

# **Drum Circles in Context – Implications as a Music Therapy Intervention**

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The purpose of this presentation is to educate music therapists on the philosophical and practical issues surrounding the implementation of drum circles into clinical work. Special consideration is given to drum circles in a music-centred treatment approach. Throughout, I will be referring to music-centred music therapy as Aigen (1999) defined it; that musical experience is the most important therapeutic element, and little interpretation of the music is needed.

I am not here to sell you on drum circles rather than something else. My purpose is to examine how they differ. I am sure we will all agree that a breadth of platforms for intervention (methods) creates a more adaptable, effective therapeutic approach. I strongly believe that drum circles should be used as part of a broader treatment approach, to be used in conjunction with other methods of music making.

## **Format**

It is important to understand drum circle facilitation since this is the area we will be borrowing drum circle techniques from. I will explain what forms music facilitation takes (i.e. – types of drum circles). I will discuss how a specific kind – community drum circles – is facilitated, and then what drum circle writers say that this format offers that is unique.

I will then speak to the use of drum circles in music therapy. I will speak to what music therapy is, in reference to the differences between music facilitation and music therapy groups in the context of a music-centred treatment approach. I will offer a survey of the literature to ascertain how drum circles are being used clinically, and our knowledge base on the unique attributes drum circles have in a clinical context. I will then discuss why/when drum circles are used in my own work, drawing explanations from a recent pilot study conducted at St. Joseph's Healthcare, Hamilton (a psychiatric facility), and how the therapist can use drum circle method and intervention in combination to improve the effectiveness of clinical drum circle use.

## **Music Facilitation**

### **What Are Facilitated Circles?**

Drum circle technique is typically not taught as part of a music therapy syllabus, and I have encountered uneasiness by some to the idea of the use of drum circles in music therapy, especially as a platform for intervention. I find this is typically due to a lack of knowledge about how to use a drum circle clinically. I often see teachers and therapists use drum circles in a primitive fashion, usually instructing one client to “start us off” with

a rhythm, then everyone adding their own static rhythmic cycle one at a time, eventually getting bored and then stopping when the teacher/therapist hits a cymbal.

In his revolutionary book, Drum Circle Spirit (1998), Arthur Hull defines three fundamental types of drum circles, differing primarily on how they are facilitated. An “anarchist(ic) drum circle” is one in which “everyone is free to speak their rhythmical spirit, and nobody takes charge, leads, or teaches the group” (p. 24). Typically these circles are very large, and last for quite a long time.

The second type is a “culturally-specific” drum circle. These are similar to string quartets - small and very structured. Each player has a pre-determined part to play corresponding to their instrument (e.g., a 3-2 clave pattern, a Gahu bell pattern). These circles play pre-written pieces and have a specific leader, playing the lead part, which can be improvised, and can signal the next part of the piece.

The third type is called the “community” drum circle. Community drum circles can be comprised of 11-200 people. In the community drum circle, a facilitator intervenes or ‘conducts’ the group to realize the group’s highest potential by providing opportunities for structured and exploratory playing (Hull, 1998). As Hull explains, “we are encouraged to express our individual rhythmic spirit, and at the same time adhere to some of the basic universal principles found in culturally specific drum circles”. In this circle there is the mix of structure and freedom music therapist typically strive to maintain. Because of the mix of structure and freedom, and the responsibility of a facilitator to intervene and ‘conduct’ the group, this type of circle will be our primary focus for the presentation.

### **How Are Community Drum Circles Facilitated?**

One noticeable difference from music therapy groups is that instruction is done “on the fly”. This offers a unique blend of structure and freedom, as well as offering the leader a unique and dynamic level of control over *what* participants are playing.

In a community drum circle, the facilitator steps in and leads the group when he hears a ‘transition point’. This occurs after a peak in the musical performance and the energy of the group goes down, they lose attention and rhythm gets sloppy. The facilitator then changes the group in such a way that allows them to explore different possibilities. This could be as simple as altering the volume, or changing relational variables; such as changing the way different groups within the circle (and their music) interact with each other.

