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Author/s:

Lee, J;McFerran, KS;Davidson, JW

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Music facilitation styles and behaviours across the health-care continuum: explanatory multiple case studies

Juyoung Lee ^a, Katrina Skewes McFerran ^b and Jane W. Davidson ^b

^aMusic Department, Augsburg University, Minneapolis, MN, USA; ^bFaculty of Fine Arts and Music, The University of Melbourne, Melbourne, Australia

ABSTRACT

Background: Understanding how music group facilitators work across the health-care continuum has received sparse research attention.

Methods: An explanatory multiple case study design was used to identify approaches employed by experienced facilitators. Five music facilitators working in contrasting areas of practice were interviewed and video recorded engaging with the same groups at three timepoints.

Results: All facilitators demonstrated four common behaviours: applying a consistent structure for each session; creating a positive and relaxing atmosphere for the work; engaging with varying musical repertoire and activities; and offering clear instructions for the participants. Their styles of practice were found to be shaped by their personality, educational background, as well as the size of the group, health conditions, and cultural identities of their music participants.

Conclusion: These skilled facilitators showed flexibility, always aiming to accommodate participants' needs, and revealing new evidence of a common approach to music facilitation across different types of participant groups.

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MUSIC facilitation; music therapists; community musicians; facilitation styles and behaviours

Introduction

This paper presents results from multiple qualitative case studies which investigated facilitation styles and skills linked to positive wellbeing outcomes, as described and demonstrated by music facilitators. It builds on previous work (Lee, Davidson, & Krause, 2016) in which older adults were interviewed to explore their longer-term motivations for participation in community singing groups. In the research, "good leadership" was identified as one of the eight motivating factors for participation, with comments including, "the leader is what makes it," and "any group is only as good as its leader" (p. 199). The current study seeks to deepen understanding of *good leadership* and *effective music facilitation* as these words are used interchangeably in the literature (Creech et al., 2012; Hallam et al., 2011, 2015). For the rest of this paper, we shall use the word *facilitation* to

describe how a music group session is run and a facilitator is the person who guides participants through the music-making and group process.

The concept of facilitation seems to have emerged in the second half of the 20th century, when those working with groups (e.g. educators, therapists, and business leaders) shifted their attention from the outcome to process-oriented and person-centred approaches (Higgins, 2008). The word facilitator originated from the French, “facile,” which means “to make easy” (Higgins, 2012), indicating that good facilitation should make the process as “easy” as possible by adopting participant-centred approaches.

When exploring approaches used by differently trained facilitators, O’Grady and McFerran (2007a, b) interviewed seven music therapists and eight community musicians working in varied settings. Through a grounded theory analysis, they concluded that facilitation practices varied depending on the context in which people were working and the health condition of the participants. Music therapists’ facilitation was closer in style to community musicians when working in community contexts, as compared to therapists in healthcare/medical contexts (O’Grady & McFerran, 2007b). Moreover, when participants were in the stage of acute illness or crisis, the participants’ motivation for the music engagement was due to their circumstances rather than interest in music, and the purpose of the music participation for the person was to reduce/alleviate symptoms or issues and they, therefore, depended on the direction of experts. Based on the findings, O’Grady and McFerran (2007b) identified three facilitation styles: director, labourer, and collaborator, as seen in Table 1.

These three categorisations are conceptually similar to Jones (2005) views of teaching styles in adult education, labelled as gatekeeper, midwife, and fellow traveller. Jones (2005) explains that the teacher can choose how to build a relationship with students and use learning material, depending on the teacher’s intention and objective of teaching. For example, a gatekeeper teacher selects the most appropriate learning material (e.g. song/music choice in our study) out of multiple options, and the intention of the teaching is for students to understand the learning material. In other words, the teacher has a close relationship with the learning material and directs students in the learning process. A midwife teacher offers stimulating learning materials to experiment with the students and enables them to discover the material for themselves. In the fellow traveller style, the teacher’s role is to encourage students to engage and explore various learning materials and guide them along the learning journey. No single approach is considered the best, and expert facilitators move between different styles within one session and with the same group (Jones, 2005).

Table 1. Music practice tendencies across the health-continuum by O’Grady and McFerran (2007b).

Stage of health care	Motivation	Music facilitator’s role towards participants	Priorities of the facilitator	Type of health focus
Acute illness/ Crisis	Circumstance	Director	Participant’s sense of ownership	Reduce/alleviate symptoms/issues
Rehabilitation	Circumstance	Director/Labourer	Participant’s self-expression	Explore symptoms/issues
Community	Interest in music	Collaborator	Effect social change	Enhance health
Well-being	Interest in music	Collaborator	Participant is part of something bigger	Focussed more on music-making than health/Health benefits are offshoots

Perceptions of good facilitation were also examined in music-based practices with older adults (Hallam et al., 2011, 2015). Hallam et al. (2011) multi-method study used questionnaires and various individual and group interviews to explore the perceptions of stakeholders, participants, and 22 facilitators of various music groups (e.g. choirs, steel pan workshops, and ukulele group) in three UK case study sites. Music participants reported that successful facilitators listened to participants, praised them, set challenging but not too difficult tasks, provided role models, and gave clear goals. Successful facilitators were also considered “knowledgeable, patient, positive, enthusiastic, and have a sense of humour to create a relaxing atmosphere” (p. 241). Hallam et al. (2015) further study emphasised the importance of ongoing supervision and training for the facilitators, to keep them attuned to emergent issues and reflect on their own practices.

