#64 PAPER 89 -
MUSIC THERAPY: A PSYCHIATRIC METHOD BETWEEN CONFIDENCE AND INCERTITUDE
Laurențiu Beldean, Ciprian Tuțu

Abstract
Due to the lack of a resilient system connecting the involved agents, the science of music therapy finds itself today on “moving grounds”... and even though it seems confident, it is still in incertitude. In the practice of music therapy, the listening of music has as its goal to induce the patient to a state of relaxed embodiment to a point in which (so often) the traditional medical practice surrenders (Antrim, 1944). The idiolectic language as therapeutic, personalized language is present in the process of clarifying the psycho-physiological states specific to music. The programming of the subconscious through music becomes possible, and becomes the ultimate goal of the collaboration between the patient and the therapist. The current study is trying to look at whether we can truly evaluate the succession of the facts that lead to the improvement of the patient’s psychiatric state, and whether the condition of reconquering the field in which music therapy has functioned historically is still valid.

Keywords: music therapy, reception, idiolectic experience, programming of the subconscious, musicosophy

1. INTRODUCTION

Music therapy is one of the competences that can sustain the psychiatric therapy mechanisms. A procedure of interaction between therapist and patient, placed between the verbal and the nonverbal, it has the ability to devolve behavioral characteristics in subjects with dysfunctions in the nervous system. The specific model through which the therapist studies this complex human system is therapy by listening to certain music genres, transforming them in stimuli, within the patient’s internal medium. To start, the therapist will create stimuli to understand and objectify a particular interior world that patients create for themselves through time and express it externally as a matrix of their experiences; then the therapist will attempt to identify the most optimum procedures to tune specific psychophysiological states to the patient’s state. We will note that despite recent research, the science of musical therapy exists in pre-elementary forms, but not within well-structured systems. It is precisely due to this aspect that doctors still have incertitudes and abstain from taking a stance. The point from which we could pursue and interpret this attitude is that the physiological explanation of the musical phenomenon does not mirror a therapeutic outcome as well. In order to save the psychiatric life of the patient, there are a lot of attempts that appeal to the therapeutic illusion through various manifestations – which have therapeutic pretentions but (often) without an effect. For example, pop music is proclaimed to be art-therapy; however this does not determine effective improvement conditions in the world of the senses, but rather a stimulative orientation on a cultural product. Entertainment music has nothing in common with that mysterious force which implies improvement functions in psychiatric disease forms. We should also mention that not all psychiatric institutions have sufficiently organized music therapy rooms, in which research on chronic psychiatric conditions is pursued. The therapist is guided by the patient’s living states, spontaneous reactions, cultural and meta-psychiatric absorption level. We think it’s relevant at this point to argue that the music therapy is associated with logotherapy as form to “break the auto-focus, typically to the nervous system” (Frankl, 2009). By listening to the “consciousness’ hidden logos,” the cognitive nervous system creates a self-authority to transcend the stress by fighting for superiority and seeking a purpose. Strengthening the convictions for a purpose especially due to the persistence of the therapist – who will recommend a certain consonant and relaxing music style (such as Baroque or Classicism) – it will organically connect with the closed space which will have to be opened: logotherapy is focused on the future (the sense that the patient intends to give himself for the future). Programming the subconsciousness through music and receiving feedback from the therapist, the patient

* Corresponding author. Tel.: +40 722 533842; fax: +40 268 419611. E-mail address: c_tutu@unitbv.ro
will awaken the will of a purpose, and will remodel the behavior since, as V. Frankl (the creator of this special form of psychotherapy) says, “in logotherapy, the patient is confronted with the life purpose and re-oriented towards this.”