The facilitator is always attempting to minimize the group’s dependence on the facilitator, emphasizing the player’s relations with each other and their engagement in the music. The facilitator is there to serve the *group* by helping it towards its highest potential. The facilitator interacts with the group’s music, and alters playing on a ‘group’ level. This is different than music therapy groups, where emphasis is usually on individuals (individual expression, treatment plans, evaluation, etc.).

## **Why/When Community Drum Circles Are Used**

There seems to be very little literature on specifically community-style facilitated circles to scientifically back up the presumption of drum circle writers, most of which evidence is anecdotal. I will present distilled claims specific to drum circles, as opposed to cited benefits that can be gained from most types of music making.

Community drum circles are typically used by corporations, health-care facilities, classrooms, etc., to increase feelings of belonging or 'community'. This can happen because of the co-operative, dynamic relationship that is rewarded by increased engagement and quality of music (Hull, 1998). Music is also deemed to be a universal language, and drum circles are used in many cultures around the world (Friedman, 2000; Hull, 1998). Writers also commonly cite that drum circles are particularly good at instilling entrainment in a group of people (Friedman, 2000; Hull, 1998). The thought is that drum circles can synchronize participants so they think, react, and even breathe alike, and this diffusion of differences between people brings them closer together.

Drumming allows for a combination of physical and emotional release through cathartic playing (Friedman, 2000; Hull, 1998). Cognitively, drumming is accessible to many because the multi-faceted perception of rhythm is not localized in any particular part of the brain (Friedman, 2000). Drum circles are also accessible since they are found in almost every culture in the world (Hull, 1998).

Drum circles are also used as an aid to convey messages about teamwork or creativity (Hull, 1998). It also provides people a 'forum' to be creative and expressive without the level of intervention involved in music therapy. This level of intervention and the way of intervening are a few of the adaptations we need to make when taking drum circles to the clinical arena.

## **Music Therapy**

I have been describing drum circles – anarchistic (unstructured); culturally-specific (very rigid structure); and community-based drum circles, which have the balance of freedom and structure, as well as the opportunity for intervention (facilitator conducts group 'on the fly') which seems to make it the easiest of the three to adapt into a music-centred music therapy setting. Drum-circle facilitators have claimed that drum circles are especially adept at increasing group belonging or 'community', and can be cathartic and empowering. So how must we adapt community based drum circles so that we can use them clinically? What are the implications of this? And why would we use a drum circle as opposed to a music group?

## **What Makes Music Therapy Groups Different?**

### **Size**

The first thing that may come to mind is the size of the group. Typically, for effectiveness and accountability, music therapy groups do not run more than six people. However, in conversation with community drum circle facilitators, most do not like to run circles and less than 12-15 people. There are a number of implications smaller sizes have on how a circle is facilitated.

Strategies for communicating what the therapist wishes the group to do (conducting) must be changed so that they are exceptionally clear. In larger circles, a facilitator is successful at an intervention if the majority of players know what a particular waving of the arms indicates. If there are only 6 players however, there is more attention on those who don't understand the facilitator. In music therapy, the golden rule is to facilitate success, especially if our clients are more sensitive emotionally to failure or and deviation from others.

Standing in the middle of a circle (a technique used in facilitation) of six can seem exclusive to those who you have your back to, can be a very tight fit, or can put even more dependence of the group on you and what you are playing. When facilitating smaller groups, I typically sit in the circle with everyone else, which requires me to put extra effort forward to cue everyone that I am about to give them a signal that will require them to change what they are playing.

