

The importance of music therapy in kindergarten

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Abstract: Music is a type of art that has a unique and direct impact on human life. Music is an essential art for humans, as it allows them to shape their own world of experiences and emotions that enrich their lives. For these reasons, music therapy should be used already in kindergarten. For these reasons, in this text we have discussed: the essence of the directions and areas of music therapy. The focus was also on the goals and tasks of music therapy in kindergarten and its classification and functions.

Keywords: Music therapy, kindergarten.

INTRODUCTION

It supports emotional, physical, mental, and social development. Music is an essential art for humans, as it allows them to shape their own world of experiences and emotions that enrich their lives. As one of the most refined forms of artistic expression, music has a profound and immediate influence on individuals. When combined with play, it becomes a valuable and engaging tool in preschool education.

Music enhances sensitivity, fosters imagination, encourages independent thinking, and fulfills the need for self-expression. Its dynamics, tempo, and rhythm cultivate attention span, memory, and both active and creative imagination. The belief in music's therapeutic effects has been a part of human culture since ancient times. At first, we will explore some key concepts, such as *art therapy* and *music therapy*, examining their significance and historical evolution.

1. THE ESSENCE OF MUSIC THERAPY

E. Galińska (1990, 25–26) defines music therapy as a "systematic, methodical, and scientifically grounded clinical application of music." It is described as a "multifaceted procedure that utilises music's diverse influences on an individual's psychosomatic system" (Natanson, 1992, 13). The therapeutic

effects are observed through psychophysical reactions to sound, which the music therapist deliberately evokes and manages in alignment with the patient's needs for their benefit (Natanson, 1979).

Krzysztof Stachyra describes music therapy as "a process in which a qualified music therapist utilises music or its elements to restore health, enhance functioning, or support the development of individuals with various emotional, physical, mental, social, or spiritual needs" (Stachyra, 2012a, 27). This definition highlights five key aspects: 1) it is a structured process with a clear beginning, end, and goals; 2) it follows a planned, logical sequence; 3) it is conducted by a qualified therapist; 4) it aims to improve health and functioning; and 5) it addresses the specific needs of the individual.

The American Music Therapy Association (AMTA) adds that music therapy involves the clinical and evidence-based use of musical interventions to achieve individualised goals within a therapeutic relationship with an accredited therapist who has completed an approved course in music therapy" (Konieczna-Nowak, 2013, 18). While many definitions exist, they generally emphasise the role of music, the music therapist, and the relationship formed between the therapist and patient.

The semantic interpretation of *music therapy* reveals a specialised practice that leverages the therapeutic power of music. Among the arts, music uniquely conveys a broad range of emotional and intellectual meanings, with each piece embedding symbols that resonate with listeners. From the perspectives of music theory and philosophy, this suggests immense potential for therapeutic impact. In therapy, music functions as a versatile tool, employing various techniques based on theoretical frameworks. Engagement with music occurs through both reception, using projection techniques, and performance, involving movement and instrumentation. This multifaceted interaction not only elicits emotional responses but also influences physiological processes, harmonising the autonomic nervous system and promoting states of activation or relaxation, tailored to the individual's psychophysical unity and condition.

While numerous definitions of music therapy exist, they generally share common features. The fundamental elements include the use of music, the involvement of a qualified music therapist, and the dynamic relationship between the therapist and the patient. Additionally, music is often regarded as a form of medicine, reinforcing its role as a powerful tool in sound therapy. These core aspects highlight the therapeutic potential of music in addressing emotional, physical, and psychological needs.