To understand the strategies, organizational structure, and interpersonal behaviours of music group facilitators, Creech et al. (2014) analysed 53 randomly selected video-recorded segments of 23 musical group activities for older people. The results of the video analysis found a range of facilitation behaviours such as scaffolding activities (e.g. conducting, accompanying, singing or playing along with the participants); modelling; conducting organizational activities (e.g. setting out chairs, handing out music); facilitating warm-ups (e.g. vocal warm-ups, breathing exercises); providing diagnosis and explanation; answering questions; asking questions; being directive in a non-negotiable manner, as well as offering non-attributional positive feedback (e.g. good, well-done); attributional positive feedback (i.e. attributing good outcomes to specific strategies); non-attributional negative feedback; and attributional negative feedback.

Likewise, participants’ behaviours were identified as music-making and practical work; listening passively to directions, explanations, and modelling; and participating in warm-up activities. Behaviours such as offering opinions, asking questions, and participating in discussions were not observed frequently and varied between different musical activities. For example, more discussions were found in choirs and music appreciation groups than in instrumental ensembles. As previous studies indicated that older adults were more motivated after receiving facilitator feedback, Creech et al. (2014) encouraged facilitators to ask more “open questions, eliciting analytical responses from participants” and offer more “non-verbal modelling” (p. 444).

Overall, investigations of facilitation approaches and skills in music group contexts are scarce and the existing research has focused on work with older adults (Creech et al., 2012, 2014; Hallam et al., 2011, 2015). Accordingly, we explored the perspectives of the music facilitators engaging with a wide range of age groups in different contexts, in order to better reflect the diversity and inclusiveness of modern-day music groups.

Methods

Study design

An explanatory multiple case study design (Murphy, 2016) was chosen given the aim of the research was to investigate what leadership styles music facilitators employed with their groups and what facilitation behaviours were used to achieve positive facilitation experiences. According to Streb (2010), as cited in Murphy, 2016, p. 572), an explanatory design should be “used to study phenomena that do lend themselves easily to objectivist

research methodologies.” The purpose of an explanatory multiple case study design is to develop theory, and therefore ideal facilitation behaviours and styles are identified at the end of this paper. This explanatory approach distinguishes the current study from a descriptive case design that yields a rich description or the explorative approach that examines social phenomena (Murphy, 2016). A naturalistic inquiry (Lincoln & Guba, 1985) was also a crucial element of the current study, and pre-existing music groups comprising people of various ages, abilities, disabilities, and cultural identities provided diverse conditions for the exploration.

Author positionality

Situating the role and previous experiences of the authors in this research aids the reader to contextualise the findings from the study and highlight factors that may have had both conscious and unconscious impacts on the analysis. The three researchers are cis-gendered women with rich experiences in music facilitation. The first author is of South Korean heritage and an experienced music therapist who had nine years of clinical experience when beginning this study. For this research, she worked as a postdoctoral research fellow. The second author is a music therapist of white Australian heritage with more than 25 years of clinical experience and in excess of 20 years of academic experience. She was a co-chief investigator on an Australian Research Council Discovery Project from which the current study emerged. The third author is of white British heritage and a community musician and academic whose research centres on applied social psychology related to the arts and music. She has over 30 years of practical and academic experience and was the lead chief investigator of the Australian Research Council Discovery Project from which the current study emerged.

As experienced qualitative researchers, we believe in multiple realities and that all knowledge or truth can be constructed by people who have multiple perspectives. Constructivism (Denzin & Lincoln, 2011) informed the development of the study and analysis process. Aware of our own skills and experiences, we also felt it was important to be respectful and polite when author 1 attended sessions. So she kept very much in the background to minimise any sense of intrusion into the already well-established groups.

Ethics clearance and recruitment

After securing funding for the study, ethical permissions were sought to carry out the study which followed practices and complied with standards prescribed by the *Australian Code for the Responsible Conduct of Research* (2018), and the approval was received from the Curtin University in Western Australia (Ethics ID: RDHS-263-15). Purposeful sampling strategies (Patton, 2001) were adopted where the researchers intentionally searched for music facilitators within their professional networks who met the following inclusion criteria:

- (a) Facilitation experience of ten-years minimum;
- (b) Musical group facilitation representing a range of participants (e.g. children, adults, or older adults);

- (c) Different types of musical activities (e.g. choir, instrumental band, or therapy group);
- (d) A variety of health conditions/cultural identities/backgrounds (e.g. people with First Nations backgrounds, intellectual disabilities, older people, or intergenerational)

Five groups were selected to capture the diversity of people and groups, but this number also reflected the constraints of the research budget. The first five facilitators who fulfilled the selection criteria were invited to participate via email which included a plain language statement offering written information about the research. Facilitator participation was agreed by signing a written consent form. Once consent was established, the first author visited the facilitator while working with their group, and at this meeting, full details of the research process were summarised for all participants, and collective verbal consent for being observed was obtained. It was made clear that the study was not focused on the participants in the group, but rather on the facilitator and facilitator practices, furthermore, all data were to be anonymised.

Participant information

The five facilitators worked across therapeutic and community settings, and information about them was gathered from interviews and during observations. In accordance with the ethics permissions, the facilitators and their group participants are referred to using pseudonyms. The size and settings of the groups, types of music programs, participants' ages, health conditions, and dominant cultural identities are presented in [Table 2](#).

