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Zum Improvisationsunterricht im Musiktherapiestudium

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Susanne Metzner, Hamburg

The Relationship of Improvisation Instruction and Personal Therapy in the Training of Musictherapists

Zum Verhältnis von Improvisationsunterricht und Selbsterfahrung in der musiktherapeutischen Ausbildung

Zusammenfassung: *Die Verfasserin geht davon aus, dass der Improvisationsunterricht im Musiktherapiestudium ohne Selbsterfahrung nicht möglich ist und die Musizierpraxis von Wünschen, Ängsten und Konflikten beeinflusst wird. Um einen angemessenen Umgang mit diesen Prozessen zu gewährleisten, sind daher einige ‚Spielregeln‘ zwischen Studierenden, Lehrenden und Ausbildungsinstitut einzuhalten, die das Arbeitsverhältnis und das Ausbildungskonzept betreffen.*

Summary: *The author assumes, that improvisation instruction is always connected with personal experiences and self-awareness as practicing music is influenced by wishes, fears and conflicts. In order to find an adequate way how to deal responsibly with these processes, it is useful that students, teachers and the institution consider some rules, which concern the working methods as well as the concept of the musictherapeutical training.*

Students enrolled in special education at the University for Music and the Performing Arts in Hamburg and attending an extended study program in music therapy take the subject „therapeutic improvisation“ for 4 semesters with 2 hours instruction weekly. The courses are held in the form of small group seminars consisting of 5-6 students. Because these students are also studying school music with main and minor subjects such as two different instruments resp. instrument and voice, school music practice, conduction, choir, percussion, voice production, and rhythmic, they have a very broad and diverse basic knowledge of music. The supplementary study program in music therapy encompasses theoretical-scientific and practical subjects as well as measures to enhance self-awareness both in the subject „psychodynamic movement“ and in group therapy. Group therapy is offered separately from the regular course of studies.

Introduction

My thoughts concerning the relationship of improvisation instruction and self-awareness in the training of music therapists touch both on the subject matter of the topic itself and on aspects of professional policy. I will start off with a few introductory comments.

Today there is general agreement that the deepening of self-awareness and/or undergoing personal therapy are an essential element of music therapist training. At least those music therapeutic organisations participating at the so-called Kassel Conference have come to this conclusion in Germany ([Footnote 01](#)). For years already, professional organizations for music therapists have required of their applicants that they provide evidence of having completed a certain number of hours in individual as well as group therapy to heighten their self-awareness as a personal therapy. However, the minimum number of hours is much lower than in comparable psychotherapist training programs; above that, the requirement does not meet European standards as laid down by the statutes of the European Association for Psychotherapy. So, does this mean that music therapists are not psychotherapists? Or is the conclusion justified that they are less qualified than other psychotherapists? According to German legislation, namely the Psychotherapist Act passed on January 1, 1999, music therapists are not counted as

psychotherapists. Nevertheless, we must face such questions and comparisons if we want to promote the official recognition of the profession, equal status of music therapists and psychotherapists, and the establishment of our profession in national and European health services.

My observation that the quality of work of practicing music therapists is as high as their psychotherapist colleagues has been confirmed by many doctors and psychologists I know. Even young trainees often show extraordinary talent in empathizing with other persons (with their subjective experiences, the nature of their relationships, their life concepts) and understanding the problems which have led them to seek professional help. I lead this back to the musical-artistic training of music therapists, in other words, the occupation with human experiencing in symbolized form. This occurs in instrumental instruction as well as in improvisation. In following this line of thought, one can conclude that what other psychotherapists experience and learn solely through self-awareness activities and personal therapy, is covered -at least in part - by improvisation instruction. In the following I would like to discuss this in more detail and summarize the implications for training contents, training methods, as well as professional policy.

Instruction in Improvisation and Self-Awareness in the Training of Music Therapists

The fact that the term music therapy encompasses quite diverse and by no means compatible models makes the discussion of the subject complicated. Furthermore, there are different concepts of personal therapy during the training and of improvisation. In view of this, is it at all possible to make generalizable statements on this subject? In 1997 the directors of training programs run by the German state have agreed upon common criteria concerning self-awareness resp. personal therapy that are binding for the conduction of music therapeutic training. A number of private training organizations have also adopted these requirements so that they now are widely accepted. However, for my exposition here, this must not be discussed in any great detail. The only aspect which is important for my thoughts on the matter is the strict separation of personal therapy from regular instruction, in particular in connection with the confidentiality of personal information and the clear separation of instructor and therapist roles.

