

GROUP MUSIC THERAPY WITH STUDENTS BETWEEN 10 AND 12 YEARS OLD TO IMPROVE SELF-ESTEEM THROUGH THE BRUSCIA METHOD



Estela Garrigues Rivera

<https://orcid.org/0009-0002-7281-9763>

Inmaculada Micó Sanvíctor

<https://orcid.org/0009-0004-1311-6499>

Abstract

In the Master's thesis, during the 2021-2022 academic year, an intervention was carried out, in a public educational center, for children in 5th grade, to improve their self-esteem and non-verbal communication of the group and thus increase their confidence through music therapy due to the emotional deficiencies that were observed in them. The results were positive since there was an improvement in the self-esteem of the group, which was reflected in the results of the Rosenberg Self-Esteem Scale and the academic results. The method that was carried out was Bruscia since the group was physically active with a need to be heard and express their emotions. In conclusion, the application of preventive music therapy in the group has benefited the attention to the educational needs of the students by offering them a space to express their emotions and make their observations of what they thought and felt in coherence with the action of the movement. The fact that it is a dynamic and active intervention has produced an improvement in care. In addition, body and emotional control have evolved along with expression, personal initiative, and creativity, aspects that have helped them in their academic performance.

Keywords: Music Therapy, self-esteem, Bruscia method, listening and emotions.

OPEN ACCESS

Recommended Citation

Garrigues, E. & Micó, I. (2023). Group Music therapy with students between 10 and 12 years old to improve self-esteem through the bruscia method. *Revista Misostenido*, 5(1), 72-80. 10.59028/misostenido.2023.15

Correspondence

stelagarrigues@gmail.com

Received: Jan 30, 2023

Accepted: Mar 20, 2023

Published: 10 September 2023

Financing

This proposal does not have any institutional funding.

Competing interest

The authors of this proposal declare that they have no conflict of interest.

Author's contributions

The authors declare that they have developed this proposal and elaborated the academic article.

Ethics approval

All appropriate permits have been signed

DOI:

80. 10.59028/misostenido.2023.15

Editorial design

PhD. David Gamella
International University of La Rioja

BACKGROUND

Music is a common consumer good in our lives and its effects are often underestimated. But appearances are deceiving because, in reality, it is a phenomenon capable of captivating those who lack musical sense, since music is something innate capable of moving. It marks the lives of people from babies who relax with whispered singing to older people able to transfer their minds to the archives of memories and experiences through melodies, chords, or songs.

Our brain registers memories in memory through rhythms and melodies that are recorded in people along with the emotions we have felt when experiencing them. Hart (1993) states that the emotional state of students and teachers is essential to promote a favorable climate in the classroom, where the easy acquisition of new learning can occur.

If songs are part of our lives, why do they seem to disappear in school routines, especially in recent years? Why can't we continue to express at ten, eleven, or twelve years old what we learn and feel with music? Why not include music therapy sessions to help them self-regulate their emotions and give a space for listening and expression?

The human being needs to be able to communicate his needs, be attended to and at the same time understand his peers to be part of a group. For this reason, it is important that they feel that they are accompanied and respected in these changes, making them participate that the error is and will be their best tool to learn multiple solutions.

As any change requires a time of maturation and music therapy can play an important role in prevention to make them aware of what they feel and how they can express it through the voice, the body, or the instruments. In addition, the artistic potential is worked through music, since despite consuming it they do not usually practice it through emotions or with the interaction of others and this strategy was an opportunity to have a different experience through body expression, in which there is nothing established but it is only experiential.

This article aims to show how the application of music therapy can help children to know themselves and others to learn to self-regulate their emotions, offering a space for expression and listening.

Lines of research in music therapy.

To carry out our research we carried out a preliminary analysis of works based on preventive music therapy to improve self-esteem in a context of inclusion and on the other hand, research carried out through the Bruscia method. This method of Bruscia (2006), establishes a connection of the therapist with the participant, being able to work in our group. In this method the therapist is a guide of the user, accompanying him to self-knowledge and using the body as an instrument, which is applied within the music therapy since, through musical stimuli, the body expresses the different emotional and psychological states.