Music as medicine can be administered by trained professionals, such as medical personnel, teachers in special education, speech therapists, and psychotherapists, without necessarily requiring a musical background. In some methods, patients can even utilise pre-designed music programs to enhance their therapy. MacDonald, Kreutz, and Mitchell (2012) succinctly define music as medicine as i.e. "the use of recorded music to improve the functioning of the patient and support the treatment process". Musical medicine is used in many hospital wards, accompanies medical procedures, improving and supporting the treatment process (MacDonald, Kreutz and Mitchell, 2012). Christian Gold (2008) argues that as music therapy gains global recognition as a legitimate science, music medicine is increasingly regarded as a distinct therapeutic field. This approach focuses more on the direct, receptive experience of music rather than the dynamics of the therapeutic relationship, allowing professionals beyond music therapists to implement it. In this context, the influence of music on individuals is prioritised, often rendering the therapeutic relationship secondary or even unnecessary.

Sound therapy is a field that has only been noticed since the 1980s, primarily due to Fabien Maman's research on the effects of sound waves on human cells. In 2000, Liz Cooper established the British Academy of Sound Therapy (BAST), which later underwent scientific investigation. Recent years have seen a rising interest in sound therapy; however, it is often mistakenly categorised as music therapy. Sound therapy involves utilising sound as a therapeutic agent to promote hormone secretion and harmonise various physical factors, such as breathing, blood pressure, heart rate, and muscle tension. It is also beneficial for the rehabilitation of Alzheimer's patients and in palliative care. Unlike music therapy, sound therapy focuses solely on the quality of sound itself, often independent of musical context.

2. MAIN DIRECTIONS OF MUSIC THERAPY

The **main approaches to music therapy** outlined offer an attempt to address broad theoretical issues within the fields of music therapy and psychotherapy. However, a cohesive theoretical framework is still lacking, as most literature tends to focus on practical techniques rather than fundamental principles. Additionally, some therapeutic effects seem to occur independently of existing theoretical models, suggesting that the field may still be evolving beyond its current conceptual boundaries.

In broad terms, music therapy can be divided into four **primary areas of impact** (Galińska, 1990). The **psychological** domain focuses on emotional effects. The **pedagogical** area involves using music therapy to treat psychophysical disorders and address children's educational challenges.

The psychosomatic aspect emphasises mental support and the regulation of the body's vegetative functions. Finally, the psychomotor field concentrates on therapy for motor disorders, aiming to improve physical coordination and movement through musical interventions.

3. CLASSIFICATION OF MUSIC THERAPY

Music therapy can be categorised into two primary groups. The first is **clinical music therapy**, designed for individuals with health issues, operating under the premise that its activities contribute to treatment and aim for specific health outcomes. The second type is **preventive music therapy**, which manifests in two forms, the first being **active music therapy**, encompassing activities like singing, playing instruments, and movement to music, which require full engagement from participants. This approach allows individuals to express their emotions and enhance communication through sound creation; and the second form being **receptive music therapy**, which focuses on passive listening to diverse music styles aimed at psychophysical relaxation, invigoration, and emotional regulation. This often involves combining music with visual stimuli, such as slides or photographs, as well as scents, making it particularly beneficial in hospital and sanatorium settings.

Active music therapy also promotes expressive activities that respond to music being played. Key elements of this approach include: 1) games that stimulate movement and expression (music and movement; stimulating and inhibiting; staging and illustrating; in the field of somatognosis: shaping orientation in the schema of one's own body and integrating), 2) exercises aimed at speech disorders (logarithmic, supporting speech disorder therapy), 3) movement and art inspired by music, including dance, painting, and improvisation (movement, movement stories, dance); art inspired by music (painting, modeling, modelling); singing (learning the words and melodies of songs, breathing exercises, creating own melodies and words, singing together), 4) playing musical instruments, and 5) creating music through rhythmic structures and improvisation with instruments or everyday objects, including the use of the body as an instrument.

By applying a different criterion based on the number of participants in therapy, we can identify two distinct types of music therapy. The first type is **individual music therapy**, which is employed only in exceptional cases with a single participant. This personalised approach tailors the musical experience to each individual, allowing for the selection of specific timings and methods that suit their needs. Creative techniques are employed to help clients overcome fear, boost self-esteem, and engage with music more consciously. Individual music therapy can also incorporate complementary activities such as drawing, painting, or poetry recitation (Lewandowska, 2001). This form of therapy typically utilises two main methods:

- symptomatic – also known as superficial, which belongs to the group of general impact methods and is often of a supporting nature.
- deep – in which the patient undergoing therapy is led to deep disorders in the psyche, attitude and behaviour.