As far as instruction in improvisation is concerned, a similar catalogue has not yet been formulated by the training institutions. Although all music therapeutic training courses that are centered on active music therapy consider this subject as one of its central elements - after all, the musical activities of a music therapist are the core element of his or her professional identity - to date the significance of this subject for vocational policy has not been recognized. Attempts to discuss this issue seem to be seldomly made within the individual training institute and not yet between these training organizations. A welcome and long awaited first step in this direction was the First European Symposium on Improvisation Training in the Study of Music Therapy in 1998 in Hamburg.

There are many theoretical models which attempt to define improvisation. Here I would like to use an approach which can be derived from the theory of „potential space“ of the English psychoanalyst, D.W. WINNICOTT ([Footnote 02](#)).

WINNICOTT uses the term „potential space“ to refer to an intermediate region between fantasy and reality developing between two or more objects and which is mutually experienced. It includes, among other things, all forms of succeeding psychotherapy as well as the areas of playing, transitional phenomena, creativity, and cultural experience. In such areas a dialectic tension between the inner and the outer world, between subjective experience and objective reality develops. In playing (and in the other mentioned areas) a situation is produced, which is both real and not real, both serious and not serious. This space can become a place where something new, something creative can develop, if this is what the participants desire. The prerequisite is that playing is neither prescribed nor forced, in other words, that it does not result

from mere obedience, but occurs spontaneously, on an impulse. This again cannot be expected from the start. So, music therapists are very concerned about creating the necessary conditions which facilitate the development of „potential space“.

In my view, improvisation training in the study of music therapy encompasses three aspects, which are interrelated resp. three facets of one and the same phenomenon, namely playing musical instruments:

1. Improvisation in connection with didactics and methodology in therapy.
2. Improvisation as a personal attitude.
3. Improvisation as artistic action.

What is meant by the first aspect is, for example, to become familiar with different music therapeutic forms of playing, principles which should stimulate the production of fantasies and/or social action plans through music. This can also occur through music therapeutic role plays. What is important here are interactions (preverbal and nonverbal) both in the dyad and in the group. The second aspect is not so much concerned with methods and playing techniques, but with the personal attitude of the therapist, with his or her awareness of what is happening resp. his or her undivided attention - in other words hearing and listening. A further component of this aspect concerns action, playful awareness and responsiveness, and - last but not least - dealing with one's own subjectivity and with abstinence.

The third aspect is concerned with the artistic production of the musical material. This does not automatically presume a particularly high level of quality, although technical know-how surely will be an advantage for improvisation practice. What is important here is that one is able to establish a connection between subjective feeling and musical idiom. This encompasses, among other things, the ability to place both what is happening musically and therapeutically into the socio-cultural context.

In summary, one can say that the first aspect is the study of the methods of music therapy, the second aspect deals with the philosophic analysis of existence and essence, and the third aspect is a special case of instrumental instruction.

In my improvisation courses I try to treat all three aspects equally, focussing on each of them in turn at one time, integrating them at another. I assume that many of my colleagues do the same - irrespective of the music therapeutic concept on which their training is based. I also believe that we all agree that none of the three components of improvisation instruction is possible without experiential learning. There would be no reason to try out any music therapeutic forms of playing, it would suffice to just read about them in the respective literature, if it were not important to experience them personally, to give them thought, and finally to internalize them. This also applies to artistic improvisation practice: It would not be possible without self-experiencing and reflection about one's personal attitude. Playing music always implies the thorough examination of one's self, starting from physical-vegetative processes to latent, often unconscious desires and anxieties. Even in the acquisition of compositions, an artistic interpretation would not be possible without the subjective occupation with the objective printed notes. This is no less the case in improvisations, where musical material is still in the process of formation. On the contrary, during improvisation musical figures become associated with interaction scenes that are deeply rooted in the personal life-story.

Whereas personal interpretations are desirable, habitual attitudes (for example, toward the instrument) as well as generalized musical approaches that enter into improvisation practice can sometimes become a problem. And now I have come to the crucial intersection between improvisation training and self-experiencing in the sense of a personal therapy. That is, when repeatedly certain musical presentations of a problem become audible that suggest there is a

deeper personal meaning, in other words, unresolved unconscious conflicts, they cannot be ignored neither in training nor in artistic-therapeutic analysis. Furthermore, even if a personal therapy is running parallel to training, one cannot assume that desires, anxieties, and conflicts become apparent only there, but that they also enter into improvisation instruction. To be sure, it would be strange if this weren't the case, because in music therapy improvisation is considered the best method to gain access to the unconscious. Especially when improvisation trainers are also music therapists, they repeatedly face the question if they should pick up and discuss unconscious messages of the trainees, and what is the best way to do this. Here, we are not talking about therapeutic intervention, but about making trainees aware of musical peculiarities, their habits, or stereotypes in order to broaden their perceptive and playing capabilities. This requires much sensitivity on the part of the trainer to make this distinction and to design appropriate improvisation exercises and playing instructions that support the objectives of improvisation instruction. Despite all efforts to get things straight: „It's impossible, not to be confused“. In any case, this sums up the outcome of our lively and long discussion of this issue at the European symposium.

