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A secure and comfortable therapeutic atmosphere and its presence and significance in FMT

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Utbildningen i Funktionsinriktad Musikterapi (FMT)

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Abstract

It has been argued that a secure and comfortable atmosphere is essential in order for a therapeutic or learning environment to be beneficial (Bakken 1998). In Functionally Oriented Music Therapy (FMT) there are arguably certain elements that help create this kind of atmosphere. By looking at the nature of FMT, what these elements might be, and FMT with two different clients, this paper tries to obtain a clearer idea of what creates a secure and comfortable atmosphere in FMT.

Key words: Functionally Oriented Music Therapy, the FMT-Method, therapeutic atmosphere
# Contents

Abstract ........................................................................................................................................... 2

1 Introduction .................................................................................................................................. 4
  1.1 My background ....................................................................................................................... 4
  1.2 Aim and essay question ............................................................................................................ 5
  1.3 Outline .................................................................................................................................. 6

2 Background .................................................................................................................................. 7
  2.1 History of Music therapy ......................................................................................................... 7
  2.2 The FMT-method .................................................................................................................... 9
    2.2.1 History and development of FMT ...................................................................................... 9
    2.2.2 The Clients ....................................................................................................................... 10
    2.2.3 The Instruments ................................................................................................................ 11
    2.2.4 Specially composed Music ............................................................................................ 12
    2.2.5 The therapeutic room and atmosphere ........................................................................... 12
    2.2.6 The Therapist’s role ......................................................................................................... 13
    2.2.7 Nonverbal therapy .......................................................................................................... 13
    2.2.8 Points of Observation .................................................................................................... 14
    2.2.9 MUISC – MUsic In preperation for SChool ................................................................. 17

3 A secure and comfortable environment ....................................................................................... 18
  3.1 Factors .................................................................................................................................. 18
  3.2 Reasons/Benefits .................................................................................................................... 22

4 The case studies of two clients ...................................................................................................... 25
  4.1 Oscar .................................................................................................................................... 25
  4.2 Sara ..................................................................................................................................... 27
  4.3 Results working with Oscar and Sara .................................................................................... 29

5 Discussion .................................................................................................................................... 31

6 Conclusion .................................................................................................................................... 33

Bibliography .................................................................................................................................... 34
1 Introduction

Learn from trees, grow in peace
Piet Hein

1.1 My background

Music has always played an important part in my life, both as a medium I have enjoyed listening to and by singing or playing a musical instrument myself. Music has given me motivation in situations where this has been hard to find, and it has given me a sense of achievement when playing myself. Moreover, I really appreciate playing or singing with others and I enjoy the power that creating music has, in enabling me to forget everything else and just be one hundred percent present in what I do. The qualities I have experienced music to have in my life are some of the reasons why I think they are an asset when it comes to different therapeutic settings.

When I did a bachelors degree in Social Psychology/Sociology at the University of Bradford, England, I came upon an article about a Norwegian musician and comedian who, alongside two psychologists, used music in therapy with young refugees. Music, in this case, was used as a way of creating a safe, easy and comfortable atmosphere when it was too hard for the children to talk about memories from the past (Lorentzen 2004). I became fascinated and very interested in how music, could be combined with what I was studying at the time, and thus I decided to find out more about Music Therapy. I looked at different Universities and study programs before discovering Functionally Oriented Music Therapy on the Ingesund College of Music home page, and decided to apply. The role that music plays in FMT is not that of learning to play a musical instrument, but even so I believe it has the power to motivate and give the client a sense of achievement, as well as creating a
comfortable and joyful feeling of playing together that I so often have appreciated when playing myself. In fact, I also enjoy that feeling when playing with my clients.

1.2 Aim and essay question

Norwegian music teacher Sissel J. Bakken argues that in a secure and comfortable atmosphere people feel that they can be themselves without having to concentrate or focus on being good or behave in a certain way. It is an atmosphere where one can feel one is good enough, and be happy with that. Furthermore she says that a situation where one experiences a good atmosphere is a situation one will want to experience again, and will look forward to (Bakken 1998, p. 102). These factors, I believe, are beneficial in an FMT situation as well, and an interesting topic on which to study a bit further.

The aim of this paper is to go more into depth and become more familiar with the notion of Functionally Oriented Music Therapy (FMT), both for readers to obtain a better understanding of what FMT is, and in order for me to become a better FMT-therapist at the end of my studies. There are several elements and values that I feel FMT has in the process of helping individuals in terms of their development. After reflecting on some of the factors that I really appreciate in the FMT setting, I decided to go a bit further into what causes FMT to create a good atmosphere and a comfortable place to be, especially for the client, but also, to some extent, for the therapist. Hence, my essay question became as follows:

How does Functionally Oriented Music Therapy facilitate a secure and comfortable therapeutic atmosphere, and to what extent is it necessary?
1.3 Outline

In order to obtain a deeper understanding of how FMT came about, how it is carried out and what makes it unique, this paper includes a chapter on the history of music therapy, the development and nature of FMT. It also suggests what might create a good atmosphere in FMT in relation to two clients. Then there is a discussion followed by a conclusion at the end.

For 18 months I have worked with children with various disabilities at a special unit at a primary school. I have had between six and nine clients who I have seen once a week in FMT, which I have really enjoyed. I have had a small suitable room without too much furniture or disturbances, in which all the FMT sessions have been carried out. The teachers have all been very helpful, interested and understanding, and I am most grateful to them and to the children for helping me in my education.
2 Background

Some information about the development and nature of music therapy and FMT are outlined in order to obtain a clearer understanding of these notions.