The second type of music therapy is most often used, i.e. **collective**, which allows for the creation of a therapeutic group and creates a basis for various interactions. **Group music therapy** is divided into:

- directed (also known as directive) – in which, through a group, all activities are directed
- at a specific person and a specific problem.
- undirected (non-directive) – which does not assume individual goals.

Group music therapy operates on the principles of group psychotherapy, fostering mutual relationships among participants. This interactive environment cultivates empathy and enhances social functioning, enabling individuals to connect and communicate more effectively with one another (Lewandowska, 2001).

Perceptual music therapy primarily involves the act of listening to music, whether entire compositions or selected excerpts. Patients may engage in this experience in a freeform manner or through guided sessions led by the therapist.

When selecting music for therapeutic activities, it's essential to differentiate between soothing and activating music. Soothing music typically features a short duration, slow tempo, and low volume, characterised by a limited number of musical accents and a consistent progression, avoiding bright or intense instruments. In contrast, activating music is marked by a fast, contrasting tempo, diverse melodies, and dynamic variations, effectively

stimulating energy and engagement in participants (Śliwka, Jarosz, Nowobilski, 2006).

Music therapy also incorporates carefully selected sounds of nature and specially composed melodies. Natural sounds, such as birdsong, flowing streams, crashing waves, rustling wind, and falling rain, positively influence mental well-being, promoting relaxation and a sense of calm. Additionally, listening to relaxing music has been shown to enhance the ability to acquire knowledge and develop new skills (Wilczek-Różyńska, 2007).

One of the criteria that determines the selection of techniques used during music therapy is the **age of the participants**. Therefore, we will distinguish music therapy for children, adults, the elderly, etc. Another criterion for classifying music therapy is its **duration**. In this case, we divide it into: short-term (i.e. short duration, e.g. 1–2 therapy sessions) and long-term (lasting longer than a month).

4. GOALS AND TASKS OF MUSIC THERAPY IN KINDERGARTEN

As in the past, many music therapists today emphasise the profound spiritual experience that music can evoke, believing it can reach the deepest layers of a person's personality. Others focus on music's multidirectional impact on the psyche, using it to help patients release emotions or improve communication. Additionally, some therapists harness music for developmental stimulation, applying it to support cognitive and emotional growth. These varied approaches reflect the broad and adaptable nature of music therapy in addressing diverse therapeutic needs (Magda-Adamowicz, 2017).

Music therapy **goals** vary based on the age group and specific needs of the participants. For adults, the focus may be on addressing emotional, psychological, or social challenges, while for children, therapy often centers on developmental and behavioural issues. These goals are tailored to specific disorders, illnesses, or deficiencies, taking into account the participants' unique abilities, needs, and desires.

The **first and most important** is to promote positive changes in a person's behaviour and their relationships with others, fostering improved self-awareness and social interactions. The goals of music therapy may concern:

- diagnosis – it allows for the recognition of cognitive-developmental, emotional and manual needs of participants regardless of age;

- therapy – because it focuses on the externalisation of experiences, the increase of socialisation, emotional-social, perceptual-cognitive abilities and on the improvement of movement capabilities;
- relaxation – it allows for the release of aggression and internal tensions (Arciszewska- Binnebesel, 2003).