A smaller amount of people also changes how a person can affect the musical whole, and how their actions affect the rest of the group. Because of a similarity in voices or timbres in drum circles, the restricted amount of pitches each drum can produce, and the typical absence of harmony or melodic lines, there is more emphasis on the pulse (or 'beat') that leads to our meaningful perception of the music. Pulse therefore can become a dictator since it unites the ensemble, and it is so necessary for the sounds produced to be perceived as music. In larger groups, the pulse can take on a 'life of its own' – since there are so many people playing in relation to a pulse, a large number of people can play in little relation to the pulse and it will still sound musical. The chances are also good that the number of people playing their own rhythms will result in a polyrhythm in which every sub-division of the beat is played. However, in a small group, the responsibility of each individual is greater to establish this pulse. Any change by an individual in the group affects the others in the group more, especially if it is a change in the presence of the pulse.

### **Therapeutic vs. Therapy**

Just because a group is small does not mean that it is a therapy group. Further adaptations must therefore be made before we can use drum circles to their full potential in music therapy. Differentiation between a small facilitated group and a small therapy group becomes increasingly difficult - and hence important - when we are operating from a music-centred approach. Aigen (1999) states that musical experience is the most important therapeutic element (responsible for change). What then is to differ a musical experience one has in a facilitated group versus a therapy group? If a music centred approach revolves around a musical experience, could not the musical experience of a community drum circle be considered therapy?

Bruscia (1998) makes a differentiation between 'therapeutic' and 'therapy'. He uses the example that listening to Handel's Messiah or eating warm chocolate chip cookies may be therapeutic, but these are clearly not therapy. The difference is that you can have a single therapeutic experience, but therapy involves a process. A therapy process can consist of assessment, treatment, evaluation, but he further describes process as: (a) many engagements; (b) happening over a period of time; and (c) this results in engagement and relationship (in contrast to manipulation and encounter).

### **Facilitation vs. Therapy**

Imagine a group of people who meet with a facilitator for 1.5 hours every Monday evening. After a while, this group forms growth-promoting relationships with themselves and the facilitator. This falls uncomfortably close to the Bruscia (1998) definition of process in the context of therapeutic vs. therapy, and tells us little in how we must change facilitated sessions to become therapy sessions. I therefore propose four areas in which therapy and facilitation can further differ – structure, focus/aim, level of intervention, and population using the service.

Incorporating the Bruscia distinction to specifically address our current discussion, facilitation and therapy differ within the context/structure they are offered. Facilitation can range from a one-time drop-in event to a repeated event with a core-group of people. Therapy is always done with a core-group over time, and is done in an assessment/treatment/evaluation.

They also differ on the focus or aim of the group. Goals in facilitation could include conveying a message, to facilitate group activity. But little is being done by the group leader to 'change' aspects of the participants. The focus of a therapy group is dictated/guided by individual and group goals, goals that provide a direction for change. Usually these goals are extra-musical, in that through 'musical change' an area of cognitive, affective, communicative, motor or social functioning will change as well.

This brings us to the third difference – level of intervention. To accomplish the goal of the group, the music/health professional must intervene in some way, to change or provide something. The music facilitator and music therapist may use the same 'intervention', but for different reasons towards different ends. The facilitator will roll with wherever the group is headed and will try to give them the best musical experience possible for what they come to the group with. The therapist, after developing a relationship, will change the music (s)he plays or the suggestions/comments (s)he gives in order to provide a musical experience that is in service of the person's (extra-musical) goal/need. This does not always result in 'pretty' music, music that calms a client, and may run contrary to the client's short-term wishes. It may be trying or even anxiety provoking but gives a client a different, growth promoting experience, one that would not happen unless the therapist intervened so directly

The fourth difference is that of the population the therapist/facilitator works with. One may liken this to a counsellor/psychotherapist distinction. The extra training music and psychotherapists receive compared to their counterparts is more greatly focused towards pathologies and disturbances in deep processes. It stands that the only reason a therapist would focus on changing

some aspect of a deep process would be to remedy something that was significantly interfering with their life, where as the facilitator works with a less impaired population.

When using drum circles clinically, consideration must be made for the small group size. The therapist must be vigilant to maintain a steady pulse. Facilitation technique for drum circles must also be modified to reflect the opportunity for multiple engagements over a longer period of time, the aim of changing *individual* functioning, the very direct level of intervention, and modification of facilitation techniques to make accessible/engage clients with possibly severe deficits in cognitive, emotional, communicative, interpersonal and motor functioning.