2.1 History of Music Therapy

Music – art of arranging or making sounds, usually those of a musical instrument or voices so as to create a particular effect. (Encarta Concise Dictionary Student Edition, 2001)

Music – sounds usually produced by instruments or voices that are arranged or played in order to create a particular effect. (Encarta Concise Dictionary Student Edition, 2001)


To establish one common definition of music is arguably not an easy task, as it may comprise so many things. What music is and how it arouse might be impossible to fully answer correctly, but it seems that music has always played a part, in some form or another, in people’s existence. Throughout history there has been different emphasis on the importance of music, and the role it has played in people’s lives (McClelland 1991; Ruud 1980; Ruud 2001). In his book, Healing Forces of Music, Randall McClelland suggests that “the use of music for healing may have originated more than thirty thousand years ago” (McClelland 1991, p. 110), and Norwegian music therapist Even Ruud argues that it is possible to find evidence of beliefs in the therapeutic values of music as far back as there are written sources (Ruud 2001, p. 44). One example may be found in the Bible’s Old Testament where David plays his harp to relieve King Saul of his agony (The Holy Bible, Book of Samuel Ch. 16 verses 14–23).
As the knowledge, theories and beliefs about sickness and healing have varied and evolved through history, so too has the practices and theories with regards to the relationship between music and health (Ruud 1980; Ruud 2001). Both in different historical periods and in different cultures the ideas of the origins of illnesses might have varied according to Ruud, and thereby also the ways in which music has been seen to have an impact on the healing process (Ruud 2001, p. 44). In Ancient Greece, for instance, Apollo was seen as the god of both music and medicine, which arguably suggests a strong relationship between the two (Ruud 1980; McClellan 1991). Pythagoras emphasised the importance of a balance between equal and odd numbers to create a harmony between and within the physical and the mental world (McClellan 1991). Whether the idea of a universe composed of numbers may seem strange or not, Pythagoras’ theories are believed to be part of the foundation to western musical theory (McClellan 1991). Although their theories vary to a certain extent, other historical philosophers, such as Plato and Aristotle, seem to agree that the treatment of a person’s illness has to be carried out with relations to mind and body equally, and that music has values that might have healing effects in this treatment (Ruud 1980). According to Ruud, today’s theories and ideas about music therapy are indebted to these old philosophical thinkers, as the answers we seek today about the relationship between humans and music have already been discussed and thought about a long time ago (Ruud 1980).

An interesting turn in the views of music and health happened in the 19th- and 20th century when an awareness towards the body’s physiological reactions to music increased, as it was claimed that music vibrations could interfere with neurological vibrations that were sent to the brain (Ruud 1980).

The practices and ideas around music therapy as seen in several countries today, developed in the USA after the Second World War and throughout the 1950s (Ruud 1980). In 1959 a music therapy educations program was established in Vienna, and as ideas around music therapy spread around Europe in the 1960s and 1970s, new ideas and methods were introduced, as well as more research (Ruud 1980).
Today, AMTA (the American Music Therapy Association) defines music therapy as: “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 (the American Music Therapy Association 2012).

2.2 The FMT-method

In order to obtain the best possible understanding of what Functionally Oriented Therapy is, it is arguably a good idea to start with an introduction of the founder and how it came to be before going on to describe different aspects and the practice of the therapy.

2.2.1 History and development of FMT

FMT was founded in Uppsala, Sweden, by Lasse Hjelm in 1975–76 (Hjelm 2005). He was highly influenced by the Swiss biologist Jean Piaget, who argued that children usually follow a pattern of certain steps of development. They learn by responding to happenings in their surroundings (Piaget 1968), as well as in accordance with his own musical and social experience. Hjelm developed a method of Music Therapy based on a person’s natural development rather than practice and training (Hjelm 2005, p. 39). According to Piaget, this development, or learning process, occurs by the child’s own motivation, and works through the peripheral nervous system to help all areas of the child’s development, both intellectual and motor skills (Piaget 1968). Hjelm argued that to be a human is to experience, study and gain knowledge through actions (Hjelm 2005, p. 165).

Hjelm had experience as a piano player, and having to reach his audience from stage, he discovered the importance of playing *with* his audience rather than *to* them; a term that proved to be an important factor in his later thinking, when it came to the interaction he had with his clients (Hjelm 2005, p. 27). Both as a performing musician and in his therapeutic work he recognised, for instance, the importance of playing in a comfortable
tempo, in a key that people would be able to sing along to (whether they would sing out loud, or just to themselves), and the importance of being able to recognise the songs (Hjelm 2005, p. 28). Music became the tool in his therapeutic work, as he, arguably, acknowledged the kind of possibilities music had when it came to reaching people.

For six years Hjelm worked in a psychiatric hospital organising study groups in music (Hjelm 2005). He then went on to work as a music teacher for children with disabilities at Folke Bernadottehemmet in Uppsala, where his ideas, theories, experiences and practices became FMT. He believed that everyone has a will to interact with others, and by meeting a person on his or her level of development and terms, the person could develop through his or her own motivation (Hjelm 2005). Hence it became inevitable that he had to work individually in order to meet each client (Hjelm 2005).

As his work developed and he neared retirement, Hjelm decided to make way for new FMT therapists, and in 1987 the Institute of Music Therapy – the Centre of Functionally Oriented Music Therapy in Uppsala was created, as well as an education in FMT (Hjelm 2005, p. 179). Today, one may study to become an FMT therapist either at the Ingesund College of Music in Arvika, Sweden, or in Jacobstad and Helsinki, Finland (FMT – functionally oriented music therapy 2012). This education includes lectures on human development, human nervous system and the nature of different disabilities, as well as practical work and supervision (FMT – functionally oriented music therapy 2012; Hjelm 2005).