2. THERAPEUTIC PATHS

The signaling of action fields in the functionality sphere of the human psychiatric functions can open doors in the understanding of the therapeutic practice, to find general answers (through a variety of situations) to questions such as “what music is good for therapy?” or “can we apply therapeutic procedures for certain individuals?” Music communicates meaning; its tensions and relaxations are useful basis for psychic therapy. Intimate experience with sounds is tied to psychiatric perception stimulated by the tension-relaxation duality. American composer John Cage points out this role when he writes that “the final intention of music activities is to gain peace” (Degmeic Pozgain & Filakov, 2005). The melodic profile excites the universe of the patient’s subconscious lived states through a curve of this tension duality. The therapeutic path of the music therapy can have a positive or a negative action over the affect prior to the somatic screen (body pain). The affect is reflecting the feelings developed by the patient while listening to music. The therapeutic effect is not initiated by the doctor, but by the transformation felt by the patient (listening to music, the patient feels a different direction of the affect than the one attached) and by the diminishing of the stress produced by any somatic or soul disturbance. The doctor only assists and can sometimes be shocked of the unfulfilled hopes – as the patient has a different sensitivity horizontal than the one expected. The decision mechanisms and the actions in the music therapeutic process find real grounding in the moment of confrontation with unknown stimuli (specific to the patient’s particular behavior). We would search for an answer to the following question: would there be a purpose for which these would proceed as an improvisation which in new situations would become inoperable? Decisions (action) are dynamic and flexible, and manifest themselves through specific ways (sometimes unexplored) to question the interaction of the two agents (patient, therapist), however they have to be combined to create associate connections all throughout this course. By allowing musical symbols to add autonomous sound contents one determine the creation of a border (made out a different, metaphorical material) which will point out the composition’s character. Through the implied listening of the composition next to its symbolism, a “world of mind” would be created, which will positively project psychiatric contents in the inner world of the subject, determining also the possibility of producing a state for the relaxation of the affect. The decisional process is interrelated with the music’s signifying therapeutic qualities (chosen as supporting the therapy) as a supersensitive medium, transcendent; purpose definitions are drafted first in practice, and then followed by theoretic rule. This order (algorithm to raise the efficiency) is determined by the basic logic of the psychiatric process according to which instructions and the efficiency of music therapy cannot be introduced outside the intrinsic experience of music therapy. Gathering and selecting proven and constantly experimented elements in this practice, our study certifies a certain autonomy in presenting the problems, setting a number of possible trajectories. One of these conforms the causal structure of the sounding phenomenon in relation to the receptor. It is precisely because these psychiatric processes are observed not as structures but as phenomena, that we will connect our experiences with the patient’s individual character, without attaching preconceived invariant (general) images. The terms of existing of these processes are tightly connected with the patient source and are not by any chance blind spots on an abstract map of the patient’s conditioning; the purpose is to associate them with the appropriate semantic structures and thus support the patient and the plenitude of his soul. “Perception is not dependent only on the present – it has to also be based on past experiences” (Sacks, 2009); Neurobiologist Gerald Edelman talks in a similar context about the remembered present, in which previous representations of things, and old knowledge are completed, activated, and mixed in with each sensation. We will develop throughout this study the thesis according to which music therapy does not function outside the general cultural context of the individual, of the individual’s conforming to social norms, which include especially the transfer/transport of genetic material, tradition, education, and childhood. To reach certain succession of specific terms and an epicenter in the therapy’s approach as methodology, we start from the premise that the music therapy’s germ is inherent since birth (as a way to express the self, or to express its unique human universe). The melody with which he comes to contact with is that which evokes memories, which triggers the patient in a certain psychiatric comfort state and it must be culturally integrated, placed within a stylistic and aesthetic context. The therapy’s formative process is shown by the profoundness of a melodic model as exciting mental source through which for example, most children sing without being forced to, workers whistle while continuing their work, and the farmer sings. Therapeutic plans become scopes such as connecting through therapeutic dialogues the patient’s imaginative world (so-called “world of mind”) with that of its healer, reaching converging psychophysiological points to initiate the first or tolerance levels for the second.
3. CLIMBING THE RECEPITIVITY SCALE IN THE THERAPEUTIC DIALOGUE

There are four behavioral positions in music therapy: that of the client, of the therapist, the musical experience per se, and the healing process. (Aldridge 2008) Each position will constitute an addressability form of specific adaptation to the ritual of this practice. The way in which the musician therapist interacts with the patient, the perspectives managed in the clinical work will contour a model that will facilitate the access to the next steps of configuring a “structure” to such a unique experience. As an evolved being, the human supports and conditions through reciprocity the relationship with its peer. Mediating between hypothesis and arguments, between courage and devotion, a therapist observes in the patient a hierarchical order of the states, and attempts to re-compose the individual observed elements from simple to complex. The patient/client becomes subject of investigation for its therapist, and a functional relationship is formed between them; the musical experience creates a psychological and axiological bridge, representing the medium through which the therapeutic ritual is assured. The emotional guidance of the two broadcasters of psychiatric contents is assured by therapeutic dialogue, its success and cohesion being made possible by a carefully selected musical work, which seeds calm. A typical work chosen in music therapy is the Adagio for small orchestra written by the baroque composer Tomaso Albinoni (1671 – 1751). In this case, the therapy stimulates moral virtue – that of the deepest feeling – and can be often heard in radio broadcasts; one can also imagine a work for singers such as certain motets of the Renaissance polyphony or chorales by Johann Sebastian Bach (1685 – 1750). Both general and profound implications vary since different therapeutic methods are activated due to two different types of therapists: the field therapist, and the researcher therapist. The field therapist builds a culture bank and cultivates its attention (the intuition nucleus) that would allow to adapt to the psychosomatic necessities of its patient, which will “release” its world through a natural, biologic, but also cultural broadcast. The field therapist changes the problem, while the researcher gets timidly closer to it since “studying something and changing it are different things” (Ouspenski, 1995). The method of cultural/intellectual tuning, the acceptance (or non-acceptance) of common values is essential. For both, the cultural influence is unidirectional, dynamic, and allows the restructuring of the dialogue; focused in here are impressions and embodiment states, a vitality of the feedback, the therapist making (when appropriate) small steps for an effort: to encapsulate as a testing medium the thoughts of the patient; thus both the therapist and the patient describe their inner meditation involved by that music, “which lives through idea” (Donose, 1980).