In preventive music therapy Blasco and Bernabé (2016) in the case study on the autism spectrum in the educational context, helped us to have a guide on how to schedule the sessions since the authors make a series of recommendations such as proposing rhythms that do not move away from the ISO (principle of sound identity) particular, that is, the speed of one's physiological rhythm. They observed that guiding the movements with a musical accompaniment using gestures helps the child to imitate them since these activities help them become aware of their body. These observations were accompanied by the music therapy techniques that had been most efficient in the interventions and one of them was to follow the same clear structure in each session such as, for example, always starting by interpreting the welcome song and then performing activities that went from a greater to a lower movement, ending with relaxation exercises and the farewell song, giving security to the child.

In this same line of inclusion, we find Overy and Molnar-Szakacs (2009) who express the benefits and advantages of the use of music therapy for ASD students such as imitation, respect for the turn of speech, social reciprocity, group attention, and empathy. Likewise, we can affirm, according to Mercadal-Brotons (2018) and Whipple (2012) that participating in musical activities favors the development of skills such as communication, and reinforce interpersonal skills from the game.

Despite researching interventions of the Bruscia methodology, we found few that focused their intervention only on it, since most opt for a multimodal methodology. However, we found information from several authors who have used this method to improve the relationship between the group. Specifically, Pérez (2018) conducted research with a control group, where he found that with the Bruscia methodology, they had favorably modified the existing relationships between the group, integration, and communication as well as an improvement in the decisions they made between them. On the other hand, according to González (2022) in his intervention proposal for early childhood education students, he used the Bruscia methodology and the result of his research concluded that it had been possible to improve group cohesion and emotional intelligence, aspects that would help them in the future in their subsequent development as bullying prevention. This article is interesting as a support to develop our idea of improving self-esteem.

As we have said, some studies ratify the effectiveness of music therapy to work on anxiety and self-esteem. An example of this could be the study of Goldbeck and Ellerkamp (2012). They conducted research with 36 children between the ages of 8 and 12. In the study, it was found that multimodal music therapy could reduce the level of anxiety of the participants. On the other hand, Gadberry (2011) also used music to decrease the anxiety of people who listened to it versus those who remained silent, using a constant rhythm of 66 beats per minute.

Another case was found in an intervention in a day center group for people with severe mental disorders. Salvador and Martínez (2013) affirm that the results of their intervention were positive because all participants commented on their satisfaction with the musical activity. In addition, they collect in their conclusions that the best-valued sessions were those that worked on their "personal song", and those that least those of directed musical teaching.

In addition, Formariz (2019) states that music therapy contributes to the strengthening of the self-esteem of the people who benefit from it, highlighting that the improvement not only affects self-esteem but also the personal development of people, directly affecting security, autonomy, social relationships and assertiveness. In addition, it specifies that these changes are not only observed in the classroom but also aspects of their daily lives. As well as Ortigón (2021), explains that music therapy

intervention is necessary for students, especially for those who have fragile self-esteem and who also do not know how to manage it since this can lead to behavioral problems that can become over time major problems such as addictions, delinquency, suicide ...

The group music therapy intervention intends to help or prevent students from taking care of their self-esteem as the basis for good cognitive, physical, and emotional development since this has its relevance in activities related to self-concept, assertiveness, and/or social relationships that have a direct impact on it.

INTERVENTION PROJECT

Participants

The intervention work of music therapy is designed for an educational environment, specifically a public school located in the Alicante region of Marina Alta, Spain. The center is located near the beach near the sea and in an eminent tourist area, with a communication and language classroom (CyL classroom) in which most of the diagnoses are of Autism Spectrum Disorder. This classroom includes the rest of the classrooms of the center both in the infant and primary stages. The creation of the CyL classrooms was a necessity due to the existence of the ASD that fortunately today has become more visible in society and the classrooms of Early Childhood and Primary Education.

Our intervention focuses on the 5th-grade classroom of 25 students with different learning patterns and difficulties and even in some sessions a student from the CyL classroom (Communication and Language) is integrated. Given this great variety, the work focused on providing the group class with self-esteem, and confidence through music therapy to overcome the difficulties of their learning through play, enjoyment, and socialization.

Currently, in education every day the emotional component is being taken into account to be able to learn, but it will depend on the level of knowledge of the teacher and his self-knowledge to be able to offer the appropriate tools to his students so that he evolves and works in this field.

Resources

To carry out the intervention with the Bruscia methodology the sessions must be carried out in a diaphanous classroom with space for both individual and group movement. In our case, it was the music room of the school.

