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Music Across the Borders of Psychotherapy

Introduction – Music in Psychotherapy

Music therapy was defined as a special method of training in the psychotherapist training regulations of Finland in 1995. Music has been applied as a psychotherapeutic and psychiatric treatment since the 1940s and 1950s in the United States of America and Europe, when the first university training courses were established (Alanne, 2010; 2014; De Backer & Sutton, 2014). In Finland, the first music psychotherapy training program at the University of Oulu was authorized in 2007–2011 as an advanced psychodynamic music therapy training program, leading to the psychotherapist title in 2012. The Master of Philosophy in Music Therapy degree was accepted as the basic education for psychotherapist trainees. In 2013, a 4-year Music Psychotherapist Training program was authorized as its own form and orientation of psychotherapy by the University of Oulu, Faculty of Medicine.

Music as a Developmental and Psychotherapeutic Object

Through the use of music in the service of health care and psychotherapy, it is possible to study the consciousness as a similar praxis to words (Alanne, 2014). Music is a psychotherapeutic object of personal ideas, emotions, and effects that can be analyzed. Self-expression with music is meaningful to our identity and personality when we speak, sing, or play with self-experience (pathos). As a sharable dynamic communication of emotions and affects, music provides us with empowerment and self-esteem (Stern, 2010). Music not only symbolically represents defenses, transference, and early childhood development, but also presents human vitality as a transformational object. Several studies in the somatic medicine of pain and anxiety, as well as similar studies in psychiatry, show clear evidence of the transmutable power of music. The embodied meaning of auto-affects in the self-experience of music opens up several possibilities for applying music across the borders of psychotherapy, psychiatry, health care, social care, and education.

Music making, and listening to music, requires identification with the music as well as self-observation. An adult's favorite music is frequently the music they listened to before the age of 18 to 20 – whether it be pop, rock bands, or other individual artists (Levitin, 2007, pp. 231–232). This may be the result of brain development and the strong attachment to music during adolescence, in addition to the power of cultural and social role models during that time (p. 233). As a developmental object, music elevates psychic and emotional arousal and dynamic movement, which forms a similar bond to that of a parent and a child. Music calms, holds, and contains emotions as well as enabling them to be expressed and experienced in the present moment. Thus music in itself educates children and adolescents, through pathos, about how it feels to be a human. A musical meaning is an action of personal growth, and a process of establishing an identity in adolescence. Music and sounds speak the “voice of life” with auto-affects, while they help the individual to answer the existential question: who am I? Because of the vitality in music, and its dynamic of combining moving with feeling, it can develop self-regulating ego functions for the emotions in a personality. This is a continuance of the non-verbal psychic development that occurred only as a sense of self in the earliest interaction of tactile and kinetic experiences, including sounds and songs, between a mother and a baby. In music psychotherapy, the music and the therapist may become developmental objects for the patient in a transference, which can then be analyzed. A music psychotherapist can apply suitable verbal and musical methods to the work of growing phase-specific self-understanding and development in patients, depending on the level of their problems. (Alanne, 2010; 2014; Stern, 2010.)

Critical Theory, Emancipation, and Music

The dialogue of psychotherapy can be seen as a text or a narrative that patients produce of themselves (Habermas, 1968; Alanne, 2014). The self-observation and free association of a patient is an emancipatory project in psychodynamic psychotherapy, where a therapist fills the gaps in the language and self-knowledge of the patient. Individuals can liberate themselves from the burden of society, parents, family, culture, education, profession, and science, which transfer over-generalizing, alienating, and objectifying information onto them. Through pathos it is possible to learn – to be enlightened – from personal experiences and emotions. The unconsciousness reveals itself behind the already known in things, which have been repressed, restricted, silenced, and denied. Patients thus discover their true self, which is the way to liberate them from their symptoms, their suffering, and their patterns of transference. Music is a critical theory when it promotes the potential for self-expression, cathartic revelation, and self-understanding in music education, social work, and health care. The Greek philosopher Plato (trans. 1981) noticed long ago the possible harm that certain music can pose for the state, and ever since then certain totalitarian systems and dictators have banned some music because of its power to affect the moods and actions of people. Through free improvisation in music psychotherapy, or the joint singing of a dementia group, an individual is reconnected to their memories and life history, as well as to the others in the present moment. Musical forms, dynamics, melodies, and rhythms synchronize the neural system of the brain in time and space, enabling movement and speech for the Parkinson's patient and rehabilitation for the stroke patient. Music increases the self-agency and social togetherness of people as a psychotherapeutic object, making them more aware of themselves and the group that they do or do not want to belong to (Alanne, 2010; 2014).

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