Data collection

The data were collected over a four-month period, prior to the COVID-19 Pandemic. Across this timespan, the first author visited each group four times. After the initial project establishment session, the subsequent three sessions were videoed by the first author, once every four weeks, over a three-month period, generating a total of 19.5 hours of data from the resulting 15 group sessions recorded. In the initial project establishment session, the first author was introduced by the music facilitator to the participants. The researcher introduced herself, explained about the research project and her future visits, and responded to any questions. After that, the researcher only observed the group. In the following visits, the presence of the researcher was acknowledged by the facilitator at the beginning of the session, so all participants were aware of the presence of the researcher in the room.

A single video camera was used to capture the sessions. To minimise the impact of the researcher and video camera on the music participants, the researcher positioned herself and the camera behind the music participants, facing the music facilitator. The researcher observed the sessions, staying still and making only minimal prompting notes for interview questions. This was to minimise distracting behaviours which could have been picked up by the facilitator. After the final video data were collected, each music facilitator was interviewed separately

Table 2. Information of the music programs, the facilitators and the participants.

Group description & Working years together	Facilitator (name, worker identity, gender, age)	Education background	Facilitation experience	Group size (number of participants) & Duration of each session	Setting	Participants (age, health conditions or cultural backgrounds)
Weekly music group for children and caregivers, 2 years	Jessica, Music therapist (F/40's)	Music therapy (Bachelor of music therapy)	18 years as a music therapist in paediatric hospitals	Medium (10 child-parent dyads), 1hour	Community based facility	Healthy children and their caregivers
Community brass band, 8 years	Gavin, Conductor/composer (M/50's)	Computer science & music (PhD in music composition)	37 years as a conductor of both professional/amateur music groups (e.g. choirs and a brass band)	Large (40), 1.5 hour with 10 mins break	Community hall	All ages and musical abilities
Community singing group, 2 years	Leo, Conductor (M/70's)	Music (Bachelor of music)	42 years as a professional conductor in chamber orchestras and choirs	Large (30), 1.5 hour followed by 30 mins teatime	Community hall	Older adults with Parkinson's disease and carers/volunteers
Music therapy group, 3 years	Naomi, Music therapist (F/60's)	Music therapy (Bachelor of music therapy)	18 years as a music therapist/music teacher in special schools, adult disability facilities, private practices	Small (5–6), 1 hour	Community based facility	Adults with intellectual disabilities
First Nations choir, 2 years	Hazel, Music therapist (F/50's)	Music therapy (Bachelor of music therapy)	23 years as a music therapist/music teacher/Aboriginal health practitioner in aged care, disability facilities, rehabilitation hospitals	Large (20–25), 1.5 hour with 10 mins break	First Nations gathering place	First Nations and non-First Nations adults

for approximately one hour, based on a set of questions that focused on motivations, goals, and methods, including:

- Please explain your music facilitation approach in general (Prompt: across a range of groups, and this group in particular).
- What is your goal for the participants in this group (Prompt: music, social, health, other foci)?
- What/are there/specific techniques/approaches you adopt in the context of this group (Prompt: relating to demographic, location, types of music etc.)?
- What motivates you to continue facilitating music-making (Prompt: with this group and otherwise)?

In addition, the researcher asked about specific approaches she had observed across the three sessions, in order to clarify answers to the above and generate further descriptions.

Data analysis and verification process

Video data

To capture the depth of analysis, a video microanalysis was undertaken using the technique of operationalisation, where the researcher reduces “the totality of a session or of parts of a session to several items or a part the whole” (Wosch & Erkkilä, 2016, p. 578). The following four steps were taken:

Step 1. While observing each session, the first author identified notable behaviours led by the facilitator during the group session.

Step 2. The researcher recorded the time, musical activities or repertoire, and described the behaviour of the facilitator and group participant response in detail on an Excel spreadsheet.

Step 3. The researcher then examined these data looking for both common and unique behaviour and summarised these skill sets observed within and across sessions and individuals.

Step 4. The facilitation behaviours were then further classified, and as these were consistent with the ones identified in Creech et al. (2014) study, and they were labelled accordingly. Additionally, the average percentage of session time spent for each type of facilitation behaviour was calculated for each facilitator across their sessions.

The procedure and outcomes of the video analysis were verified by the third author, through random sampling across all observation data and analyses. As the nature of this exploration was qualitative, no testing of inter-rater validity was undertaken. When a discrepancy arose, and such instances were rare, discussion and cross-evaluation led to a modification in the analysis.

Interview data

Interview data were collected after the observations and video recordings were completed. The first author transcribed the audio recordings of the five interviews and emailed the transcriptions to each music facilitator for the purposes of the member-checking process (Lincoln & Guba, 1985). Each facilitator validated that the text provided an accurate representation of the discussions. Once all the interview transcripts were validated, important information relating to each facilitator, such as their education/training backgrounds, facilitation experience, philosophical/theoretical orientation, most used facilitation behaviours, and song/musical repertoire choices, was synthesised into Table 3. The key statements about philosophical and theoretical orientations were used to develop a “narrative description” of each person, their beliefs, experiences, and approaches, through a “narrative configuration” which refers to “the process by which happenings are drawn together and integrated into a temporally organized whole” (Polkinghorne, 1995, p. 5). To ensure the credibility of the interview results, the third author examined and cross-checked the transcribed interview texts, the table, and five narrative descriptions as an expert auditor. The third author validated the process and outcome of the results and also offered suggestions and recommendations.

