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The Importance of Aesthetics as a Dimension in Music Therapy Activity

By Carl Bergstroem-Nielsen [|Author bio & contact info|](#)

Abstract

In *Unmoderated Discussions*, I began discussing the aesthetic dimension in music therapy, taking Colin Lee's book *The Architecture of Aesthetic Music Therapy* as a starting-point. Several students and colleagues took part and contributed with further viewpoints, dealing with the positive qualities of the aesthetic dimension for both client and therapist, with the necessary limitation or demarcation of how far the aesthetic view can be taken in music therapy, and with the spiritual (impersonal) aspect of music. Some further thoughts in this article concern the importance of the therapists' musical craft, of musical structure and the theoretical question of what is the nature of the aesthetic dimension. Mention is made of Stige's articles stressing the necessity of applying new concepts that relate the aesthetic dimension to daily life. It is concluded that we need further discussion to clarify the role of the aesthetic dimension in music therapy.

Approaches

This essay is a continuation of an unmoderated discussion on Voices titled "What do you think of aesthetics ??" (<http://pub45.bravenet.com/forum/show.php?usernum=3862196689&cpv=1>) New important points of view have been contributed by readers, and I've given the matter some further thoughts. Still, what I consider most important in this matter is the common discussion among music therapists, so I would like to invite as many thoughts and views from you as possible! A summing up of the matter and of new contributions from the unmoderated discussion follows below:

Colin Lee's (2003) book *The Architecture of Aesthetic Music Therapy* puts forward the point of view that the structure of the music itself deserves more attention in music therapy work and research. He states many examples of how art music, including contemporary music, has

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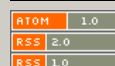
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inspired him and discusses a wealth of examples from music therapy. One quote from a client that sums up these concepts is:

... there are times when I need you to support me with more complex structures than I can manage. Here you gave me a complex music that I could not have played on my own. This gave me the opportunity to express my feelings at a much deeper level (Lee, 2003, p. 48).

In my own experience, the aesthetic dimension is something which makes the music interesting to me, gives me appetite for the music I'm going to make, it can arise from taking up musical challenges and it can feel uplifting. The following is one example:

Yesterday I had music therapy with two mentally retarded and multi-handicapped young women. I start these sessions with singing a programme of songs - their audible reactions are sparse. One of them, still new to this activity, became uneasy, making stereotyped movements and looking tense. Trying to find an adequate way to relate to this, I started to sing with a lower voice, taking a role that might be calming to her. After some time I found it felt good to sing in a slow tempo and with more pauses. This could sound very simple, but the AESTHETIC point of this to me is that I found this to be an interesting way IN ITSELF to perform ... and because of this little aesthetic discovery it could make very good sense to me to go on patiently (Bergstrøm-Nielsen). (This and following quotations is from "What do you think of aesthetics?" in the Unmoderated Discussions elsewhere at www.voices.no)

Norwegian music therapy student Merethe Vadstein Welle has described beautifully how music therapy interaction demands personal engagement and investment of the therapist:

Respect in a World of Inequality (Sennett, Richard, 2003) is a book I use a lot in the process of writing this article. Here the term "mutual respect" is introduced. In my discussion, I am trying to state that the aesthetic elements of music is very important to actually achieve mutual respect. This because I, with my aesthetic sense, brings something into the music therapy room. I bring my inspiration, my love for music, and a respect for the client, believing that he is able to receive my music. And giving him/her a chance to respond in a[esthetic] way. By giving something that is personal and important to me (like aesthetics), I give the client a feeling that I enjoy being there with him, I believe in the possibility of making beautiful music with him! And I think this will be an important aspect for many music therapists. We create a larger room by offering the aesthetic dimensions in music therapy. I believe! (Vadstein Welle)

Pei-Ju Tu, American music therapy student brings forward the fundamental fact that there must be some frame of reference for the client to understand and appreciate the music:

The people in one of my groups all have psychiatric history, and they are all very old. At the beginning of my internship, I played songs very musically with the way which I think is really aesthetic. However, I didn't receive good response which I had expected. My music seemed nothing to them. My supervisor told me that they cannot catch my music because it's too complicated for them. I should change the way of playing (i.e. have the beat more stable) to engage them. Then, I tried that way. They had more response and praised the music. What I have thought as boring music becomes their good music. I am just thinking that the aesthetics of music therapy is very different from the aesthetics of music art. Maybe only when the music is accepted and understood by the clients does the beauty appear (Tu).

Further reflecting on this, Randal Wolfe goes on to describe how it is possible for her, within such necessary limitations posed by the client's needs, to nevertheless "keep fresh" through focusing on aspects especially interesting to her:

Many of my clients (persons with dementia) are unable to connect with, say classical art music, but are easily moved by the simplest forms. I spend much of my day playing simple progressions emphasizing ostinato. This can easily become tedious. I find inspiration through focusing on the client's needs – attempting to view the experience from their perspective. I find it necessary to de-emphasize my own aesthetic concerns about music, for the most part, and adopt the therapeutic perspective foremost. To keep fresh I focus on the efficacy of the material and performance and improvisational aspects (Wolfe).