Intermediate goals in music therapy serve as steps toward the primary objective of promoting positive changes in behaviour and relationships. These goals focus on emotional expression and the release of tension, addressing specific aspects of a participant's condition or problem. They outline pathways to the main goal, clarifying the desired outcomes. Broadly, music therapy goals can be categorised into therapeutic, developmental, musical, educational, and social areas, each focusing on aspects such as emotional regulation, skill development, and social integration. Examples in these areas include:

a) musical:

- developing interests, predispositions and musical talents;
- developing hearing, melody, rhythm;
- creating situations for personal expressions by means of using music and movement;
- providing knowledge in the field of music;
- familiarisation with various types of musical materials;
- preparation for participation in and reception of culture;

b) therapeutic:

- stimulating the all-round development of a person;
- relieving negative emotions;
- shaping the emotional sphere (mood, emotions, feelings);
- raising self-esteem;
- familiarisation with safety rules that are worth following in the process of creation;
- exercising concentration and discipline;
- developing the ability to communicate with peers and adults;
- working on expressing one's own "self" through music;
- relieving negative emotions;
- shaping the ability to express one's own feelings;
- improving the child's general well-being (Bea-Bleja, Arciszewska-Binnebesel 2003);

c) educational and social:

- learning independence,
- opening students to social contacts,
- developing proper interpersonal communication (initiating contacts),
- influencing the state of psychomotor arousal, as well as emotional and muscular tension,
- enriching and supporting diagnostic methods,
- positively influencing the patients' mental and physical state,
- arousing specific physiological reactions,
- shaping patients' personality (affects behaviour, gaining new emotional and intellectual experiences (Natanson 1992)).

The overarching goal of music therapy is to facilitate the patient's optimal adaptation within their social environment. The most frequently implemented goals of music therapy include: motivating for cognitive and motor activity, improving psychomotor skills, correcting body defects, reducing psychophysical and emotional tension, channeling and sublimating aggression, improving the senses and balance, practicing self-orientation and orientation in space, developing creative expression, reducing fears and tensions, increasing the sense of security and building trust, facilitating and deepening self-acceptance, awakening the feeling of agency, strengthening faith in oneself and one's own strengths, developing confidence in action, improving communication and cooperation, providing pleasure, joy and satisfaction, influencing the child's motor sphere; developing the social, emotional sphere, improving awareness of one's own body; developing concentration of attention, memory, imagination, shaping eye-hand coordination, stimulating the body in the scope of voluntary movements, allowing for the reception of pleasant and enjoyable experiences, sensitising to the reception of stimuli from the environment, shaping the grace of movements, a sense of agency, a source of relaxation, developing the ability to cooperate in a group, eliminating undesirable activities and allowing for non-verbal self-expression. The goals of music therapy give rise to tasks that define the activities to be performed by therapists. In this context the two main tasks of music therapy include:

1. observation, in which attention is paid to the patient's behaviour during the therapeutic session using music;
2. intentionally triggering specific reactions that are controlled and directed towards a specific therapeutic goal (Szulc, 2011).

The interpreted main goal and the resulting intermediate goals and tasks result from the adopted type of music therapy.

5. FUNCTIONS OF MUSIC THERAPY IN KINDERGARTEN

Each form of music therapy serves specific functions for its participants. Rozmysłowicz (2005) outlines three primary functions: 1) Recreational, which provides an environment for relaxation and relief from stress and daily worries; 2) Educational, offering new knowledge that enhances a person's wisdom and helps them navigate life with greater awareness; and 3) Corrective, aimed at reshaping harmful habits and psychological structures into more positive and beneficial ones, fostering personal growth and emotional well-being.

A. Araszkievicz and W. Podgórska highlight three key functions of art and music therapy:

1) It helps patients gain insight into their own problems, releasing strong emotional experiences; 2) It facilitates changes in attitudes and behaviours, improving interactions with oneself, others, and the world; and 3) It supports the process of internal integration, promoting a sense of wholeness. Therefore, art and music therapy are not only beneficial for personal growth but also enhance one's relationships and overall environment (Gładyszewska-Cybulko, 2007).