### 2.2.2 The clients

Functionally Oriented Music Therapy is carried out individually and is adapted to meet the needs of each client (FMT – functionally oriented music therapy 2012). Hence, any person regardless of age or ability might arguably benefit from FMT. During his career, Hjelm used FMT with clients who had a number of various difficulties or disabilities, and so too have other FMT therapists done since then (Hjelm 2005).
2.2.3 The instruments

There are a number of different instruments and other tools used in FMT. The main instruments used by the client are drums and cymbals. On being asked on a number of occasions why he used drums, Hjelm usually answered that if one placed a drum and a cymbal in a room full of people, they would always show some kind of interest, whether they would actually hit them, or make drum-playing gestures in the air, or simply make comments or ask about their presence in the room (Hjelm 2005, p. 129). Furthermore, drums are not dependent on what key a melody is played in, and thereby do not demand any previous musical experience or knowledge from the client (Hjelm 2005). They may also easily be adjusted to a preferable angle, position or height to suit each client individually (Hjelm 2005). The drumsticks are also adjusted to each individual client, as they come in several different shapes and sizes, and are used according to the client’s hand grasp (Hjelm 2005). Different kinds of drumsticks and even small balls with different textures and constructions may be used to give different kinds of sensory inputs and improve hand functions (Hjelm 2005, p. 199).

As well as the drums, different kinds of wind instruments are used to improve the client’s breathing, posture, and hand movement as the client uses both hands when receiving, playing and returning the instruments (Hjelm 2005). Among the wind instruments are eight recorders each with wholes covered to make out the eight different notes in a c-major scale. The client is given each flute according to what the therapist plays on the piano, which also enables the client to play without any previous knowledge of musical theory (Hjelm 2005).

In FMT, one of the most important factors, according to Hjelm, is the client’s chair (Hjelm 2005). It is arguably a good idea to have a stable sitting position as a basis from where to work on other areas of the client’s development, and therefore the therapist might sometimes use pillows, mats, blocks etc. in order to adjust the client’s sitting position. In some cases, an exercise ball might also be used to sit on, but only in cases where the client has a good enough balance to do so.
The therapist plays the piano, and the music played is especially composed melodies by Lasse Hjelm (Hjelm 2005).

2.2.4 Specially composed Music

In his earlier work, Hjelm acknowledged the advantages of using familiar songs in order to reach his audience from stage (Hjelm 2005). Then, when he worked with patients at the psychiatric hospital, he discovered the disadvantages that might arise when someone might have had negative feelings associated to a certain song, as was his experience when one of the patients suddenly started to cry uncontrollably (Hjelm 2005, p. 63). To be on the safe side and in a therapeutic environment especially, it might be a good idea to use melodies that no one has any previous associations to. Hjelm therefore composed his own melodies, combined them with different setups of instruments, and called them “codes” (Hjelm 2005, p. 64). Using these melodies also enables any FMT therapist to replace one another in case of illness for instance, and they make sure that FMT is carried out in the same way all over Sweden as well as internationally (Hjelm 2005).

2.2.5 The therapeutic room and atmosphere

Hjelm emphasised on the importance of always using the same room or the same space in FMT (Hjelm 2005, p. 128). Even the instruments have to be placed according to their set places before the therapy session starts, in order to create a safe and secure atmosphere (Hjelm 2005, p. 128). He argued that it was the client’s recognition of the familiar surroundings that created this atmosphere, which, in turn created the best possible foundation on which to build the therapy (Hjelm 2005, p. 128).

According to Hjelm, an FMT session is a playful therapeutic environment based on the client’s own motivation, and it involves the whole body, as well as giving sensory information to different parts of the body that will be processed in the brain that, in turn, is enabled to develop new ways and structures (Hjelm 2005).
2.2.6 The Therapist’s role

The therapist should be able to follow the client’s actions by playing Hjelm’s melodies on the piano, and at the same time pay full attention to the client. This is important both in the sense of seeing the client, and in order to observe and take notes of areas where the client might have difficulties, such as functions of left or right hand, stability, coordination of eyes and hands, perception, or solving logic structures (Hjelm 2005). The therapist then gives the pupil a specific setup of drums and cymbals or certain wind instruments to help him/her improve different areas of development (Hjelm 2005). The therapist is not to improvise on the piano in an FMT situation, but has to be open and alert in order to pick the right setup of instruments and melodies at the right moment, and adapt to the pupil’s needs and actions (Hjelm 2005, p. 125).

The pupil should have room to be creative and spontaneous, and it is the therapist’s responsibility to give that space, and then to confirm the pupil’s actions, which according to Hjelm, requires intuition, empathy and understanding on the therapist’s part (Hjelm 2005, p. 126).

2.2.7 Nonverbal

Lasse Hjelm claims that in every human being there is a will to communicate (Hjelm 2005, p. 39). Interestingly, his Functionally Oriented Music Therapy is completely without any form of verbal communication, which means no instructions, verbal praise or comments from the therapist (Hjelm 2005, p. 11). Instead it gives way for the client to think and act according to his or her own motivation and skill (Hjelm 2005). Music then becomes the main source of communication, as it inspires, motivates, confirms and welcomes the client’s spontaneous reactions (Hjelm 2005, p. 12). According to Hjelm, these reactions, or movements, give direct signals to the brain and helps improve the client’s perception, breathing and control of his/her body (Hjelm 2005, p. 12). In his book (directly translated into English), Hjelm wrote that “A person’s brain cannot be organised by using words”, and neither can the person him/herself (Hjelm 2005, p. 12).
To show an example of how non-verbal communication might work, Lasse Hjelm has shared the story of Annika, a girl with Cerebral Palsy, who sat in a wheelchair and did not talk. In their first therapy session, she was placed in front of a drum marked with a red spot in the middle. Hjelm sat quietly by the piano for a while before playing an intro consisting of three tones. Then he waited, and Annika answered him with some spastic arm movements before letting her arms fall down on the drum. Hjelm acknowledged her by playing a chord on the piano at the exact same moment, and then ‘asked’ her a new ‘question’ by playing a new intro, and so on (Hjelm 2005, p. 41).