Results

Individual style and approach

All facilitators revealed they had a minimum qualification of a bachelor’s degree in music or music therapy, one interviewee having completed a doctorate. They explained how their music facilitation experiences had developed in various clinical, community, and/or professional settings. While a minimum of 10 years of facilitation was required to participate in the study, the five facilitators had amassed an average of 26 years of music facilitation experience, ranging from 18 to 42 years.

The facilitators each adopted what they believed to be the most appropriate philosophical and theoretical orientations of their practices emerging from their educational and practical experiences. This influenced their motivation for working with specific types of music groups: the health conditions/life circumstances of the participants (e.g. Parkinson’s disease); developmental needs (e.g. intellectual disability, young children); and cultural backgrounds (e.g. First Nations people); which also affected the size of the group they chose to run, small (5–9 participants for music therapy work), medium (10–19, for developmental needs), large (20 + for community-sized groups like bands and choirs). Some focused on only one musical activity such as brass band (Gavin) and group singing (Leo and Hazel) while others engaged their group in a wide range of musical activities including movement, singing, and instrumental playing (Jessica and Hazel). The choice of musical activities, types of music/songs, and the methods for making music/song choices were similarly influenced by the facilitators’ education and practical experiences. All facilitators also noted that the characters and desires of participants shaped how their conversations, musical exercises, and work, in general, were approached. For example, Jessica’s music group for children and their caregivers aimed to foster healthy bonds and attachments so Jessica’s role was to structure and promote various musical activities for the child-adult dyads. From these data, it was evident that the facilitators were committed to specific theories and practices.

Table 3. Results of interview and video analysis.

Facilitator	Facilitator's goal/motivation for the work under observation	Facilitation approaches (Philosophical or theoretical)	Group management strategy: The size of the group resulted in the way music materials were chosen	Interpersonal styles: How the facilitators communicated music choice and type of activities with the participants depending on the development stage, cultural identity of their group	Presentations of the personal characters
Jessica	Attachment and developmental needs for children and caregivers	Infant mental health through promoting healthy bonds/attachment between adults and children.	Director (Jessica chooses the song/music materials and activities before the session to make the group management easy as it is a big group of participants) Organizational activities (49%)	Labourer (giving the service) Modelling and scaffolding (35%) Asking questions (16%)	Positive, child-centred, calm.
Gavin	Musical expression and social connection for members of community brass band	Banding on a cultural realm/Humanistic approach	Director (Gavin chooses the music materials before the session to make the group management easy as it is a big group of participants) Diagnosis, explanation, answer questions (25%), Directive in a non-negotiable manner (20%), Director (Leo chooses the song materials and activities before the session to make the group management easy as it is a big group of participants) Organizational activities (37%) Labourer (fostering the empowerment by giving them songs/instruments choices and physical supports) Organizational activities (18%)	Collaborator (communicating as equal participants) Non-attributional positive feedback (29%), Attributional positive feedback (13%), Modelling (13%)	Patient and respectful of the adult amateur players
Leo	Symptom management and social connection for people managing Parkinson's disease	Humanistic approach to promote wellbeing	Labourer (giving the service to the participants) Non-attributional positive feedback (36%), Modelling and scaffolding (27%)	Labourer (giving the service to the participants) Non-attributional positive feedback (36%), Modelling and scaffolding (27%)	Sensitive/highlighting importance of humour/mixture of pushing and extending participants/pre-planning but allowing for spontaneity in session
Naomi	Self-expression and social connection for people with intellectual disability	Creative music therapy	Collaborator (communicating as equal participants) Modelling and scaffolding (43%), Non-attributional positive feedback (39%), Labourer (giving the service to the participants) Non-attributional positive feedback (56%)	Collaborator (communicating as equal participants) Modelling and scaffolding (43%), Non-attributional positive feedback (39%), Labourer (giving the service to the participants) Non-attributional positive feedback (56%)	Facilitating the decision-making process/providing practical support & musical guidance
Hazel	Cultural expression and wellbeing for First Nations music group	Culturally safe practice	Collaborator (giving equal power to the participants in terms of choosing their preferred songs and ways to be presented) Diagnosis, explanation, answer questions (44%)	Labourer (giving the service to the participants) Non-attributional positive feedback (56%)	Patient/quiet/using humour/being neutral/balancing between group discussion and rehearsing

Table 3 draws the links between specific behavioural repertoires observed during the group music sessions and the facilitator's explanation of why and how such behaviours are effective. It offers the starting point for the discussion of the facilitation, which is then augmented with much more detailed results from the video analysis (Tables 4–8), which are presented with accompanying narratives for each facilitator in the case studies that follow.

Table 4. The most observed facilitation behaviours used by Jessica.

	Type	Examples	Average time spent per session
1	Organizational activities	Singing a transitional song for children to be oriented to the expected behaviour (e.g. stand up, time to clean)	49%
2	Modelling and scaffolding	Demonstrating, leading singing with fingerplays and action/movement songs	35%
3	Ask questions	Offering a choice of musical instruments	16%

Table 5. The most observed facilitation behaviours used by Gavin.