As human resources, we have worked with two music therapists and the fifth-grade class that participates in the sessions together with a student from the CyL classroom.

In the music classroom has been used:

- Reed instruments
- Small percussion instruments
- Voice
- Juggling scarves
- Music player
- Video camera to record the sessions

Objectives

The overall goal of the intervention was to improve the group's self-esteem and nonverbal communication to increase their confidence through music therapy.

The specific objectives that were carried out were:

1. Improve self-esteem through the stimulation, discharge, or release of feelings through the Bruscia method.
2. Increase confidence and security through movements and dance, experiencing the physical and emotional enjoyment of music
3. Accept different emotions as your own.
4. Communicate and establish contact with the other using tonic-body dialogue through music therapy using different styles of music.

Because the group had heterogeneous needs, we valued that this type of intervention could help them both individually to have a moment of connection and concentration with themselves, and to empathize with other people in the group to create a dynamic of cooperation and union between them.

Music therapy sessions

Music therapy in the educational field, as Olmo-Barros et al. (2015) say, accelerates the cognitive process in observation, perceptual, interactive and retention skills. In addition, it in turn helps the expression of one's emotions. Therefore, it allows us to know and understand the facilities or difficulties associated with the emotions experienced.

The intervention of group music therapy helps to work on the care of students' self-esteem as the basis for good cognitive, physical and emotional development. The beliefs that a person has about himself are not based on individual conclusions but are influenced by the ideas or comments made by the people around him. Therefore, the institutions and agents involved in the socialization process play an important role in the development of self-esteem, either positively or negatively (Naranjo, 2007).

In our intervention we have worked through the Riordon-Bruscia model in which a combination of dance and music is made with the intention that children use their body as a means of expressing their emotions, releasing tensions, and letting themselves be carried away to connect with their creativity.

We chose this intervention model because the group was very heterogeneous and active. Therefore, we thought it could help them both individually to have a moment of connection and concentration with themselves and to empathize with other people in the group, helping to favor the integration of the students of the CYL classroom, creating a dynamic of cooperation and union between them.

In addition, the project is carried out by two therapists: one for dance and one for music. In this way, you can divide the group into two subgroups or guide in each session the progressive dynamics that will be carried out to be able to work towards a final product in which they can see your progressions.

In each session, each of the six main emotions of Ekman (1972) has been worked on: happiness, sadness, disgust, anger, fear and surprise so that they can expand their level of expression giving space for all emotions to be valid. In this way, the students were able to experience how music and body merge, according to the emotion that was being worked on, paying attention to self-regulation and listening to be able to communicate without invading the other.

Each intervention has been adapted to the circumstances of the group. For example, the order that we had raised of the emotions has been varied because the group had had difficulties of coexistence during the week or some emotional need. We valued that it was important to work on them in the music therapy session, for this group was monitored to design the work according to what had been experienced during the weekend and adapt it in the session. In this way, through the work of emotions, it was possible to reflect so that they were aware of them and know how to manage them in their day to day.

Each intervention session has been divided into the following phases:

Welcome to the group. Improvisation of expressive movements with the hands to express their name. This exercise gave a lot of information to the music therapists to be able to observe how they were doing on an individual level.

Improvisation of music or reproduction of melodies about the emotion we were going to work on. Next, the work was guided through music. The class, through gestures, drew the melody that we heard with our hands. Our visualization when doing the exercise was "play the music with our hands". At first, these gestures are guided by the

music therapist so that little by little moments of improvisation can be scheduled.

We express the melody in pairs with our hands. We continue to draw the music with our hands, without touching, through a couple. Seated, we express with our hands the melody exchanging the roles of the mirror, before the signal that the music therapist guides. In our case, we gave a slap to make a change of the one who directed and the one who made a mirror.

We express the melody with the body. In each activity the level of difficulty is increased, this being progressive and accompanied. Through gestures, we will draw the melody we hear. We paint the music with our hands and our body following the roles of the one who directs and that of the mirror.

Body expression: open and closed figures. With this activity, they are introduced to the importance of creating closed or open figures depending on how the emotion we feel when listening to the melody is. All this will be experienced throughout the sessions with each of the emotions.

Relaxation: This activity seeks to internalize what we have experienced and relax our body through music which is the guiding thread of our thirst.

Farewell: Finally, we explain with words or express as at the beginning of the session, through the hands, what we have experienced. It is a way to learn and respect each other by sharing what has been experienced in the session.