One could argue whether not using words as a source of communication helps enforce the idea in FMT, that it is a person’s own motivation that enables development rather than instructions or demands from others.

2.2.8 Points of Observation

Lasse Hjelm outlined certain factors in FMT that he viewed as important in order for the therapy to be carried out successfully, as well as help the therapist in his or her work with each client (Hjelm 2005). A number of these points of observation are mentioned below:

**Collaboration** between the therapist and the client is usually what the therapist will try to establish first of all. By playing together and communicating without the use of words, the foundations for a good FMT-atmosphere is arguably set, which will be valuable when it comes to the other aspects of the therapy. Collaboration in FMT might be seen and experienced by both client and therapist as they answer each other by the means of playing on the instruments. As the therapist plays a note or an intro on the piano, for instance, the client might answer by hitting a drum or a cymbal, or blowing a tone on a flute.

**Stability**, balance and a sense of control over one’s body, Hjelm claimed, is essential and fundamental in order for other areas to be able to develop in FMT (Hjelm 2005, p. 204). According to Hjelm, the client’s stability might be observed, for instance, by the way the client sits, stands or walks, and Hjelm emphasised the importance of sitting with one’s feet
comfortably placed on the ground in order to obtain the best possible foundation and a sense of stability of the body (Hjelm 2005, p. 204).

**Side difference** refers to a notable difference in the functions of the left and right side of the body (Hjelm 2005, p. 205). There is naturally a certain level of difference in these functions, Hjelm argued, but if it happens to be significant it might interfere with movements and stability of the body, as well as perception (Hjelm 2005, p. 205).

**Separate Side Movements** (also called Asymmetrical Bilateral Coordination) refer to the difficulties that may arise from a significant side difference and poor stability, and is signified through the difficulty in doing two things simultaneously with the left and the right side of one’s body, i.e. pointing at something in a book with one hand while drawing with the other (Hjelm 2005, p. 206). In an FMT situation, separate side movements may for instance be observed where the client shows difficulties in coordinating both hands when playing, even in situations where the client is only using one hand to hit the drums while the other is just to lie still.

**Stability and release of the trunk** is arguably an important ability in order to coordinate the upper and the lower part of the body. It is vital, Hjelm argued, that these two body parts are able to work both individually and together, in order to secure a good stability as a whole, to reduce the side difference and to support the ability of good midline crossing movements (Hjelm 2005, p. 207). In FMT, this may be observed by how well the client is able to sit in a stable position with both feet on the ground when moving his or her upper body while playing.

**Midline crossing** signifies the ability of moving arms and/or legs from one side of the body across the midline over to the other side, which is what the therapist observes in certain setup of instruments where the client is encouraged to do this (Hjelm 2005, p. 207).

**Perception** and the integration of perceptual information include auditory, visual and tactile perception, and may be shown in FMT by how the client interacts with his or her surroundings (Hjelm 2005, p. 210). The therapist might then be able, to some extent, to
facilitate conditions where new sensory inputs might be perceived. The client makes
different sounds on the instruments, for instance, according to the nature, location and
angle of the instrument, and the force with which he or she plays. Hjelm had the idea that
as auditory sensory information reaches a person’s ear, the ear would lead the eye and the
eye would lead the hand, which, as evidently, includes all three areas of perception (Hjelm

**Function of left and right hand** and the development of these, are quite essential as
humans arguably use the hands more or less continually, both as tools to handle practical
duties or as ways to perceive sensory information. The therapist observes the clients hand
grasp and gives the client drumsticks etc. accordingly. In some cases, the client may feel
more comfortable just hitting the drums with his or her palm, in which case that might be
the best way for the particular client to receive sensory inputs at that time.

**Coordination of foot and hand movements** might happen naturally in a child’s
development through playful activities such as jumping, climbing, running etc., and it is
important when it comes to the coordination between the lower and upper body (Hjelm,
2005, p. 211). An FMT therapist may observe cases where the client shows difficulties
either in a controlled coordination of these, or in cases where either the hand or the foot
follows the movements of the other.

**Logic thinking and understanding models** refer to the client’s ability to take in the FMT
situation and the instruments in front of him or her and find a natural logic structure in the
way the instruments are positioned (Hjelm 2005, p. 209).

**Breathing coordination** is practised by using different kinds of wind instruments, and is
arguably a valuable aspect when it comes to body posture and coordination of all functions
of one’s body. The client’s posture and/or ability to blow and make a sound in the flutes
may give the therapist some understanding as to the client’s breathing coordination.
Overall coordination refers to the client’s ability to coordinate all of the functions mentioned above. In FMT, the therapist might observe this by looking at how the client is adapting and adjusting his or her movements according to given situations.

2.2.9 MUISC – MUsic In preperation for SChool

In addition to his individually based music therapy Hjelm developed a program for group based music activities. The program consists of a number of songs and melodies, the first sessions including only a few of these, and as the weeks go by new songs are introduced (Hjelm, 2005). All MUISC sessions have a set song at the beginning and end, signalising to the children a clear start and finish. Other songs and melodies used invite the children to be creative and to listen, take part, interact and pay attention to each other and the surroundings (Hjelm, 2005). MUISC does not include verbal instructions, which will enable the child to freely explore and take in information by observing his or her surroundings. In addition to the FMT-therapist playing the piano and singing, there is also another person present (for instance a teacher or an assistant) who will show the group movements or activities to the different songs (Hjelm, 2005).

MUISC was meant first of all to help prepare six year olds for school by supporting the child’s physical and social development, perseverance, memory, attention, perception, group feeling and identity (Hjelm, 2005, p. 142). MUISC may also, however, be used in groups of people with different kinds of disabilities or with elderly people according to Hjelm (Hjelm, 2005).
3 A secure and comfortable environment

To have a secure and comfortable environment as a basis on which to work therapeutically will arguably give a better experience and thus better results from the therapy than if this was not the case. This chapter will explore some of the factors that might be helpful in creating this kind of environment, and why that might be valuable to the therapy itself.