	Type	Examples	Average time spent per session
1	Non-attributional positive feedback	Phrasing members' play (e.g. <i>"very good!"</i> , <i>"that's better!"</i>)	29%
2	Diagnosis, explanation, answer questions	Being patient, smiling Explaining and clarifying musical contents (e.g. the intention of the theatrical activity where some members will ride toy horses) Attending members' questions/opinion (e.g. eliciting analytical responses)	25%
3	Directive in a non-negotiable manner	Asking for a specific sound/attention (e.g. <i>"can anybody care for the crochets?"</i> , <i>"so just crack – don't be nice"</i>) Correcting some members' notes	20%
4	Attributional positive feedback	Encouraging members to try (e.g. <i>"you are quite right,"</i> <i>"good point. let's do it again"</i>)	13%
5	Modelling	Using body gesture or humming to remind the musical contents	13%

Table 6. The most observed facilitation behaviours used by Leo.

	Type	Examples	Average time spent per session
1	Organizational activity	Offering an instruction, progressively guiding the participants to different stages of practice (e.g. vocalizing, breathing, singing) Choosing an appropriate song for the participants, considering their conditions or events (e.g. birthdays, St Patrick's days)	37%
2	Non-attributional positive feedback	Using humour to make the participants relaxed and focused (e.g. dancing around, making funny sounds, quickly walking to a man and saying <i>"tha"</i> and wiping the man's hair) Phrasing the participation (e.g. <i>"that's pretty good, isn't it?"</i> , <i>"Oh that made a difference!"</i> with a surprised face)	36%
3	Modelling and scaffolding activities	Using physical/non-verbal gestures to encourage active participation (e.g. <i>"even more!"</i> showing his arm being strongly squeezed, <i>"when your favourite football team kicks a goal, you should say "hooray"</i> - he pretended he was kicking the ball very slowly and encourage participants to say <i>"hooray"</i>) Explaining and modelling the mechanisms of breathing and singing (e.g. imagine blowing a candle)	27%

Table 7. The most observed facilitation behaviours used by Naomi.

	Type	Examples	Average time spent per session
1	Scaffolding and modelling activities	Offering guitar/keyboard accompaniment and giving non-verbal /verbal queues (e.g. <i>"Mary, have a go with your microphone! Ethan, this one finishes with the big three notes, not rubbles thank you!"</i> – all with gestures and pointing) Prompting and guiding each client with clear/direct instructions (e.g. <i>"Nathan plays the introduction first, then Greg and Mary, Go!"</i>)	43%
2	Non-attributional positive feedback	Being patient and flexible with agitated and disturbed members (e.g. Naomi physically comforted and guided the member to take a break outside) Encouraging and phrasing members for their playing (e.g. <i>"nice work!," "that's good. do that again?"</i>)	39%
3	Organizational activities	Offering physical supports and instrument/equipment (e.g. <i>"let's play the chime bars first!," "we need kazoos!"</i>)	18%

Table 8. The most observed facilitation behaviours used by Hazel.

	Type	Examples	Average time spent per session
1	Non-attributional positive feedback	Being patient, listening, and allowing the members to express their opinions (e.g. Hazel would be patient, allowing the participants take time) Acknowledging and respecting members' skills (e.g. <i>"you are the expert"</i> [in Aboriginal language], inviting a member to lead more complicated tongue twister)	56%
2	Diagnosis, explanation, answer questions	Guiding a decision-making process by asking opinions, suggesting ideas, and making an appropriate decision for them (e.g. deciding a key for a song was tricky and there were different opinions between singers and musicians. After exploring 3 different keys – Hazel said, <i>"so it was harder for musicians but easier for singers, so one option is musicians singing the verse and everyone coming in the chorus"</i>) Clarifying musical elements such as lyrics and tempo (e.g. <i>"the musicians with metronome, it's a crochet 74"</i>) Explaining the situation and plan of the musicians (e.g. <i>"why don't we spend some time concentrating on the language and then go back and do slowly?"</i>)	44%

Case studies

Jessica, weekly music group for children and caregivers: attachment and developmental needs foci

Jessica explained her theoretical orientation and its impact on the ways she structured her sessions as follows:

Infant mental health, secure attachment, and bonding have always been the focus of all my clinical work. I do take a developmental [psychology] approach regarding what the children should be doing at ages and stages, and I've brought that into my session plans and my goals. It's also Steiner-inspired (Steiner, 1988). I really like that emphasis on developing the listening child, being aware of it in nature, so I use many seasonal songs and music to ground the children in what's happening around them.

The analysis of the three sessions revealed that Jessica always began sessions with a greeting song to address nature and welcomed all the participants, which was followed by songs that included finger plays, action, and movement. It could be seen that all work

progressed from developing gross to fine motor skills but also it was about attuning to hearings and building environmental awareness. Various types of music with live guitar accompaniment and some recorded music were offered, all led by Jessica. Musical instruments and colourful props (e.g. ribbons, small parachutes) were also used, generating a multi-modal creative environment where children interacted with their caregivers through music. At the end of the session, child-adult pairs sat down on the carpet for a cuddle and story. Such physical and emotional interactions between participants were constantly prompted by Jessica. Table 4 shows how often particular facilitation behaviours were observed. This was calculated by averaging behaviours across all three observations.