In turn, G. E. Kwiatkowska, drawing attention to patients participating in therapy through art and music, lists four of their functions:

- sublimation – allowing for the release of negative emotional states through creative activity, thanks to which the external manifestations of these states, e.g. self-harm, suicide attempts, are reduced,
- creative and integrative – leading to the integration of the human personality,
- strengthening patients' tendencies towards self-fulfilment,
- projection – stimulating creative activity, in which patients expose their feelings, motives and attitudes in order to better self-knowledge, interpret and work through their own problems,
- functional – using creative activity as one of the methods allowing for the liberation of art therapy patients from their pathological state and thoughts (Kwiatkowska, 1991).

E. Konieczna (2007) outlines the functions of music therapy in a framework consistent with previous classifications. 1) expressive – uncovering

and releasing suppressed emotions, alleviating tension; 2) compensatory – fulfilling unmet needs; 3) cognitive – learning to recognise, articulate, and express emotions; 4) regulatory – addressing personal shortcomings, failures, and the need for self-fulfillment. From a broader perspective, music therapy serves several key roles in pragmatic, scientific, and therapeutic contexts. These **functions** emphasise its capacity to improve emotional well-being, enhance self-awareness, and foster personal growth:

- adaptive, which concern situations when one has to accept a state or situation,
- physiotherapeutic, which concerns improving and compensating for lost psychomotor skills and somatic deficiencies,
- psychotherapeutic, which involves building a positive self-image, which leads to alleviating fears, worries and anxieties, and also preparing to cope with various situations,
- developmental, which has an impact on overall development,
- cognitive-stimulating, which provides information about oneself, but also about the surrounding world,
- diagnostic, which allows one to examine various developmental aspects. educational, which provides positive role models, worthy of imitation,
- expressive, securing natural needs for action and movement,
- emotional, which provides positive emotional experiences,
- aesthetic, stimulating interests in musical spheres,
- recreational-ludic, i.e. satisfying the need for play, creating appropriate situations for spending free time,
- integrative, which prepares for life and work in a group, teaches and facilitates establishing contacts and develops cooperation,
- readaptative, which is preparation for leaving, for example, a facility or preparation for returning "to life".

During music therapy sessions, children engage in four fundamental therapeutic experiences: release, rhythmisation, relaxation, and activation. Above all, these activities foster joy and shared fun. While music therapy promotes relaxation, it also stimulates mental, intellectual, and emotional engagement, making children more receptive and sensitive. Music plays a significant role in a child's developmental journey, as they primarily explore their environment through visual, auditory, and tactile sensations. Working

with music aids in cultivating clear thinking, enhancing self-awareness, and deepening understanding of the world around them.

SUMMARY

Its interdisciplinary nature draws from medicine, music psychology, musicology, and aesthetics. Recently, there has been a marked increase in interest in music therapy, particularly concerning its practical applications in therapeutic, educational, and kindergartens. Music therapy, a specialised form of therapy utilising music as its primary medium, falls under the broader umbrella of art therapy. Unlike other art forms, music is abstract and asemantic, lacking specific extramusical content, which enhances its ambiguity. Numerous authors highlight the significance of music therapy in alleviating the psychological effects of illness, viewing it as a vital source of emotional and spiritual support. They also note the challenges involved in researching and evaluating music's impact on the human body. This unique quality enables music to directly influence emotions and physiological processes, harmonising psychomotor skills. Consequently, music therapy fosters interdependence between mental and physiological processes.

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Abstrakt: Hudba je druh umění, který má jedinečný a přímý vliv na lidský život. Hudba je pro člověka nepostradatelným uměním, protože mu umožňuje utvářet si vlastní svět zážitků a emocí, které obohacují jeho život. Z těchto důvodů by se muzikoterapie měla využívat již v mateřské škole, a proto jsme v tomto textu probrali: podstatu směrů a oblastí muzikoterapie. Zaměřili jsme se také na cíle a úkoly muzikoterapie v mateřské škole a její klasifikaci a funkce.

Klíčová slova: Muzikoterapie, mateřská škola.

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