The music that was used in the sessions was performed through body percussion along with musical improvisations with Orff small percussion instruments, for example, in the case of the emotion of anger. Although we took into account a base of several musical fragments, previously selected, which represent the emotions we wanted to work on in each session to adapt to the circumstances of the group or the needs of each moment.

For the selection of musical pieces, the subjective nature of the pieces must be taken into account. Some pieces may move different emotions in different people, depending on their personal experience, memories associated with those melodies, and the musical and cultural environment in which they have developed or each one. It should also be emphasized that the use of instrumental pieces favors that when listening to them we focus on their musical and not linguistic dimension.

Table I*Proposals of musical pieces for the sessions*

Emotions	Proposals for musical pieces
Joy	- ALEGRÍA CIRQUE DU SOLEIL. Traducida al español.
	- Pharrell Williams - Happy (Video)
	- Bobby McFerrin - Don't Worry Be Happy (Official Music Video)
	- El Rey León - Hakuna Matata [ES-España]
Sadness	- Gymnopedie No 1 - Classical Songs Music for Relaxation - Erik Satie
	- Madonna - Frozen (Official Video)
	- Beethoven - Moonlight. Sonata
	- Coco - Recuérdame. (Español) - Canon en Re mayor, Johann Pachelbel
Fear	- Mussorgsky - Noche en el monte pelado
	- Preparaos - el rey león (2019) [castellano]
	- La Mejor Música de Terror para tus Videos sin Copyright / 2018
Anger	- Liszt: Fantasy and Fugue on B-A-C-H (Gyorgy Cziffra) (Audio + Sheet Music)
	- Aladdin - Prince Ali (Reprise) (Spanish/Spain)
	- Liszt's 'Fantasy & Fugue on BACH' Audio + Sheet Music 1/2
Surprise	- MUSSORGSKI CUADROS DE UNA EXPOSICIÓN I EL GNOMO MÚSICA CLÁSICA
	- Chopin Prelude Op.28 No.3 - P. Barton FEURICH 218 HP piano
Disgust	- El Vuelo del Moscardón - Nikolai Rimsky-Korsakov - Música clásica
	- F. Chopin. Preludes Op.28. Preludio nº 18 en Fa menor. Partitura on line

Note. Own elaboration.

We intend that they experience, through the intervention of music therapy, the variety of emotions and at the same time, recreate them so that each of them can emotionally discharge the saturation they may experience given the difficulty day to day or simply, be a meeting place and connection of the group with the student of integration of the CyL classroom.

Schedule. Duration

Before carrying out the sessions, all the necessary permits were collected to be able to carry them out and recorded, both by the center and by the relatives. The number of sessions that were held was five group sessions. These were carried out once a week and were adapted to the tutoring schedule and the school calendar of the school itself as shown in the following figure.

The first session was held on May 20, where anger due to clashes that arose in class that same week was worked on. The

next session was on May 27 working on sadness. Each of them perceived it differently. Some were comfortable and others visualized the feeling better through the figures that were created being closed and needing support between them to sustain themselves. In the third session, on June 3, we performed it on the feeling of joy, expressing the group through open figures. Some of them felt uncomfortable, while others enjoyed it. The following week, on June 10, we worked on the surprise and disgust. And finally, due to the limitation of the end of the school year, on June 17 we worked on fear since that same afternoon they had the school performance for families and wanted to know how to master that emotion on stage. To do this, the first thing we did was validate it, experience it and then be able to control it through the relaxation activity of that same session.

Timing of sessions according to the school calendar

MAY

L	M	X	J	V	S	D
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JUNE

L	M	X	J	V	S	D
2	3	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Ethical approval

The first step before starting to start the project was to ask permission from the management of the center and the educational inspectorate telling them what our work was going to consist of. Once permission was received from both parties, the families were given to start the music therapy intervention in the tutoring session, informed about the data collection, and followed the ethical criteria of the discipline.

In this case, once the aforementioned steps were carried out, it was found that all families accepted the music therapy intervention except one. To manage this situation, it was decided that the student who was present at the tutoring time and who should be in the session would help with tasks that were not part of the integration so that she did not feel displaced at any time from the group, respecting at all times the decision of her family.

Data collection and analysis

To organize our work we established a quadrant with the work we were going to do together with the objectives set out in our intervention in this way, to be able to carry out the collection of data and then its subsequent analysis.

