the intention of bringing back to the group some ideas about their creation in the following session.

Brazil is an enormous country; thus, it has totally different cultures within. Each region has very specific habits, traditions, art, etc. Music varies

significantly from region to region. According to my therapeutic viewpoint, the created train movement itself was a metaphor, proposed by the clients, representing music being experienced by each of the group's members. The train stops, in different regions of the country, were a metaphor for possible musical contacts in different areas of each client's musicality.

At the studio, the cotherapist and I worked with two main goals in mind: focusing on the train station's sonorous environment and, researching and musically studying different Brazilian rhythmical patterns that had not yet been explored by the music therapy group process. I understood that through this intervention the group could have an opportunity to experience different musical patterns.

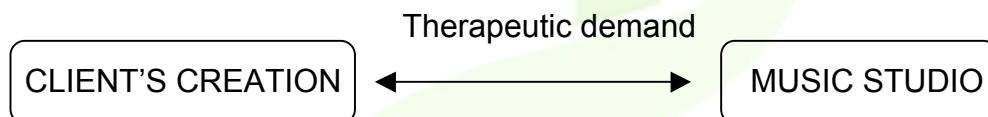
The cotherapist and I discussed creating the environmental sounds of a train station. In composing and arranging this soundtrack, through the use of a professional workstation called "Pro-tools" and timbres' generators called "Contact" and "Reason" we would provide the sonorous atmosphere of a train station in the music room. Finally, the sonorous train station was composed with the use of recordings of voices, announcing trains' departures and arrivals, people's footsteps, general noises representing a public space, and conversations in the background. Through this intervention, I believed the music therapy room could be transformed into a train station.

The second part of the studio work was to research Brazilian music from different regions. We started exploring styles such as the "Carimbó" (from Northern Brazil); the "Maracatu," "Embolada," and "Tambor de crioula" (from Northeastern Brazil); and the "Sertanejo pantaneiro" (from the center of the country). Even though we were all Brazilians, we were people from the south of the country. These styles would be a different experience for all of us.

With these two materials ready, the next step was to take them back to the group's process, stimulating the clients to respond with more creations.

Figure 1 illustrates the creative dynamic that was proposed for this specific therapeutic situation.

Figure 1: Therapeutic dynamic utilizing the music studio as an extension of the music therapy room.



The two-way arrow demonstrates the steps of the dynamic, which starts by listening to the clients' needs. If there is a therapeutic intention of creating different environments and timbres to better arrange the clinical feedback, the material is taken to the studio and brought back to the clients, stimulating new constructions.

Clinical vignette 1 is a therapeutic situation which requires an intervention using technology that involves six stages.

STAGE 1: therapeutic listening by the group (what does the group need?).

STAGE 2: musical-creative intervention in the here-and-now, during the session, with the available instruments in the music therapy room.