### **How to Use Clinically**

Barbara Crowe (Bittman et al., 2001) suggests benefits of group drumming are based on five principles. First, she writes that response to rhythm is basic to human functioning, making percussion activities highly motivating. Secondly, since rhythm is fundamental, percussion activities are interesting and enjoyable to a wide variety of people regardless of cultural or ethnic backgrounds, musical preferences or age ranges. Thirdly, participation in active group percussion experiences has physical benefits including sustained physical activity, relaxation and use of fine motor skills. Fourthly, Crowe states a strong sense of group identity/belonging is created because the sustained repetition of a steady beat brings people together physically, emotionally, and mentally (rhythmic entrainment). And lastly, Crowe writes that percussion activities can be done with little or no previous musical background or training, making these experiences accessible to all people.

Crowe touches on a number of qualities of the musical experience of drum circles, such as accessibility, motivating, physical activity, and feeling of belonging. However, it is important to remember that this is opinion, and what research can be used to support these opinions. To understand further how drum circles can be used in clinical work, I will survey how they are currently being used, and then present research aimed at answering this question.

### **How are they being used clinically?**

A small body of literature reflects the use of drum circles in clinical work. Different types of drum circles can be used effectively in different settings and treatment approaches. Because of a lack of imposed structure, anarchistic drum circles are used for emotional expression. Anarchistic drum circles have been used clinically with people with PTSD in psychodynamic and CBT settings (Slotoroff, 1994) and experiential/emotional-based settings (Burt, 1995). Traditional drum circles have been used for skill development, normalization, and integration (Longhofer and Floersch, 1993) in a psycho-social rehabilitation approach. Bittman, Berk, Felten, Westengard, Simonton, Pappas and Ninehouser (2001) use a hybrid form of community drum circle with guided imagery to empirically study boosts in the immune system. But when we want to use a small community-based drum circle, because of it's balance of freedom and

structure, as well as a good platform for further musical/non-musical intervention, there is no research to my knowledge that inquires into the musical and relational qualities of a drum circle that make it unique.

### **Why use drum circles?**

As an intern at Hamilton Psychiatric Hospital, I conducted a pilot to explore the differences in participants' experiences of instrumental and drum groups. My purpose was to examine differences inherent in the experience of each. From this knowledge, we can consider what way of working lends itself more to particular interventions, and what kinds of experience each facilitates.

Because there was little previous research on this topic, and the nature of the questions involved, and the nature of the relationship between researcher and participants, a qualitative approach was taken. Five staff members of the hospital with varying musical experience participated in eight alternating music and drum sessions (within groups design), lasting one hour each. High functioning individuals were chosen to provide a normative baseline of musical experiences, and they were able to give relatively undistorted introspection of their experience. Sessions consisted of 2 or 3 different activities, drum circle activities being designed to match the structure of instrumental activities, and vice versa. After the session, participants answered a series of open-ended questions designed to process and express their experience on different levels. These answers were transcribed, sorted into emerging categories, which suggested thematic differences in the two mediums. These themes were used to inform the original research questions.

Five themes emerged from the data that described differences in drum and instrumental group experiences: (1) approachability; (2) engagement; (3) inter-creative processes; (4) roles; and (5) anxiety.

The most noticeable difference was (1) the enthusiasm levels of participants in the beginning of sessions. Participants were typically more enthusiastic about the drum circle format. There was also seemingly more resistance to incorporating improvisation in the instrumental group. The enthusiasm for drum circles may be in part to (2) the engagement drum circles provided. Participants typically reported feeling a 'groove' that did not appear in the instrumental sessions. High levels of engagement reportedly accompanied this rhythmic drive, and this engagement as typically described as a body movement (i.e. they were compelled to sway, bob their heads, tap their feet, felt like dancing).