The types and proportions of facilitation behaviours seemed effective, especially as young children have short attention spans and it was observed that Jessica's sessions were energised and focused, always remaining under Jessica's control. Jessica chose all the songs and activities that could be used in sessions and was clearly well-prepared for the sessions. Her facilitation style was readily aligned with the director's approach (see Table 1 above for O'Grady and McFerran's summary of facilitation styles). Yet, she also offered musical, physical, and emotional support and choice opportunities for songs and musical instruments throughout the session, engaging in positive postures, gestures, and actions, thus showing strong characteristics of a labourer (see Table 1). Jessica emphasized structuring each session and multiple sessions throughout a term to "ground the children in their surroundings." To achieve this, she presented herself in a calm manner, with a soft voice and clear verbal/non-verbal instructions and modelling.

Gavin in a community brass band: music skills and social connection foci

Gavin described the most important aspect of his approach as "trying to get the best out of players," given that his band members were of widely differing ages (11 to 72 years old) and abilities. While many were typical community members, some were experiencing fibromyalgia, life post-stroke, and Crohn's Disease. Of facilitation styles, he noted:

There's that rather aggressive sports coach, heavy-handed approach in the bands, particularly, the very competitive ones. I was very keen to not approach it in that way. It was going to be more about training people to play, for their own entertainment, and to bring it into the realm of culture rather than sport. It's a slow process but the band has improved immensely in that time [during his leadership], which will be about eight years, and it's also been about building skills and awareness in people. With a group of such mixed abilities, certain skills need to be brought up quickly for everybody to perform well and learn music.

Gavin's sessions all began with setting up chairs and tuning the instruments. Gavin then chose exercise pieces for the players to practice their technical skills, which was followed by rehearsing music pieces that the group was due to perform. Gavin chose all the musical pieces carefully according to individual members' musical abilities and themes of upcoming community events. At the time of the research, the band was preparing for an event themed around horse riding, therefore, the group was rehearsing music related to the theme. Table 5 presents Gavin's facilitation behaviours.

As a director of 40 musicians, it can be seen that Gavin mostly used the rehearsal time to explain, clarify musical contents, and attend to members' questions/opinions. But notably, the most used facilitation behaviour was "non-attributional positive feedback,"

which seemed effective in getting the best out of each player. While Gavin demonstrated a “director” style of facilitation, the way he interacted with the participants was gentle and he was often seen spending time trying to “elicit analytical responses from participants,” which also demonstrated some aspects of collaborator style. He presented himself in the band situation and in the interview as a quiet man. His approach was softly spoken and calm with occasional touches of humour.

Leo in a community singing group: symptom management and social connections foci

The sessions all began with vocal warm-up exercises, typically with Leo walking around the circle where the participants sat in chairs or wheelchairs. Leo was very physically active across the three sessions, his behaviours were animated, and these were deemed by both researchers analysing the data as charismatic, given the highly responsive impact he had on the participants. He effectively grabbed the attention of the participants, his loud-spoken voice and humour in the form of jokes and/or comical physical behaviours evidently made the participants laugh and it was apparent in their smiles and banter that they felt relaxed throughout the session. After the warm-up, the participants sang various songs from a songbook prepared by Leo and Elsa (Leo’s wife and the piano accompanist) and Leo would select songs throughout the session. When asked what he was doing in particular for the choir, it became clear that Leo undertook warm-up exercises for specific physical outcomes. In fact, Leo was determined to explain the principles of warm-up exercises to participants, describing specific muscles to use and how to differentiate physical aspects in relation to their Parkinson’s disease (e.g. how to use facial resonators to keep vocal volume). Leo further described his philosophical approach to facilitation:

The same as any coach, a good football/cricket coach, a conductor. You need to know your stuff really well. The other equally important thing is being able to communicate with people in a way that makes them relaxed and receptive to learning, so you need patience.

The participants in Leo’s group experienced deteriorating physical conditions due to Parkinson’s disease (e.g. difficulty with breathing and vocalising). Leo’s facilitation styles and behaviours seemed effective in motivating and engaging people who all gleefully took part in active physical and mental workouts. Overall, he demonstrated the director’s facilitation style, yet he was also showing some characteristics of being labourer as he offered so much physical, non-verbal modelling, and psychosocial work, trying to improve the participants’ mood and asking open questions.

Naomi in a music therapy group: self-expression and social connection foci

These sessions always commenced with a catch-up between members. This was achieved while everyone created chanting sounds by tapping on their laps, and then individual members told one another about the most exciting or memorable things that happened in their week. Members then stood up and participated in voice warm-up exercises. Naomi led each exercise using humorous gestures and imitating animal sounds, and everyone seemed to enjoy this activity and one another’s company, with chat sometimes spreading between participants. After the warm-ups, the members discussed the song choice and order of songs to practice. Naomi guided this process by considering the time and task of the day and offering suggestions on how to structure the rest of the time.

Whenever Naomi announced the title of the next song to be sung, all members busily prepared microphones for the main singers and musical instruments for one another. Naomi would then remind members of the critical points to focus on, and everyone engaged with ease and pleasure. Naomi explained goals and approaches for the group:

They have better language skills and some advanced social skills like greeting, [much more] than other people I work with, so I encourage more connections. I also try to include them in all the decision-making by asking questions such as: "What do you think? What instrument are you going to play now? What do you think about putting this thing together? Do you want to do this song now?" They do like me to lead the group at times, but there is much more cross-interaction in that group, talking, enquiring, and connecting with each other. They even have gone over to their houses. They see each other [socially] from time to time.