The therapist will be a mediator of the music’s beneficed influence; I am not only talking about the suggestions made to the patient; a harmony of consonant sounding forms and quieting tempers, the quasi-homogenous rhetoric of the human voice, or the modelling of the orchestra’s melody, but most of all to the psychological step induced by a certain music genre, a melody with simple contours, ethos, and at the same time, by its force to condition cognitively, culturally, ethnically, and intellectually. Additionally, the formulae to “warm-up” the subconscious for a programming will be activated through the involved listening experience of a particular music genre. I would also add that the spontaneous, unorganized experimenting method (direct, intuitive) of the listening act can also be a condition to exercise music therapy, since the (necessary) positive emotions are directly subliminally internalized without the intellectual censorship. The aesthetic emotion is aroused here without a premeditated cognitive act, the music being in itself ecologic, with certain degrees of tension, and influent. The conversation between the two agents releases modes of affective opening and knowledge, a procedure to pose questions being absolutely necessary in the patient’s psycho-somatic research. The semantics used will be tied through intellectual resonance to the music therapy’s process, and will be united in action with it. Empathy is generated also by the language’s persuasive force. Idiolectic morphologies will be triggered from here, through which the therapist will de-inhibit the patient’s psychic activity, which is by nature inhibitive. The matching on a certain idiolect will be formulated according to the patient’s education level, and fluctuates significantly between different subjects. There is a “verbal treatment of conflicts” (Cezar, 1984) that will be accompanied by collaboration, and by verbal and non-verbal communication.

4. MUSIC THERAPY AND ITS “CURIOUS” DIMENSIONS

The criteria that orients to a more certain direction in therapy is a specific type of music that leads qualitatively and nonverbally the psycho-physiological human entity; I previously mentioned choral music and string music (see genres of the baroque and the Viennese classical eras) in which one “senses” – through well-defined language habits – a semantic effect in the religious music (not the ceremonial one, but the one written by Western art composers). The experience through pure choral music is a unique direct path towards the human psyche. First of all, the abysses of the subconscious are devolving naturally in such a climate, close to the voice, to the word; we can infer that the tension involved in the phonic density disturbs the attention, dispersing the
aural perception—exactly those qualities that have to be focused in a unitary expression, close to the soul, to the human voice. Secondly, musicophy, the field of listening to music as model, with well-defined goals, is strengthening the conviction that the programming of the subconscious towards the capacity of dissolving psychic conflict is not empirically favoured. Musicophy as therapeutic expression determines a change, a transformation expected/sought by any serious healing practice, thus it will find ways to reinvigorate the (usually silenced) latent expressions of the patient’s personality. As musicologist George Bălan remarked—the one that introduces this concept—the possibilities of the classical music model orients the subconscious towards living the beauty (in the aesthetical embodiment); he further cautions us that these are only an “introduction”—an opening towards a possibly more intense embodiment. Music with therapeutic values which we recommend as (successful) repertory in transforming the subconscious sensations is that of the slow movements (all the Adagios). We believe it’s wrong to assign the listening of an entire baroque sonata for example. We will never send the patient to “go listen to Bach!” since this music encompasses (according to its semantic functions) several “definitions.” It is precisely because of this that intentionalism is the first task and priority of the therapist; through it one goes beyond the limits of investigations “without content” so frequently met in the “drawer” symbolism of music; one would always conceive the psychotherapy behaviour as a liberating principle, protecting it from formalism this entire procedure of “knowing.” The idea of “liberation” (catharsis) through music is naturally observed by Beethoven, who wrote that “music is the mediator between the spiritual and the sensual life” (Althshuler, 1945). The melody is the magic formula to go in the world of senses and instincts; through the character of its contours it will exercise the vital/sexual instincts, triggering the necessity to act. The intent is foremost the therapist problem. There are stages and sets of measures, functions and harmonic progressions, repeats, build-ups, and melodic dissonants that can test both the affective sensitivity of each subject, as well as the behavioural and cultural differences in various categories of subjects. The more musically cultivated patients could invoke the success of music therapy in all its might, but those with lesser education could be sensitive only to the slower movements, in which “each note that is part of the musical discourse has a value of either movement or pause, according to its harmonical position that can be a passage or a static one” (Donose, 1980). From a repertoire proposed by the therapist, the patient chooses a single piece that is convincing to him, which exults the tonus and produces therapeutic effects. It is well known from the history of this field that through melos one can reach a full relaxation, which is followed by feelings of reconciliation, of real hope, with placebo effect. In the patient, this chosen melody is moulded on his congenial sensitivity, which is the root of believes that evoking traditions and childhood songs have a direct strong impact. Thus, next to the selected baroque and classical pieces, “authentic” folklore has a chance to maintain and influence the patient’s healing experience.