Table 2

Project goal/overall objective

Main objective				
Improve self-esteem and nonverbal communication of the group to increase their confidence				
	Improve self-esteem	Increase confidence	Accepting different emotions	Communicate and establish contact with the other through non-verbal activities.
Self-esteem questionnaire	x			
Mood tab	x	x	x	x
Registration form	x	x	x	x
Remarks	x	x	x	x
Recording of each session	x	x	x	x
In each objective, a chart will be used as a common tool (record sheet, observations, class diary, and recording of each session) except for the objective to improve self-esteem in which a questionnaire on self-esteem and a mood card will be applied for each session.				

Note: Own elaboration

Before carrying out the music therapy intervention, a brief survey was carried out, taking into account the difficulty that exists with the language on the part of the students, on the degree of self-esteem of the class. This survey was based on the Rosenberg Scale and in this way, we could find out the previous level they were at before the music therapy sessions. Then this same survey was carried out again at the end of the interventions and contrasting both results to know their effect.

In addition, an individual record sheet of the students was made, to know their mood in each session and their evolution, before and after the intervention. In this way, it could be contrasted with the results we obtained in the Rosenberg scale survey.

Finally, in each session a group registration sheet was made, completed by the music therapists in which the specific objectives of the project and the observations of the sessions that were analyzed together with the videos were contemplated. In this way, more information could be obtained from the ses-

sions, since during the intervention it was difficult to retain all the information that was being observed at the time. Therefore, both quantitative and qualitative data were recorded that were based according to the objectives set.

To carry out our research we have relied on qualitative data in the case study of a fifth grade class with particular characteristics. Once each of the sessions is over, the observations have been recorded and finally, the results have been evaluated together with the scales and surveys used.

The conclusions of this study cannot be generalized because it is a small sample. In addition, the research methodology has been descriptive.

But one aspect to take into account in this methodology is the role of music therapists, since in the sessions they will be the mediators of the learning received and consequently they will become a model for children.

For this reason, they will also participate in the activities creating an environment of emotional security and trust in the students so that they feel that their participation is valued.

RESULTS

In each of the sessions, an evolution of the group was observed both in the confidence and in its corporal expression. Some of them were able to experience and experience emotions that they had repressed or simply had not experienced. This work that was carried out allowed us to observe how it helped them to connect with themselves and concentrate on their work by losing the fear of what others might think of them and expressing themselves freely through their body.

Some of the conclusions drawn from the group after the intervention were the following:

- Anger motivates us to fight against mistakes and injustice, and set limits.
- Sadness helps us ask for help and support from others.
- Joy motivates us to reproduce that event.
- Surprise helps direct attention to something unexpected.
- Disgust serves to show that we cannot accept something.
- Fear warns us that we have to act to avoid negative consequences.

Finally, we want to highlight how interesting it has been to observe how music therapy has effectively improved the dynamics of the class, as well as the potential improvement of their abilities.

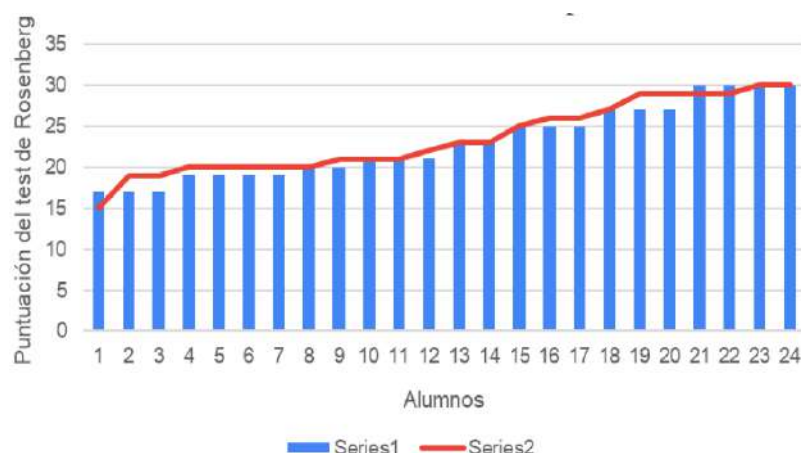
The implementation of music therapy in the group leads us to the following conclusions related to the objectives of the intervention. The general objective set out in our intervention was to improve the self-esteem and non-verbal communication of the group to increase their confidence through music therapy and the qualitative results of the intervention have been positive, since in each of the sessions an evolution of the group was observed both at the level of confidence and in their body expression. Some of them were able to experience and experience emotions that they had repressed or simply had not experienced. This work that took place allowed us to observe how it helped them to connect with themselves and concentrate on their work by losing the fear of what others might think of them and expressing themselves freely through their body.