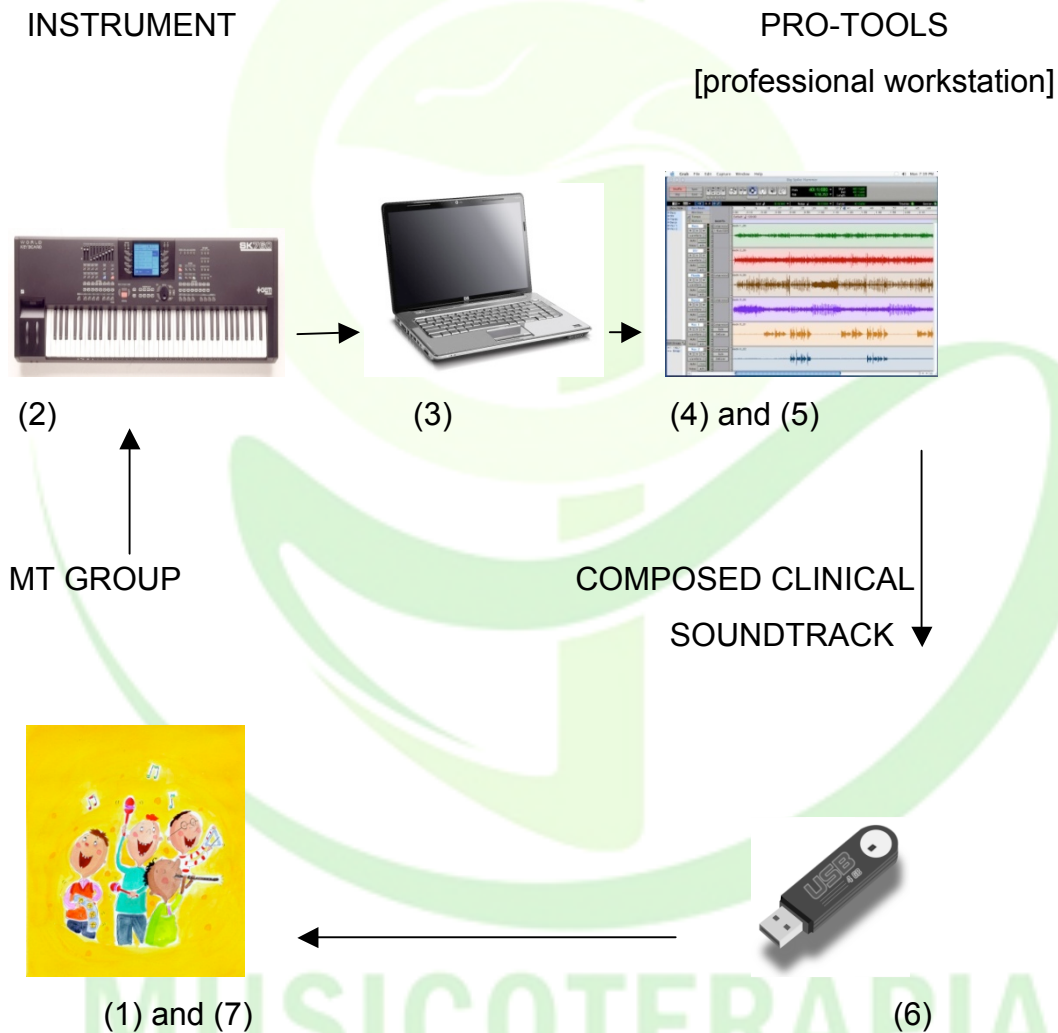
STAGE 3: if considered important by the therapists, recording of the external arrangement of the clinical-produced material by the cotherapist, through the use of a workstation called Pro-tools.

STAGE 4: consists of (a) finding adequate timbres using software programs such as Contact or Reason, (b) arranging the music production, and (c) mixing the material.

STAGE 5: recording the arranged clinical material into a flash drive or CD in order to take it back to the therapeutic process.

STAGE 6: presenting the arranged material back to the clients in session. They respond to it, and new creations can happen through this interaction. It becomes an ongoing process of shaping/recreating the previous composition until it matches the clients' needs.

Figure 2: Illustrates the six-stage dynamic involving technology that is used for the intervention (clinical soundtrack) and the creative cycle that occurs.



Clinical vignette 2: Clients go to the music studio (outside the music therapy room) to work on their therapeutic music creation with the therapists.

In another session with the same group, clients and therapists created a song that represented the entire train trip. In this case, instead of therapists working with the music produced in the session by themselves, clients were invited to join them at the studio and contribute to the arrangement. I contacted the parents and explained the intention of recording this creation with everybody singing at the studio. The parents agreed with the idea, and at the time of the regular session, they drove their sons and daughters to the music studio. In this situation, the music studio assumes another position: that of a new social space where clients and therapists are together working on their material. This dynamic stimulates mutual empowerment through the collaboration of each client and the therapists. Therapists and clients are engaged in shaping music material according to what the clients need.

Clinical vignette 2 differs from the first vignette since now clients are invited to go to the studio to record their material. The process involves seven stages.

STAGE 1: therapeutic listening from the group (what does the group need?).

STAGE 2: musical-creative intervention in the here-and-now, during the session.

STAGE 3: considered important by the therapists, recording of the external arrangement of the clinical-produced material, therapists ask permission from parents, who bring their sons/daughters to the studio at the regular session time.

STAGE 4: recording made, with the clients collaboration in the recording process.

STAGE 5: arranging recorded material with the use of Pro-tools and timbres generators; music then goes through the mixing stage.

STAGE 6: burning the arranged clinical material into a flash drive or CD in order to take it back to the therapeutic process.

STAGE 7: presenting the arranged material back to the clients in session. They respond to it, and new creations can happen through this interaction. It becomes an ongoing process of shaping/recreating the previous composition until it matches the clients' needs.

In both clinical vignettes, two qualities of the music therapy room emerge: plasticity and elasticity.