A models and an invariable music therapy treatment plan can be constituted out of sacred music (composed or part of the ritual). This should not be listened in the place of worship, but in the solitude of the home, with CDs or DVDs which will be played daily; the place of worship should be joined according to the social ritual, once a week, or twice a year… just as one swallow does not make a summer, neither does one single listening yield therapeutic results. Thus, the passive musical perception will have to be replaced by the active musical one. The patient has to breathe with the assigned piece all the time, to discover it; he will step towards relaxation through the piece’s expressivity, peace, love, hope, and other expected states. We consider that the therapist will have to elucidate from the Romantic and the classical repertoire with faster rhythms, those marches (the march being the main virtue of man, a “scheme” that aspires to a military, a passion of the nobility). The march contains a psychiatric content oriented towards superficiality, or even more, towards aggression and violence. The therapist will have to always make a distinction between the aesthetic creation and the therapeutic intentional expression. The therapist is also faced with those patients who have those psychic processes called by Jung complex (a complex of representations) before their personality gets conveniently integrated to the consciousness. Due to these complexes, some patients have a “tendency to keep at bay previous excitation, to avoid change, to keep constant the flux of life until they manage to realize all previous amalgams. A sick person will openly manifest this tendency, withdrawing as much as possible from everything, and trying to live a solitary life” (Jung, 1997). Because of this we believe that the practice of music therapy, which offers a repertory of stimuli intended for the interior peace and to find a new sense to life (brought by logotherapy) is absolutely essential. A decades old legitimate culture in Europe is the exotic one, based on the yoga practices, which also fixates some norms for music therapy. The reaction to the colors of a certain therapy (other than the familiar of believes that evoking traditions and childhood songs have a direct strong impact. Thus, next to the selected baroque and classical pieces, “authentic” folklore has a chance to maintain and influence the patient’s healing experience.

In an expression framework between organizing and subjectivity, according to the subject’s subtle nature, a certain chakra (a vital energetic point out of the seven that give impulses to the physio-somatic and cognate
human whole) is associated a certain sounding stimuli. The issue of re-thinking objectifying the therapy through this perspective poses a problem: directing the ear’s fine perception through mediation – which prepares the subconscious for non-cultural psychiatric experiences but rather divine – uniting with the supreme creator. One can sustain processes of psychiatric hailing simultaneous with focusing on breathing through exercising and focusing on each chakra, and obtain the silencing of the subconscious through self-suggestion; the subliminal information here is capacitated as vibrational exchange with the surrounding environment (or supreme creator). We do not believe therapists that are more or less accustomed with the Hindu, or Tibetan philosophical doctrines (based on ancient concepts of human knowledge characteristic to this geographical space) are sufficiently prepared to choose easy entertainment music brought through melos closer to the consumerist pop genres. These music genres are amateurishly connected to an energetic point. We draw attention to certain confusions to invade the field of music therapy in the growing field of exoticness, of the gratuitous conscious expression, so well spread today.