Differences were also found in the (3) inter-creative processes. Ansdell (1994) differentiates between the intra-creative process, occurring between the person and the medium of creation, and the inter-creative process, processes that occur between two or more people engaged in the same creative activity. In the instrumental group data, participants used words such as "nice/interesting sound", or "beautiful music" to describe the creative product. However, participants used much more concrete terms such as "patterns," "groove," "beats", and "rhythm" when describing the product of

drumming sessions. This may serve to explain the interaction between participants. Again, participants used words like “flowed”, “played along” and “following” to describe how they interacted in instrumental sessions, where as participants stated they were “playing off of each other”, “act and react”, “incorporate and building”, and “mimicking” in the drumming sessions. It seems that there is a very direct form of interaction in drumming as opposed to a ‘parallel play’ or global manipulation of sorts in instrumental groups.

Participants noted a difference in (4) roles. In instrumental activities, participants referred to their place in the group in reference to the instrument they are playing. For instance, the bass drummer may see themselves as an anchor supporting the person on xylophone, who is the soloist or lead.

In instrumental session reactions, there was a strong presence of anxiety. Typically, responses indicated that they were dissatisfied with their performance, and made references with making mistakes. However, drumming was reported to generally release anxiety - participants mentioning a cathartic release of stress.

### **Drum Circles as a Music Therapy Method**

Through these findings, we can build a profile on what community-based clinical drum circles can offer, in terms of the inherent experience.

The therapist may want to consider drum circle work: (1) to introduce group improvisation; (2) to make it easier for client to play in an inter-creative fashion (using each-other’s input); (3) to decrease anxiety over making mistakes; (4) to facilitate a release of energy/anxiety; (5) to engage the clients using bodily/motor responses; and (6) to put everyone in an equal role.

To use these as the overall goal of an activity is not using drum circles to their full potential. These guidelines are merely descriptions of an environment in which you can offer interventions (method). Pretend you have a goal of running a 100-meter dash in 10 seconds. How you run (your technique, mental state, energy level, etc) will determine if you reach your goal. But you can choose to do it at a high altitude or a low altitude – choosing right may mean the difference of your running being able to reach your goal.

### **Interventions Within a Drum Circle Method**

Methods are not as pointed as interventions can be, so to use the two in combination can be the most effective. In community-based drum circles, a facilitator intervenes at ‘transition points’ to serve the group’s music by changing it in such a way that allows for the exploration of different possibilities – to keep people actively engaged. The therapists’ mandate requires engagement, but above all the therapist intervenes in order to increase/maintain/restore health. Therefore, instead of intervening at ‘transition points’, a therapist’s intervention is guided by the goals for the client/group.

For example, a goal for individuals may be to encourage pro-social behaviours – such as awareness of others and their feelings. In a drum circle, two individuals play in no relation to each other. The therapist, seeing that this is an opportunity to work on this

goal, intervenes. The therapist can cue the group so that only a designated player is playing solo (or duet). At that point the therapist can cue individuals to listen and then play one at a time. Alternatively, the therapist could use half the group to play a 'rumble' or 'role' that confirms a pulse. As you can see, a technique that a facilitator might use to increase engagement is used by the therapist in service of a treatment plan that ultimately increases health.

In this presentation I have surveyed different types of drum circles. These drum circles can be used in conjunction with different treatment approaches to be clinically effective. I have given special attention to community drum circles, as they the mix of structure and freedom, and the responsibility of a facilitator to intervene and 'conduct' the group. I have suggested how to use the drum circle, that is, what considerations we must keep in mind when borrowing techniques from drum circle facilitation. And I have provided information on why one might use a drum circle as opposed to an instrumental group as a platform for interventions. I implore you as therapists, when designing treatment plans, to examine what experiences occur more naturally in different ways of music making, and to help draw skills out of our clients by taking advantage of the help certain experiences can more easily provide for that client. I strongly believe that drum circles should be used as part of a broader treatment approach, to be used in conjunction with other methods of music making, each with their own unique experiences. Breadth of platforms for intervention creates a more adaptable, effective therapeutic approach.

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