Regarding the specific objectives, self-esteem has been improved to increase its influence on the integral development of children through the Bruscia method, and we have verified this in the results of the Rosenberg Test.

Figure 1 below shows the number of times and after of each student's total scores. The blue columns represent each student's score before the intervention and the red line represents the scores after the intervention.

Figure 1

Results of the Rosenberg test before and after the music therapy intervention.



Note: Series 1: Results before TM intervention. Series 2: Results after TM intervention. Own elaboration.

In addition, we have attended to the diversity of the students because they have all worked together since the interventions of music therapy have benefited the attention of the educational needs of the students who make the inclusion in the group and who belong to the classroom of Communication and Language of the Center.

In addition, it has been observed that music therapy could be treated as a complementary educational discipline, in collabora-

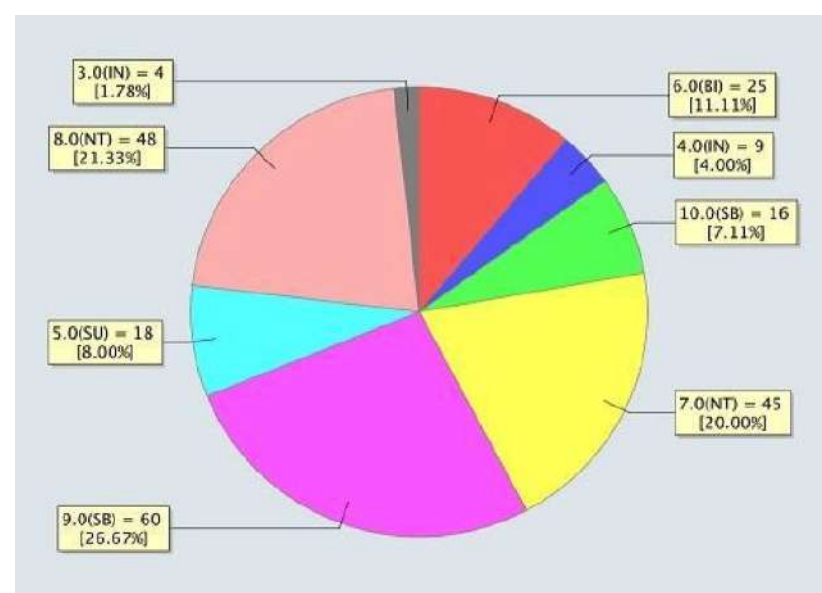
tion with other professionals of the center (tutor teacher, specialist in therapeutic pedagogy, speech therapist ...), since the students have a space to express, accept their emotions and make their observation of what they think and feel in coherence with the action of the movement. For this, a tonic-corporal dialogue has been used with music therapy through different styles of music.

All this work has contributed to improving confidence, an aspect that has been observed in the group registration that has been carried out because body and emotional control have evolved along with expression, personal initiative and creativity.

Finally, we have also analyzed whether the application of music therapy sessions contributes to an improvement in attention and we have obtained a positive result since their academic performance has increased significantly as we see in Figure 3, in which the results of the final evaluation of the course appear. If we compare the results of Figure 2 and 3 we can see that the failures have been reduced from 5.78% to 1.71%. On the other hand, students with a grade of sufficient have also been reduced from 8% to 6.41%. It should be noted that students with a notable grade have decreased from 41.33% to 37.61% but this is offset by the increase in students who have obtained outstanding since they have increased from 33.78% to 49.14%. This difference has been very pronounced in a favorable way since in particular, the students with a grade of 10 are 11'69% more in the 3rd term than in the 2nd evaluation. Therefore, there has been an improvement at the academic level after music therapy sessions.

Figure 2.