5. CONCLUSIONS

Music therapy is action not meditation; it unites in spirit the action of the therapist with that of the patient, these being “one and the same, since each knows and feels something that the other one does” (Donose, 1980). Identifying a melody as a music – matrix with unique properties – personalized through defining and sense – determines (as we said) an entire array of emotions, tensions and relaxations; we know that the melody is conditioned by the sequence of its notes; its perception is based on a temporal structure which is inherently intrinsic, implying inflexion, remembering, or distinct contour accents. The music therapy’s productive force lies in finding an appropriate method to uncover the melodic qualities, since “music (as a melody i.e.) in music therapy is not used mechanically, as some kind of medicine, it is more a medium for contact, communication and experience (Degmecic Pozgain & Filakov, 2005). Registering certain circumstances in which it creates human behaviors, we distinguish cultural forms of self-therapy or pre-therapy – situation in which the patient becomes (without other intermediaries) its own therapist; I am talking especially about self-therapy in the case of the fundamental musical improvisation on affective relaxation. For example, while working in the field, the peasant is singing the melody with his own voice. The children sing without being pushed by adults; workers whistle their favorite melody – these are authentic samples proving that humans are practicing music therapy instinctually from an early age (and from ancient times) to maintain the level of psychiatric health. Capturing all the details this way, therapy anchors itself in multiple ways. Its praxiological mantra invites both to therapy with a guidance, as well as to self-therapy. Therapy with a guidance is being practiced in psychiatric hospitals in specially schedule audition programs. The successful audition program depends on the experience of the musician therapist; the therapist has to show the patient the face of the melody, which spirals upward and downward, having tension and relaxation moments. During that time, the patient will be attracted by a fragment of the melody, a musical formulae which will be sung by the patient, improvised, and if memorized, continuously sang in the future. During the guided therapy, the healer receives signals from the patient according to the states felt during the audition: internal tremor, emotion, joy, optimism; in the self-therapy, the patient is fitting by itself the needed soul content (which are otherwise in a dormant state). We add that in the case of self-therapy, the patient is stimulated to distinguish between cultural products served by society and those inherited from birth and childhood. It is our opinion that the collective therapy practiced in the hospital audition rooms has to be gradually replaced with the intimate therapy, developed in the peace of the home dwelling.

The custom to sing “horas” in the Romanian province of Maramureș is by excellence the model of experience through which, by song (or even by performing the simple flute), one human is sharing feelings with peers. We are talking about a spiritual hora (no connection with the homonym popular dance) signifying ethimologically the value of communion (hora = to encompass). The one who sings the hora is magnetically drawn to this song, listens and feels in unity with its neighbor and nation. Seen through the lenses of hora, the village appears as a union of purely and authentic lived feelings. In the urban environment, the living of the being is one of estranged, non-sacred, of “progressive valuation” (Cezar, 1984). It is due to this cause that the festivals of authentic folk music are a desperate measure of preserving those ancient melodic-rhythmic elements, which spiritually resonate in the human being. As a last conclusion, we feel today that comparing the younger generations to the “healthy” being provokes an alienation: that of the European and global point of view. It is not hard to situate in these givens: we live (are being lived) by the realities of a borrowed culture and at times we wake up and remember the saying “one can run from the conscious but one can never trick it.” We are referring to such a musical culture in which we negotiate the conflict by sticking our heads in the sand without a target to recoup the integrity specific to the nation, community, family – to get through to the individual. If a culture presents a nuanced dialogue of people with similar affective resonance, it will be able to assimilate (given good
conditions) the experience of therapy as art. Even if its field is in part, that of the influences and borrowings (see high art classical music) given fertile ground, it will not seem like an uncharted territory. Even if it is more heteronomous than autonomous in its specific (containing all its resources to be alive, to enrich the therapy) we consider that music (it's intimate woven) has to be tasted more through what is has autonomous; geography, than ethical, then stylistic, and then aesthetic. The music of the African Americans (Spirituals) does not lose its semantic autonomy, functioning for centuries. Expressing through the specific note of hope and spiritual union the slavery inheritance of a sad historical era, it is the indicator of an unconventional type of direct music therapy. Additionally, in the American society, the “cowboy culture” is alive and has always been. Without depreciating music roots which we so often assume in therapy, we notice that they, together with Europe’s ultra-modernity, are based on the politics of cultural additions, on a lack of care (more or less hidden), allowing the open aesthetic entropic development – not discovered through the self and for the self. We come back now to the question from the opening of our study: with which music do we do music therapy, and what do we want to awaken in the patient? Where are we when we look at the puzzle of the music therapy’s language that we surely experience between certainty and uncertainty?

6. ACKNOWLEDGEMENT

This paper is supported by the Sectoral Operational Programme Human Resources Development (SOP HRD), financed from the European Social Fund and by the Romanian Government under the project number POSDRU/159/1.5/S/134378.

7. REFERENCES