



**AALBORG UNIVERSITY**  
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**Aalborg Universitet**

## **Music and Psychosis**

*The transition from sensorial play to musical form by psychotic patients in a music therapeutic process*

De Backer, Jos

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## **Abstract**

This study examined psychotic patients' music therapeutic process from sensorial play to musical form. Since we know that the psychic space has its origins in the transition from sensorial play to musical form, and that the capacity to make representations is severely affected by psychosis, there is a need to find out by which means this capacity can be re-established. Because of their pathology, they do not make use of a psychic space to reach symbolisation, which means in music-therapeutic terms that they are not able to create a musical form in which they could exist as a subject. Therefore the therapeutic transition from sensorial impression to musical form (i.e. proto-symbolisation) is a basic condition for the treatment of the psychotic.

In chapter 1 there is a discussion of music and psychosis, from where the research question is formulated. The researcher is also a clinical music therapist and this dual role is central to the research. The personal epoché in which the stance of the researcher is clarified and discussed in detail, because this is necessary in order to place the research interpretations in context.

In chapter 2 previous research studies concerning music therapy with psychiatric patients and psychotic patients in particular are covered. It becomes clear that studies examining an active method of work (i.e. focusing on improvised or co-improvised music making) are valuable because they contextualise the way of playing seen in the two clinical cases within this research. These studies clarify and explore what is known about the ways in which psychotic patients play. Regarding the specific pathology of psychosis, the literature review went into further detail about the psychoanalytic literature. It is in this literature that is particularly concerned with the failing of the symbol function, a factor that has a central place in the thesis.

In order to understand the interpretations of the results, the clinical approach as part of the research method was described in chapter 3. Here, my theoretical music therapy framework, which has influences the treatment of the two cases, is covered extensively. There is also further exploration of concepts regarding psychotic functioning from a psychoanalytical 'frame of thought' that are used by the therapeutic team of the ward where the two cases are treated.

In chapter 4 the research method is described in which the single case study design was developed. While departing from the main and sub research questions, this was an essential feature of the methodology. The data collection, as well as the analysis of the music therapeutic material, is covered by this clinically applied research approach.

The results and summaries are presented in chapters 5 and 6. The different categories of *sensorial play*, *moments of synchronicity* and *musical form* clearly emerged. Throughout these chapters, the musical analyses and the specific therapeutic interventions are made more insightful.

The process from sensorial play to musical form is described and discussed in chapter 7. The phenomena sensorial play, moments of synchronicity and musical form are defined and the different characteristics are summarised. The findings are also compared to the material discussed in the literature review. The specificity of the phenomena of silence, timbre and inter-subjectivity, which were essential to the therapeutic process, is discussed. The therapeutic interventions that are of central importance for the clinical music therapist are examined and the limitations and validation of this study is discussed. Finally, the usefulness of the study for the clinical music therapist is made clear.