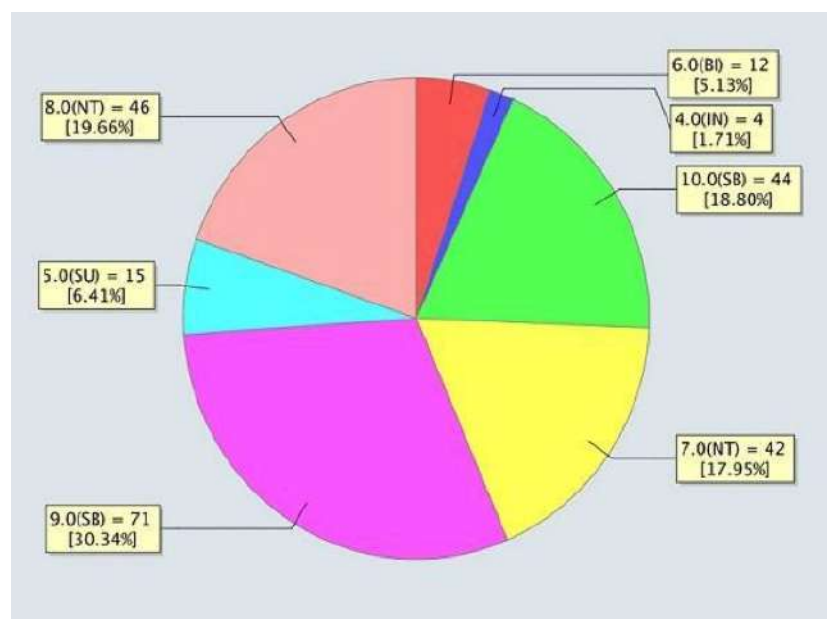
Graph of the results of the 2nd evaluation. The academic year 2021-2022



Note. Graphic obtained from the registered contents of the Ithaca platform of the Generalitat Valenciana.

Figure 3.

Graph of the results of the 3rd evaluation. The academic year 2021-2022



Note. Graphic obtained from the registered contents of the Ithaca platform of the Generalitat Valenciana.

DISCUSSION

The case study of a music therapy intervention on the autism spectrum in the educational context of Blasco and Bernabé (2016) has helped us to have a guide on how to schedule the sessions taking into account their experience in the intervention. Thanks to his article we scheduled the sessions according to the music therapy techniques that were most efficient adapting them to the Bruscia method that we wanted to carry out taking into account that the choice of music should be based on the preference of the child, in our case the group; that the musical activities were accompanied by gestures or body expressions because it would help them communicate better and finally, to follow the same structure in each session.

There are studies, such as Golbeck and Ellerkamp (2012) in which they investigated children in which it was found that music therapy decreases the level of anxiety of the participants. The conclusion of the results we have obtained is consistent with our intervention, since, although they worked on anxiety and we have focused on self-esteem, both have obtained an improvement after the intervention. In addition, it should be noted that they worked with children between 8 and 12 years old, while we have worked with children between 10 and 12 years old, making the range of their research broader.

Another study is that of Gadberry (2011) who intervened to reduce the anxiety of people with music of 66 beats per minute. In addition, he did a job comparing the effects between people who listened to such music versus people who did not. In our case, we have not used a control group to compare data

because we have chosen to work with all students, as in the study of Golbeck and Ellerkamp (2012).

The intervention of González (2022) has aspects in common with ours since he used the same methodology, the Bruscia method. In this research, it was possible to improve group cohesion and emotional intelligence, as in ours. In addition, the study by Pérez (2018) has a lot of similarities with our intervention, with the difference that the students of this one were from high school. However, the methodology is also from Bruscia and the results obtained are very similar in terms of group relationship.

On the other hand, it has been taken into account that the activities were adapted to the students of inclusion following the indications of Overy and Molnar-Szakacs (2009) and observing the benefits and advantages of the use of music therapy both individually and in groups. This coincides in turn with Mercadal-Brotons (2018) and Whipple (2012) since communication and interpersonal skills have been favored through play, in our case using body expression.

In addition, both Formariz (2019) and Ortegón (2021) focused their interventions with the main objective of increasing self-esteem, and as in our case, positive results were obtained. The difference we found is the number of sessions, since on both occasions they were higher than in our case due to time limitations also that Ortegón (2021) worked with adolescents. However, it serves to ratify that our project can continue to be used in adolescence, adapting them of course to that stage.

Finally, we have taken into account the conclusions of Salvador and Martínez (2013) who stated that the best-valued sessions were those in which the musical creation itself was worked. In our case, we have worked improvisation on the emotions of anger, surprise and disgust. And according to the comments we have obtained, they are the sessions that have been better valued because they liked to express themselves through the instruments, in addition, to their own body.