3.1 Factors

According to musician Juliette Alvin, who worked as a teacher, or “Music Lady”, with children with disabilities, something as fundamental as familiar experiences might have the power to create a feeling of security and protection, and might also be helpful in relieving anxiety and stress. (Alvin 1965) Alvin also claims that “the sense of security that the child needs can develop through association and familiarity with certain pleasurable experiences” (Alvin 1965, p. 28). This arguably and hopefully will be the case in FMT as it is supposed to be a fun experience and involves several repetitions. According to Alvin a musical experience that has become familiar has “lost its frightening aspect” (Alvin 1965, p. 115) and may then be enjoyed.

As previously mentioned, Hjelm discovered that clients may have had negative experiences and feelings associated with certain songs, and in order to make sure that this would not be the case in the therapeutic setting, he composed new melodies only to be used in FMT (Hjelm 2005). These melodies, as well as the setup of instruments belonging to them, provide a familiar and recognisable pattern. The client will become familiar with the setup of instruments, and the melodies, and will soon know what to do when they are placed in a certain pattern in front of him or her, without the therapist giving any demands or verbal instruction.
Norwegian music teacher Sissel Bakken also supports this idea as she explains that in her years of experience, she has seen that the set framework that she uses in her lessons will create a safe and secure atmosphere, and her repetition of musical elements will create positive expectations (Bakken 1998, p. 47). However, she also argues that when something unexpected happens within the safe frameworks, it may create a fun and lively atmosphere (Bakken 1998, p. 47). This might also be true, but it is arguably quite important to note that she explains that the unexpected has to happen within the safe frameworks. In cases where a secure and comfortable situation is already established, the unexpected might even improve the comfortable atmosphere.

A situation where one has **fun** is arguably usually a good one. Humor and laughter have the power to ease pain and create a good atmosphere (Bakken 1998). FMT is meant to be fun. The motivation comes from the client wanting to play. In addition, unexpected and spontaneous happenings in a comfortable and safe atmosphere might create an even greater joyful value, for instance if something is dropped on the floor, or when the client tricks the therapist by pretending to hit the drum, for instance, but stops just before hitting it.

The feeling of mastering ones movements and receiving feedback exactly as it happens might in itself be such a joyful feeling that both the client and the therapist might start laughing. Bakken argues that children who are able to have fun and laugh with other children are more prone to develop new acquaintances, and are better at coping with social situations (Bakken 1998, p. 122). Laughter, says Bakken, provides energy and reduces shyness and performance anxieties, and it arises automatically when experiencing good, curious, unexpected and exciting body movements (Bakken 1998, p. 112).

By using music as a medium in therapy, it is possible to create different situations in the communication between the client and the therapist (Bakken 1998). In FMT, although it is nonverbal, there might often be laughter, for instance when something unexpected happens or when the client and therapist communicate by taking turns playing on duck flutes.

Hjelm emphasised on the importance of having a **clear start and finish**, which is also related to creating a familiar framework for the therapy situation. An FMT therapy session
will always begin and end with the same melody played by the therapist on the piano, signalising that it is time to start or that the therapy session is over (Hjelm 2005). Since there is no verbal communication, this is the only way the therapist communicates with the client that their time is up. Music teacher Sissel Bakken, supports Hjelm’s idea by suggesting that the opening tune is a clearer form of communication than words that it is time to begin, and far more inviting than giving instructions (Bakken 1998, p. 104).

Bakken explains that in the beginning of her music lessons she always plays the same starting melody. After some years she started to feel that perhaps it was time to change it, as she feared her colleagues were starting to think she was unable to play anything else. When she asked her students and teachers who used to accompany them, however, they clearly told her they were happy with the old one, signalising to her the importance of the rituals and set frameworks in her lessons (Bakken 1998, p. 63).

During the FMT session, when a melody or “code” is done, the therapist will finish by playing a glissando, signalising that the previous element is over, and something new is about to happen.

Another factor that may help create a secure and comfortable atmosphere is music itself. Music therapist Even Ruud explains that music has a relaxing affect on a person’s muscle contractions (Ruud 1980). In order for the muscles to work properly, says Ruud, there has to be a balance between the contraction and expansion of the muscles and in cases where this might prove difficult, music may help a person’s muscles to relax and enable him or her to explore new muscular movements (Ruud 1980, p. 26). This may also prove that music in itself may create a calm, relaxing and comfortable atmosphere, even in cases where there are no signs of obvious muscle tension.

Ruud also explains that music used in physiotherapy with children turned dreaded exercises and workouts into something fun that they loved doing (Ruud 1980, p. 26). Music as a medium to create motivation for certain movements, for instance, is an important notion in FMT (Hjelm 2005).
Musician Juliette Alvin suggests that for a child with a disability in particular, music may represent “a non-threatening world with which he can communicate, where he had known no failure, where he can integrate and identify himself” (Alvin 1965, p. 26). She further claims that music is a field where the child may use any ability and help towards a better sensory perception (Alvin 1965). This may also be the case in FMT, and as the child might feel and discover new abilities, his or her sense of achievement and satisfaction may increase, making FMT a comfortable and satisfying situation.

In order to create a good atmosphere for each individual client, the therapist has to be attentive towards the client and meet the client wherever he or she is in the development (Bakken 1998, p. 102). The therapy is carried out individually and the therapist works to create the best possible therapeutic environment for the client in question. The fact that FMT is carried out individually will arguably give the therapist the possibility to see, interact, and be attentive towards the client in a different way than classroom teachers, for instance. The client is seen and related to in a positive and playful way without any kind of verbal instructions or demands.