And finally Suvarna Nalapat emphasizes the impersonal aspect of music-making and the spiritual dimension. We are not just manipulating or handling matters, it's about being:

The divinity or the spiritual energy within a patient is capable of curing all illnesses once it is awakened. Hence it is not the therapist but the musical aesthetics which performs the miracle and the therapist just functions as an intermediary. This is the most beautiful aspect of using music as a panacea for all human problems, I feel (Nalapat). Email: snalapat@yahoo.com

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Attempting to sum up from this, aesthetic dimension of music therapy is:

Limited or demarcated by client's frame of reference. As both Pei-Ju Tu and Randal Wolfe mention, some music may be more accessible than other for the client – in these cases the music had to be not too complicated. This might entail a necessity for the therapist, as Wolfe describes it, to use "keep fresh"-strategies, focusing on own points of interests within the given material. An interesting different case is the client in the above quotation telling Colin Lee that exactly the complicated music played for him helped him to transcend own limitations. It seems attention should be taken to have the best communication possible, but there no telling for all cases whether simplifying or challenging is the best thing.

Motivating for the therapist as well as for the client. The aesthetic dimension is characterized by perceived qualities of excitement, importance, fulfilment, having valuable qualities well worth taking the time to deal with – and inviting to personal, emotional and other kind of presence and involvement. Merethe Vadstein Welle beautifully described above about investing herself in the activity in this perspective.

Not restricted to individual personalities but extends into spiritual (social, cultural...) realms. Suvarna Nalapat underlines this aspect of impersonality. The music medium is capable of carrying larger meanings beyond possible "smalltalk" of individuals.

Aesthetics

I asked myself, what is really aesthetics? It has meant cognition through the senses from the time of the old Greeks. It is traditionally connected to cultivation of beauty in art.

The word has also come to connote less sophisticated meanings like "nice, conformist" – or, maybe on the contrary, "elitist." "Artistic" sounds positive but also places the activity in a separate sphere. However, the aesthetic dimension of things can have depths as well and it can certainly be connected to all human perception and activity. And it seems exactly the fascination by this dimension that makes so many people have a favourable opinion of music therapy even before they have learned anything about how it functions. "Music" is part of a common universe of reference. By virtue of this it becomes an effective medium for dealing with psychic symbols and symbolizing processes.

The "keep fresh" aspect mentioned by Randal Wolfe I see as very important. Simple structures are not just simple structures but could be connected to creative compositional thinking. I have tried to describe a case of this in my article in Wiener Beiträge (listed below).

And we therapists are different, individual personalities. Danish music therapy pioneer Søren Mühlhausen said in an interview in 1983:

There must be present a musical 'attitude,' meaning that one shows in which genres one can communicate in the most flexible way and has an abundance of expressive means. This can be the basis for a musical environment (Pedersen and Scheiby: "Interview with Søren Mühlhausen," Modspil 5 (21), 1983. Reprinted in Schwarz, Elisabeth: "Søren Mühlhausen – aktiv formidler af musikterapi i specialpædagogikken," Dansk Musikterapi 2005, 2(2), transl. by the present author).

This statement may remind us that although we are there to serve the needs of clients and although the psychological relationship has great importance, our practical musicianship is a crucial part of that which we are offering. We should combine "flexibility" and "an abundance of expressive means" with the psychological dimensions in both beautiful and clever ways.

Exactly such issues of how to combine these dimensions are examined theoretically in Stige's (1998, 2001) articles, which are just as important today as when they were written. The key issue is about aesthetic values. "Wholeness," "coherence," "unity" tend to be taken as typical characteristics of that which is aesthetic. Often, these integrative values are also clinically relevant. But not to reflect further about this would fix the role of the aesthetic to a conservative one and exclude all modern tendencies towards complexity and towards "impure" connections to daily life – Picasso and modern composers on the contrary played an emancipative role by going in such directions. Stige suggests one should avoid to describe aesthetic qualities as something absolute altogether. Instead of such 'essentialism,' concepts from Bakhtin and Wittgenstein about 'polyphonic dialogue' and 'language games' seem to cover better the dialogical nature of music-making.

Yes ... couldn't it be that our clients and we sometimes make a "beautiful mess" ... and, after all, polyphony is a music concept. Plurality is not opposed to aesthetics.

It may be that a whole re-discovery of the aesthetic as well as the musical-structural dimensions awaits us. But if we are to gain more real and deep understanding of this, much more discussion is needed. We need to deal with much more case material and to refine our concepts and clarify

the perspective to other fields of music therapy experience and thought ... so, I invite all readers to please continue the discussion by responding to this essay!

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Comments to this essay:

- [Luke Chandler](#), December 4, 2007.
- [Tiffany Wilson](#), April 18, 2007.
- [Dr. Suvarna Nalapat](#), May 30, 2006.

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