Providing physical, non-verbal modelling, and musical support/guidance to the group and being flexible with each member's changing needs were the crucial facilitation behaviours Naomi displayed. While Naomi mostly demonstrated a labourer's work, it was also apparent that she tried to collaborate with members by asking and respecting their opinions. In comparison with other facilitators who worked with neurotypical adults like Gavin or Hazel who worked with neurodivergent adults, Naomi was highly proactive in terms of facilitating and promoting active interactions with her participants. She was energetic in her modelling and physical support, using a moderately loud voice and large gestures.

Hazel in an indigenous choir: cultural expression and wellbeing foci

A session for the choir began with vocal warm-up exercises, followed by announcements of news and discussions regarding recent performance invitations or rehearsal schedules. Active discussions among members were facilitated and they practised several songs before a tea break. After a 10-minute break, the session would resume for a second half, the entire rehearsal lasting for two hours. During the session, the members not only sang and played their instruments but whenever needed, they engaged in active discussions with Hazel and one another. All the members were passionate about their music and strongly opinionated about details such as tempo, key, pronunciation of the language, and instrumentation, which needed immense time to discuss and be resolved. Hazel stressed how vital it was to view and understand the participants' emotional reactions and behaviours from a trauma-informed approach¹ (Atkinson, 2002) as follows:

It's very much about collaboration and not being like expert facilitation. They are the experts, so you support them in what they want to do, and I think that trauma lens is really important. Sometimes there is a lot going on, you think "how come this is happening," but if you look at it from the trauma lens, you can understand why some of the issues might arise. That's about having a good understanding of the history of what's actually happened to Indigenous Australians and many people don't have that.

Guiding cyclic decision-making processes (a yarning circle) was unique to the First Nations choir due to their cultural beliefs and practices. Whenever needed, participants spent extensive time practicing "deep listening" (dadarri daidirri) with each other. Hazel was observed as being calming and fully engaged. Her statement illustrates her care and detailed approach. She was always quiet and consultative and mostly demonstrated a collaborative approach to leadership, as she had to accommodate each participant's

musical and emotional needs in and outside of the sessions, in that way, she also worked as a labourer. Hazel was keen to create a safe environment for the choir members to express their thoughts and feelings, and this was the most crucial aspect of her facilitation in this setting.

Discussion

This study reports findings from the study of five highly experienced facilitators, each with more than a quarter of a century of experience supporting their music group facilitation skills, working in highly contrasting community-based settings. Overarching differences in approach were identified, with the three music therapists reporting theoretical orientations from psychology and mental health, and the two community musicians drawing upon more person-centred, philosophically informed approaches. The personalities and presentational styles of each facilitator were also distinct, with Leo (community musician) and Naomi (music therapist) being more energetic facilitators, and the other three being quieter and calmer in approach. Overall, all facilitators demonstrated patience and warmth with all their participants.

Each group observed was very different, the size of the group being related to the motivational goal of the facilitator and the material explored in each session. For instance, to facilitate close contact work, Naomi's group of intellectually disabled individuals was smaller in number than the community band run by Gavin. This group size was tied to the health conditions and cultural backgrounds of the participants, and so for each group, we can see that size of the group, approach, and behaviours were all being tailored to what was believed to be the best route for achieving sessional goals. Indeed, clear distinctions could be seen between those facilitators employing collaborator and labourer styles that focused on the members' experiences. For example, the First Nations choir had its own Social Network Services (SNS) group on the internet and always discussed which songs were appropriate to be practiced and performed at each public event. Even after selecting songs, the participants actively communicated about how to play the different sections of a song. Those facilitating the largest groups in our study (Gavin and Leo) often adopted a director style, setting the goals for music participants and selecting the musical repertoire that was best to achieve the goal. Jessica, working with the child-caregiver dyads also demonstrated this style, seemingly to keep the young children engaged and on task. Although Jones (2005) explained that selecting certain songs and being directive can be evidence of gatekeeping behaviour, in this study it seemed to be more aligned with what Higgins (2012) describes as "making it easy" for the groups to attain coherence and positive outcomes.

Initial engagement with the data suggested that each facilitator had one identifiable overarching style of facilitation, easily observable when focusing on the organisational structures of the group. However, when we analysed the styles of interaction between the facilitator and group through the video observations, all facilitators demonstrated a range of behaviours that crossed different styles. For example, the three facilitators labelled as directors, also demonstrated participant-centred approaches and interpersonal styles that had both collaborator and labourer dimensions. For example, Jessica often created appropriate physical and musical

environments for the dyads she worked with, in the style of a labourer. Gavin asked open-ended questions and tried to elicit analytical responses from participants, which indicates that he was collaborating with his participants. Leo was also very considerate of the participants' symptoms and actively worked those "with them," demonstrating non-verbal modelling even without any training on this specific disease. Naomi predominantly appeared to work as a labourer when focusing on organisational structures, but she worked in collaboration with her members and whenever there was an opportunity, she asked their opinions. Hazel was most often collaborative, but worked like a labourer at times, trying to accommodate each participant's needs in and out of the sessions.