According to occupational therapist Jean Ayres, gravity provides a sense of security (Ayres 1979). A good sense of gravity, she argued, creates trust and a feeling that one is in a secure place, as opposed to not having a good sense of gravity, which will create a sense of insecurity and instability for the child (Ayres 1979). Hjelm emphasised the importance of having a stable and comfortable sitting position with both feet on the ground as a basis for the rest of the therapy (Hjelm 2005). This may be related to what Ayres is suggesting.

According to Bakken, all humans enter the world with the need to express themselves and to communicate with others (Bakken 1998, p. 19). It might be quite frustrating, then, not to be able to communicate to others what is on one’s mind, and quite relieving to be able to do so on certain occasions. It is also argued that to be able to express oneself is closely related to the experience and feeling of independence, self-respect, and self-worth (Brænde & Halvorsen 2003, p. 43).
A factor which might be easily forgotten is the feelings the therapist displays and communicates in the therapy setting through his or her body language. Not all clients might act like the therapist perhaps would expect them to, and not all FMT sessions might have a very notable comfortable atmosphere. Hjelm had some clear advice about this for the therapist to remember in FMT. It was to have faith in the method, have faith in the client, and have faith in oneself as a therapist (Hjelm 2005, p. 127). If the therapist is portraying a comfortable figure that is open and empathic to each individual client, and acts consequently in following the therapeutic frameworks within FMT, it will arguably influence the client and the therapeutic setting as well.

Lastly, the notion of time is essential. It takes time for a child to recognise a situation and get used to new elements, as well as to feel safe and comfortable in order to be relieved of scepticism and for the body to relax in an unfamiliar setting (Bakken 1998, p. 114; Hjelm 2005).

### 3.2 Reasons/Benefits

Every child “needs to feel secure, loved and accepted, to belong and to express himself. Only then can he relate and develop. The child finds security in the emotional stability and predictability of his environment which enable him to grow without fears or conflicts” (Alvin 1965, p. 25).

The child who experiences all these factors is arguably a lucky one who has good conditions for development. Alvin goes on to argue, however, that not only do some children lack certain of these elements in their development, but for some children, all of the elements above might not be enough for further development (Alvin 1965). She claims that a child with a disability, no matter how loved and well cared for, will be bound to experience fears and tension. “He may feel deprived or frustrated and often lacks the necessary confidence to deal with new or unknown situations” (Alvin 1965, 27). To what
extent it is true that every child with some kind of disability should feel this way might be debatable, but even so, to have a sense of secure and comfortable atmosphere, especially in FMT, may only be seen as an asset.

According to Hjelm, human psychology and physiology are closely related, and emotions such as fear, anxieties, sorrow, joy, happiness etc. may be likely to have an effect on fundamental physical functions in an individual’s body (Hjelm, 2005, p. 153).

Hjelm also suggests that by observing a person’s physical expressions, movements, eye contact and voice, for instance, one might learn something about how the person is experiencing and viewing him- or herself (Hjelm, 2005, p. 153). This might signalise how the individual is doing, and what actions needs to be taken by the therapist in order to create an environment for the person to feel comfortable.

Especially for a child with a disability, Alvin says, “a sense of achievement and of progress is necessary” (Alvin 1965, p. 34). A child with a disability, in particular, might often feel a sense of failure and discouragement. “Achievement in any field can give this child self-confidence and assist the development of his character” (Alvin 1965, p. 34). Any person might be, to some extent, afraid of failure, in particular a person who has experienced failure numerous times even when it comes to essential actions that other people might seem to be able to manage quite easily. Others may have been told that they do certain things incorrectly. Unfortunately, it seems for instance that, a lot of people are afraid of singing or playing because they have been told they sing out of tune, or that they are not ‘musical’. This will arguably cause a person to refrain from trying, in fear of doing it wrongly. In her experience as a music teacher, Bakken says that the singing usually comes automatically when a sense of comfort, safety and good communication is established (Bakken 1998, p. 32). It might be concluded, then, that spontaneous singing might be a result of a comfortable and secure atmosphere. As a non-verbal form of therapy, singing is arguably not a vital element in the FMT itself. It happens, however, that the client sings, either along while playing, or as a way of communicating with the therapist (who will usually respond by playing the piano). This may only be seen as an asset as it helps the client’s breathing coordination, as well as expressing a comfortable state of mind. In his
FMT method Hjelm did point out the importance of no right or wrong and no judgement or evaluation as to the client’s musical skills (Hjelm 2005, p. 39).

Music is the medium, not the goal (Hjelm 2005). There is no emphasis on how well the music is played in FMT. The music has a different role in FMT than in a music lesson (Hjelm 2005). Hopefully, this will also lessen the feeling of having to perform well, but rather make the client focus on the joy of playing and interact with the therapist.
4 The case studies of two clients

I will go as far as to say that all the children I have had the pleasure of working with while studying the FMT method, have shown signs of enjoying the situation. Some, in my opinion, show signs of calmness and relaxation, and some smile from the minute I start playing the familiar welcoming tune, until they walk out after the finishing tune. I may also hear laughter outside my door, when a child has been listening to a classmate and me having our session while waiting for his or her turn to play. This does not mean that all FMT sessions always run smoothly without problems. There are situations that sometimes seem chaotic and even completely out of control. But I feel it might be of value to pay attention to the elements that create a good, comfortable, safe and playful atmosphere in which to work, play and develop, as it may improve and enforce the therapy itself, as well as help turning a seemingly chaotic therapy session into a calmer and better atmosphere.

During my studies I have had the pleasure of working with four clients during the whole of my practical FMT work. Two of these I will discuss in relation to the essay question for this paper. They are both students at a special unit at a local primary school in Norway. The unit consists of about 15 students between the age of 6 and 16 with various disabilities, and just as many teachers or assistants. I started practicing FMT at the school in September 2010, and have worked with each of the two clients about 40 times over the past 18 months.