The qualities of plasticity and elasticity of the music therapy room

Ansdell (2002) says that community music therapy can be “closed-door work” where the client can feel more protection, or it can be conducted in an “open door” manner, having the safe aspect linked to the presence of the therapist. In my view, Ansdell is talking here about the potential of the music therapy room to be broad through a community music therapeutic perspective. My intention, through this paper, is to reinforce this belief and propose naming

and defining qualities that allow the music therapy room to become broader and more social. They are the qualities of plasticity and elasticity.

According to the Oxford Advanced Learner's dictionary (1989), plasticity is a noun and refers to the state or quality of being able to be shaped. Elasticity is a noun and means (a) the ability of an object or material to resume its normal shape after being stretched or compressed, and (b) the ability to change and adapt; adaptability.

Transferring these definitions to the music therapy room, plasticity refers to the potential the therapeutic room has to become something else, to be musically transformed (i.e., into a train station, circus, aquarium, beach) according to the clients' needs. Elasticity, on the other hand, has to do with the potential that the therapeutic room has to be stretched and expanded musically according to the clients' needs (i.e., conclusion of an intervention that firstly occurred in the music therapy room outside of it; music studio). Both qualities have to do with adaptation and the ability to be shaped, but they are different, and the clinical vignettes illustrate the difference.

The cotherapist and I made the studio and extension of the music therapy room when we decided to take the produced clinical material (vignette 1 – the environment of a train station) to the studio to search timbres and arrange it to take back to the clients, based on what we perceived as their demands. The musical intervention started in the music therapy room but was concluded in the studio. I will call elasticity this capability the music therapy room possesses to expand its potential. It is about stretching the music therapy room, metaphorically speaking. We stretched the format of the room, linking it to the studio, to construct the entire intervention. Vignette 2 also illustrates the music therapy room's quality of elasticity with the music studio as its extension in order for the intervention to be completed; however, in the second case, clients joined the therapists in the studio, collaborating with the music's arrangement.

Plasticity, on the other hand, has to do with the quality that the music therapy room possesses to become other possible subjective spaces through a sonorous and musical intervention and experience. It does not have to do with stretching the room but rather transforming it into something else according to the clients' needs. In clinical vignette 1, plasticity was illustrated by the symbolic transformation of the music therapy room into a train station through the composition of a clinical soundtrack (i.e., trains' sounds, voices announcing departures and arrivals, passengers' footsteps at the station, conversations in the background).

Final considerations

Naming the qualities that make the music therapy room able to expand helps the understanding that it can be broad, an idea that is consonant to significant aspects proposed by community music therapy (CoMT).

Community Music Therapy derives its assumptions from a social (or perhaps *ecological*) phenomenology of music - believing that Music Therapy must work in the ways in which music itself commonly works in individual and social life. The Community Music Therapist's practice follows where music's natural tendencies lead: both *inwards* in terms of its unique effects on individuals, but also *outwards* towards participation and connection in *communitas*.... Rather than focus directly on clients' problems, a Community Music Therapist aims to enlist musicking's ability to generate well-being and potential in individuals, relationships, milieus and communities (Ansdell, 2002).

I consider *musicking* to be the relationship between sounds and the people who make them, as suggested by Stige and Aaro (2012). So, can we also consider that *musicking* possesses this elastic quality as well? As illustrated in the clinical vignette 2, clients sometimes can go from the music therapy room to a music studio in order to record music that they have created in therapy. They take responsibility for the "treatment" of the music they have

created. Symbolically, they are taking responsibility for their treatment since they are invited to contribute to the shaping (arrangement) of their creation. They are invited to make their actions around music according to what they need from it therapeutically. In this case, therapists in the studio function as facilitators for this interaction to happen.

Through this paper, I am proposing the understanding that the music therapy room can be broader than its four walls since subjectivity and creativity can invite our clients to expand their worlds. The elasticity of having the music studio connected to what was happening in the music therapy room helped us to provide this experience to our clients, making our intervention broader. The plasticity of the music therapy room helped our clients experience a train station environment through the amazing ability of the room to adapt, becoming a train station. Our clients then, as illustrated in the vignettes, could make their symbolic departures and arrivals and could have their musicality experiencing new sensations, emotions, relationships, and feelings in the continuum of their therapeutic process.

The music therapy room has the quality to become, through the use of sounds and music, a train station, an aquarium, an amusement park, a circus, an infinity of other social spaces. And again, we are talking about music therapy processes that are participatory, relational and ecologically oriented, with more tools to help people to be socially included through their creativity and mutual collaboration.

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