These facilitators demonstrated how the best practice was to move between different leadership styles within and across sessions while working with the same group, consistent with findings by Jones (2005). Their expert musical skills were often apparent, and they also demonstrated clear interpersonal and group management skills. Highly recommended facilitation behaviours (Creech et al., 2014) such as asking "open questions, eliciting analytical responses from participants" and offering "non-verbal modelling," were often observed by the five experienced facilitators. In fact, the video analysis results show that the five facilitators of this study spent an average of 42.6% time in presenting these two behaviours (Jessica: 51%, Gavin: 48%, Leo: 27%, Naomi: 43%, Hazel: 44%).

In summary, the following behaviours were consistently observed across all facilitators:

- (1) Using a consistent structure (Organisational structuring)
- (2) Drawing on various musical repertoires/activities (Scaffolding)
- (3) Creating a relaxed atmosphere and positive emotions (Interpersonal interactions – being patient, using humour, allowing the participants to take time or express their opinions)
- (4) Offering clear instructions to orient the participants to expected behaviours (Modelling, non-verbal and verbal feedback)

Overall, these findings are similar to previous research that reported facilitators to spend most time scaffolding, modelling, and undertaking organizational activities (Creech et al., 2014; Hallam et al., 2015). However, this study expands those findings, as the previous studies were focused on older adults whereas in the current study, the facilitators worked with children, adults living with disabilities, and people managing diseases. This study also included a broader range of musical activities than in the previous work: choral, a range of musical instrument groups, and music therapy sessions.

Of course, each facilitator and group are unique, and transferring knowledge from the current case studies should be carefully appraised, with the limitations of the study being acknowledged. Indeed, while this study engaged in ethical voluntary participation, it was constrained by the scope of research we could carry out. Further, larger-scale data collection will permit causal links between facilitation behaviours, facilitator background, personality and type of group (choral, band, or therapy) to be made, though it is to be noted that the current findings are similar to other earlier studies, therefore it does seem that elements identified as being important to facilitation may well be more generalisable.

Considering these data as starting points to articulate a conceptual framework for positive group music facilitation, we note that constituent components are linked to a range of processes and mechanisms – background beliefs and attitudes of the individuals, application of social understanding, and then emotional experience. These are articulated through physical and intellectual engagement and interpersonal coordination.

Reflecting upon our engagement with the facilitators and their group participants, researcher influence may have shaped data collection and analysis. For example, as our positionality statement highlighted, the first and second authors are music therapists meaning that they may have had unconscious positive bias/insights towards therapeutically focused facilitation. However, the third author is not a therapist, and often works in community and/or professional practices so her role in checking all data and analyses was in some way a moderating mechanism. Also, as explained in the method description above, during the actual data collection process, the first author was extremely careful to minimise her impact on the usual running of sessions. Indeed, while the facilitator and participants were aware of the research and its goals, we were conscious of not wishing to interrupt their usual group processes. Of course, having someone watch you and video record is a new activity that will have an impact. However, across the period of the study, the facilitators all remained extremely comfortable about having the data captured, aware that the materials were for research purposes only. The participants were not concerned about the observations and recordings.

We could have collected data from the group participants being facilitated, but again we did wish to be as minimally intrusive as possible. Looking at the complex ecology of the whole group was not our aim, and the data we collected offered sufficient detail to enable us to note how the group members responded to facilitation without questioning them. Furthermore, for two groups it would not have been possible to interview all participants owing to ethical permission constraints. It is to be acknowledged, however, that future more expansive work could engage with all group participants, not only facilitators.

Conclusions

Studying the practices of five facilitators, a skill set of four definitive behaviours that result in positive music group facilitation were identified: applying a consistent structure for each session; creating a positive and relaxing atmosphere for the work; engaging with varying musical repertoire and activities; and offering clear instructions/modelling to orient the participants to expected actions. Depending on the size of the group, health conditions, cultural identities/backgrounds of the participants, and the experiences and personality of the facilitator, the styles of facilitation included a mixture of director, labourer, and collaborator approaches.

In view of these specific cases, music facilitator behaviours and styles that might usefully support facilitators in planning future sessions include: finding mechanisms to create familiar and positive experiences for participants, (e.g. developing a consistent structure that can operate across sessions; building music repertoires/activities to aid in familiarity; developing social breaks and activities within the music). Additionally, offering clear verbal, non-verbal, or musical instructions could orient the participants to expected cultural practices. For those

requiring a director approach, it would seem important to remember to praise efforts, offer gentle feedback, and show patience and tolerance. For those aiming to be more collaborative, allowing enough time to facilitate discussions, modelling listening, sharing approaches, and ensuring all participant opinions are taken into account would be important. For those adopting labourer approaches, offering choices rather than pre-determining repertoire or structures and enabling a range of activities to support the group process seem vital.

Note

1. Trauma-informed approach enables you to (1) “gain a contextual understanding of the experience of trauma and (2) value the cultural and individual processes of recovery (or healing) from trauma when working with the indigenous people” (Nathan, 2013, p. 1). The trauma-informed approach is not only useful for First Nations people, but it can also be used to support people with various conditions and from diverse backgrounds (Heiderscheit & Murphy, 2021).

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ORCID

Juyoung Lee  <http://orcid.org/0000-0003-1281-5832>

Katrina Skewes McFerran  <http://orcid.org/0000-0003-0699-3683>

Jane W. Davidson  <http://orcid.org/0000-0003-4941-9518>

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