4.1 Oscar

Oscar is 16 years old. He has Cerebral Palsy and is dependent on a wheelchair. He mainly uses his left hand, which seems to be functioning quite well, while his right hand seems quite spastic in comparison. He does, however, manage to use this hand to hold a
drumstick and hit the drums with it. He is able to speak quite well (although I have never heard him expressing very long sentences) and he often sings both outside and inside the FMT room. This is an account of how our FMT session was carried out on the 29th of February 2012 (our 34th session):

As he is rolled into the therapy room, he hums the opening tune before I have had time to sit down by the piano to play it. As I place a drum and two cymbals in front of him, he starts touching them and hitting them with his hands. At first I give him a drumstick in each hand, even though I know he only uses his left hand for hitting the drums if he has the possibility to do so. However, this has become a kind of routine that is good to follow, and it gives him an easy and familiar start with the possibility of using his strong hand first. I then go on to replace the drumstick in his right hand with a little ball, and let him play again only using his left hand. I then switch the ball to his left hand and the drumstick to his right. He now hits the drum using his right hand, and although it takes more effort and concentration to do so, he manages quite well with his right hand as well. Oscar has a good force in his breath when playing on the wind instruments; I knew this might be the case even before we started FMT as I had heard him singing in the corridors pretending to be Pavarotti with quite a lot of force.

Ever since our first session I have played one of the melodies through twice without stopping, just adding a fifth in between. This soon became routine for Oscar who would follow the melody on the drum in front of him, and even hitting on the beat in between the turns. He also does this when playing on the recorders by playing an extra tone on each flute before changing to the next one. I have given no instructions or demands; all his playing he does by his own free will. After playing on the wind instruments for a while, I place two cymbals next to each other in front of him and give him a drumstick in his left hand only and a ball in his right hand. After having played with the left hand and after I have finished with a glissando, he gives me the drumstick in his left hand and switches the ball from the right to the left hand. I then place the drumstick in his right hand, and he repeats the procedure using the right hand. As always when I finish with a glissando, he follows my playing by hitting the drums an extra time (or, in some cases, playing an extra tone on a flute) exactly as I finish. After that, I give him a flute that sounds like a duck.
when blowing it. It has to be blown quite forcefully in order to make a sound and Oscar has to focus and coordinate his breathing in order to do so. I too have a flute, and we take turns making duck-sounds, while I accompany on the piano. I usually try to mimic the sound he makes and sometimes he mimics mine, and it always creates a comic and playful atmosphere where we have even burst out laughing at times. We finish by playing on the drums and cymbals again (the same way we started) and finally I play the tune signalising that our session is over. As one of his teachers comes to take him out he says goodbye to me and starts explaining to the teacher about the duck-flute.

4.2 Sara

Sara is 8 years old. I do not know of any diagnoses, but she seems to be quite unstable when she walks, and I have observed a side difference in both arms and legs. I will outline a FMT session I had with Sara in order to give an idea of what it might look like. This is how our session was carried out on the 1\textsuperscript{st} of February 2012 (it is our 35\textsuperscript{th} session):

Her walking is slightly unstable, but she walks comfortably in to the therapy room and sits down on the chair. As always, I have placed the chair on the floor with a drum in front of it, and she sits down while I play the welcoming tune signalling the beginning of each session. I give her a pair of drumsticks and she starts to hit the drum as soon as she has them in her hands. She uses both hands while playing, but the stick in her right hand hits the drum a bit before the left one. When I play a glissando at the end of the tune and stretch out my hands, she returns the drumsticks and waits for me to give her new ones.

I give her a drumstick that she plays with her left hand, and as the tune finishes with a new glissando, she changes the drumstick automatically over to her right hand and plays the tune with that hand as well. Now she has played with each hand separately I give her two drumsticks that are connected at the ends with a rubber band, enabling her to work on a simultaneous movement with both hands. We then repeat this procedure with one hand,
then the other, and then both, on the cymbals. Again she changes hands by herself when using only one drum stick, and in the end I place two cymbals in front of her and give her two drumsticks with which she hits both cymbals, one on each side, at more or less the same time.

To make the session a bit more challenging for her I vary the height of the cymbals slightly, but I am careful not to make too much of a challenge or variation. She seems to enjoy this exercise so we play it through a couple of times, every time finishing with a glissando and changing either the drumsticks she is playing with or the position of the cymbals. We then go on to the wind instruments for a while. I give her two flutes, one that sounds like a cuckoo in her left hand and one that sounds like a dove in her right hand. As I play a different tune composed by Hjelm on the piano, she plays the flutes, changing between the two. After another go on the drums, I play a tune that Hjelm composed to be used with the recorders. She has done all this several times before, and knows the procedure of playing on one flute at a time and changing to the next one as she goes along. When she has finished playing a tone on all eight recorders I finish with a glissando and we move on to the next exercise. I now give her a little flute that sound a bit like a crow, and take one myself as well. While accompanying us on the piano, we now take turn playing the crow-flutes. This is a particularly playful exercise causing us both to giggle while we play. Another valuable aspect when Sara plays this flute is that at first she struggled making a sound as she has to blow quite hard in order to do so. Eventually, however, she discovered that if she turned it around and blew on the other side, it became much easier. At the end of the session I play the usual finishing tune, and as soon I start playing and she recognises it, she dances towards the door and stands holding the handle until the music has stopped. Then she walks out.
4.3 Results

Both Oscar and Sara have had FMT regularly for some time. They have become 18 months older since we started, and have had other forms of training and therapy such as speech- and physiotherapy as well as FMT. What sort of development that has occurred because of FMT and what has occurred as a result of other factors might be hard to tell exactly, but both Oscar and Sara has developed and shown progress in different areas.