In short, all research on music therapy has shown improvements both personally and socially. In our sessions we have worked on respect in the group through a non-critical attitude between them, offering a space to express themselves and feel through body expression and even in some interventions instrumental improvisation has been included, as we mentioned earlier. This has contributed to unloading and releasing feelings through movements, body gestures and improvisations. Learning to communicate without words but through non-verbal activities that have contributed to experiencing physical and emotional enjoyment.

As a conclusion of the research, we think that music therapy can provide schools with a good emotional education that can make a difference in a more balanced and peaceful world.

REFERENCES

- Blasco Magraner, J. S., & Bernabé Valero, G. (2016). La musicoterapia en el contexto escolar: estudio de un caso con trastorno del espectro autista.
- Bruscia, Kenneth. E. (2007) *Musicoterapia. Métodos y prácticas*. Pax México. Páginas 18- 27 y 97-108.
- Ekman, P., & Friesen, W.V. (1972). Hand movements. *Journal of communication*, 22(4), 353- 374. <https://doi.org/10.1111/j.1460-2466.1972.tb00163.x>
- Formariz, M.N. (2019). Propuesta de intervención, a través de técnicas de intervención en Musicoterapia para favorecer la autoestima en contextos educativos en riesgo de exclusión social. *Revista de investigación en Musicoterapia* 3. <https://doi.org/10.15366/rim2019.3.004>
- Gadberry, A. (2011) Steady beat and State anxiety. *Journal of Music Therapy* 48 (3): 346- 356. <https://doi.org/10.1093/jmt/48.3.346>
- González-Claros, O. (2022). Musicoterapia y relaciones sociales en educación infantil: propuesta de intervención. *Revista Misostenido*, 3, 63-70.
- Goldbeck, L. & Ellerkamp, T. (2012) A Randomized Controlled Trial of Multimodal Music Therapy for Children with Anxiety Disorders. *Journal of Music Therapy*, 49(4): 395-413. <https://doi.org/10.1093/jmt/49.4.395>
- Hart, R. (1993). La participación de los niños. De la participación simbólica a la participación auténtica. *Ensayos Innocenti*, (4).
- Mercadal-Brotons, y P. Martí Augé. (Ed.), *Música, musicoterapia y discapacidad* (pp. 161-171). Ed. Médica Jims, S.L
- Naranjo, M.L. (2007). Autoestima: un factor relevante en la vida de la persona y tema esencial del proceso educativo. *Actualidades investigativas en Educación*, 7(3), 1-27. <https://doi.org/10.15517/aie.v7i3.9296>
- Olmo-Barros, Salinas-Ramos y Pérez-Eizaguirre. (2015). Musicoterapia en el aula: estudio sobre su uso en Educación Secundaria Obligatoria. *Pulso*, 38, 107-128. <https://doi.org/10.58265/pulso.5075>
- Ortegón, L.A. (2021). La musicoterapia en el fortalecimiento de la autoestima en un grupo de adolescentes del IED Rafael Bernal Giménez de Bogotá. [Maestría en musicoterapia, Universidad Nacional de Colombia]. <https://doi.org/10.5965/2358092514142015117>
- Overy, K. y Molnar-Szakacs, I. (2009). Being together in time: musical experience and the mirror neuron system. *Journal of Music Perception*, en Chávez, S., y Barrena, F. (2012). *Romper el silencio: musicoterapia aplicada al TEA*. <https://doi.org/10.1525/mp.2009.26.5.489>
- Pérez Ezaguirre, M (2018). Efectos de la Musicoterapia en las relaciones sociales de grupos de adolescentes en un centro educativo. *Revista Electrónica Complutense de Investigación en Educación Musical*, 15, 175-191. <https://doi.org/10.5209/reciem.53627>
- Salvador, M y Martínez D. (2013). Grupo de musicoterapia en un centro de día para personas con trastorno mental grave. *Rehabilitación Psicosocial*, 10(1), 30-34
- Whipple, J. (2012). Music therapy as an effective treatment for young children with autism spectrum disorders: a meta-analysis En P. Kern y M. Humpal (Eds.). *Early childhood Music therapy and Autism Spectrum Disorders: Developing potential in young children and their families* (pp. 58-76). Jessica Kingsley Publishers