In our earlier sessions Oscar refused to use his right hand to hit the drums, so I usually just placed a drumstick in that hand and let him play with his left one. Once though he lost the drumstick in his left hand and instead of switching the other drumstick over to his other hand, he started playing with his right hand. Since then he has not refused using his right hand, but even so I am careful always to give him the chance to start with the hand that he prefers.

Sara handled the recorders quite well from the start, but was unable to make a sound in the crow and the duck flutes. I did not want to push her or make her feel that she was unable to do it, so I was careful introducing the flutes only occasionally. Then, when she discovered it was easier to make a sound if she turned the flute the other way around, I started giving her the flute more often, and now she blows in the correct end and is able to blow hard enough to make a sound. She often smiles as soon as I take the crow flutes out of my suitcase.

Ever since our first sessions, Sara has hit the drums with great force and although being a bit apprehensive to the introduction of new elements at first, she seemed soon to feel comfortable and familiar with them. At times she might have been a bit restless and stressed when entering the FMT room, in which case I have tried to play the welcoming tune more calmly and slowly. I also try to pay attention to her sense of stability and make sure her feet are on the ground as she may seem a bit unstable in her walk. This, according to Jean Ayres, also influences how she perceives the atmosphere in the FMT situation (Ayres, 1979). In the beginning Sara would hit the drums quite forcefully and would
sometimes miss it or hit so hard she would lose the grip of the drumstick. She now shows more control of the whole situation, and although she might still hit the drums quite hard, she is able to adapt her handgrip so that she will not drop the drumsticks. Another change I have noticed is that in the beginning of our sessions, she would occasionally hit the other instruments when I placed more than one drum or cymbal in front of her, but most of the time she would only concentrate on one of them. Now, whenever I place two cymbals in front of her and give her a drumstick in each hand, she plays on them both simultaneously.
5 Discussion

Each client is unique, so I believe there might, to some extent, be different considerations to be taken according to each client in creating a good therapeutic atmosphere. There is however, I believe, certain elements that might be true in most cases as mentioned in this paper. Those could be familiar experiences, having fun, a clear start and finish, music as medium, being attentive towards the client and having faith in the client, oneself and the method, making sure the client has a stable sitting position, communication, and taking time (pp. 18–21). Both the clients chosen for this paper have had FMT with me for quite some time, thus the situation, after more than 30 sessions, is quite familiar (the importance of which is discussed on p. 18). They both recognise the welcoming and finishing tune, and know what will happen when they enter the FMT room (which by now has become familiar to them). I feel that they are also well acquainted with me as the FMT therapist. Occasionally I have had short talks with them in the corridor before or after our sessions, but mainly our communication has only been the nonverbal kind we do in FMT, which I find quite interesting. They are both also familiar with the function of the glissando ending every tune. Sara automatically switches hands or returns the drumsticks, while Oscar stops playing and waits for me to collect them, and give him something new to do.

I feel that the fun element in the FMT situation is definitely present in my work with both of the clients (p. 19). The duck- and crow-flutes in particular help creating this element. I also believe that when the clients use their breathing in singing and playing it will improve their posture as well as giving them a sense of achievement and enjoyment. For instance, I particularly believe this to be the case when Sara discovered she could blow at the other end of the flute in order to make it easier to create a tune. For these reasons we tend to use the wind instruments regularly in our FMT sessions.

In addition, I think the fact that both clients feel secure, comfortable and familiar with the whole situation makes them less prone to feel insecure when unexpected things happen. Once, for instance, Sara had a cold and as she sneezed, mucus came out of her nose which
completely caught her focus and she seemed to freeze for a second. I just smiled, and without saying a word, handed her a tissue. She looked up at me and laughed while wiping her nose, creating an unexpected and fun atmosphere rather than an uncomfortable one.

When it comes to Oscar, a sign that may show that he feels comfortable in the FMT situation is that he, quite early on, started playing with me and tried tricking me into playing by pretending to hit the drum. Occasionally he also waited for me, to see whether I followed him or not. The fact that I follow him instead of trying to control him might be a good feeling for him, perhaps especially since he is reaching an age where he may experience that kind of feeling more often than he has had so far.

The clients discussed in this paper are both pupils at the same school and started FMT at about the same time and have had about the same number of FMT sessions. Apart from that, however, they are quite different, and so is the nature of their FMT sessions. They behave differently and have different areas they might find challenging, and as two people communicating, interacting, and playing together each FMT sessions have different atmospheres. Each individual gives something to the situation that makes the atmosphere in each session unique. Nevertheless, there seems to be the same kind of elements present that might help create a secure and comfortable atmosphere in both cases. The music used, the aspect of having fun, creating familiar experiences, communication, stability, and the importance for the therapist of believing in him- or herself, the client and the method, that Hjelm outlined and explained about in his book, are all factors that have been present in both these FMT cases (as well as with other clients). These are factors that will arguably give a sense of a secure and comfortable environment, which will help improve experience and results from FMT.
6 Conclusion

This paper has tried to outline some elements in FMT that may facilitate a secure and comfortable therapeutic atmosphere. What signifies this kind of atmosphere might arguably depend on each individual situation to some extent, as FMT deals with individual human beings with different needs and backgrounds. However, according to Hjelm and others, there might be certain factors that have to be present to a smaller or larger extent in order for a good atmosphere to develop. Some of these have been outlined and compared to the FMT used with two different clients, in this paper.

It is perhaps difficult to evaluate the necessity of these factors in FMT, as one might not know what the therapy would have looked like if it had not been for the circumstances in the case of these two clients. What is clear, however, is the correlation between the experiences and emphasis made by Hjelm and that of other musicians, music teachers and others who have worked with the development of children and adults. Factors such as the ones listed above help in creating a good atmosphere, which in turn will arguably make the therapeutic situation a comfortable and secure place to be.
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