Conclusions

A number of tasks and consequences follow from what has been said so far. On the one hand, these are connected with the conduction and further development of improvisation instruction and on the other hand are directed toward heightening the significance of the subject improvisation for professional policy.

1. In improvisation instruction one cannot work on the subjective dimension of meaning of the scenes triggered by the improvisation as if it were a personal therapy. This would be a violation of the working agreement. Although the working agreement between trainer and trainee has a very personal character in improvisation instruction, the trainer has no right to access the underlying meanings of the personal experiences which the trainee might (hopefully) make during improvisation. Surely connections are made to both real life and culture as in every qualified instrument instruction, but trainees are generally required to make their own associations and think about their experiences themselves, so that they remain in their role as a trainee. Consequently, improvisation training cannot be regarded a personal therapy and is no substitute for self-awareness experiences from the perspective of a client.

2. The majority of music therapeutic associations considers music therapeutic self-awareness experiences mandatory, as already mentioned before. On the basis of what I have said about improvisation training and the possible problems which may be encountered, I can provide a further argument supporting this view. A simultaneous personal therapy is also essential in order to correct the misconception that it is possible to deal with unconscious conflicts simply through musical „exercises“.

3. Problems connected with the trainee's personal life outside of instruction and which may become apparent during improvisation training should not be a topic of discussion in staff meetings. As an improvisation instructor it is helpful if one leaves room in one's imagination for a third person, in this case for the treating therapist. Trusting that someone else will take the responsibility for the private concerns of the trainee, the improvisation trainer can concentrate on conducting the lessons and teaching the subject matter. In any case, it is not the responsibility of improvisation training to deal with important personal topics which possibly have not received enough attention in personal therapy.

4. Improvisation instruction encompassing the three aspects I mentioned before must be tailored to the respective music therapeutic model on which training is based. This applies not only to the music therapeutic forms of playing and role plays, but also to the (music)-therapeutic attitude and treatment philosophy and the underlying definition of music. In slightly exaggerated terms, instruction in improvisation that is based upon a psychoanalytic concept cannot be limited to

rhythm exercises or the improvisation of a blues theme. Rather, the trainee must learn to deal with emerging material. This means that nothing has to be different than it is. Important is to learn how to become involved in the improvisation together with fellow players and to develop an awareness of what is going on. Accepting the repulsive, the broken, the never-ending, or the extreme is a part of it. The future music therapist must value whatever is appropriate for the moment higher than that, what is correct, no matter how „wrong“ the music may sound from time to time. He or she must learn to respond musically, to reflect upon the scenaric happenings and finally to discuss it as far as possible. This means that the trainee should already have a high level of musical skill, because only if one is able to play „correctly“ can one leave the well-trodden tracks of conventional music. The objective is to develop a high level of playing skill and concurrently learn to consider the relativity of one's own abilities and one's own perception. Such an approach can only be realized if the trainer allows room for the undesirable. The instructor must allow topics that are taboo to unfold, without elevating this to a new culture. He or she must interpret what is happening and make his or her own subjectivity to a stumbling block. All of this does not correspond to the traditional teacher role, which generally consists of teaching specific subject matter.

5. Analogous to the agreement made in the personal therapy, agreements about improvisation training should be made between the training institutions. Not only the fundamental subject matter and minimum requirements should be laid down, but also the relation between improvisation and other course subjects should be clarified. Without wanting to limit „artistic freedom“, from the viewpoint of professional policy it is desirable to make existing training courses more homogenous resp. more comparable.

6. In the future, professional associations should provide more arguments concerning the subject „Improvisation“ in connection with the discussion of the equal status of music therapeutic and psychotherapeutic training, instead of concentrating only on the meanwhile highly elaborated theoretical basis and the more or less large number of hours spent in personal therapy.

7. My last concluding remark concerns music therapists only indirectly: As I have outlined above, if improvisation training firstly is an instrument to observe visible and analyse both pre- and non-verbal interactions in the dyad and complex group processes, secondly is suitable to practice therapeutic attitudes, thirdly to stimulate the examination of one's own subjectivity, and fourthly, to place what happens in therapy in the socio-cultural context - the occupation with art is always also the occupation with that which underlies collective defense mechanisms ([Footnote 03](#)) - then it should be included in the curriculum of programs for the training of psychotherapists, not with the objective to open up a new department of music therapy, but to provide the didactic possibilities of improvisation to related professions. Perhaps this would have the desirable effect that a greater interaction between science and art would take place in the heads of those persons who treat the ill and/or disabled. Improvisation training as an elective in psychotherapeutic training courses for doctors and psychologists is - leaving aside the question about prior musical knowledge - an impossible dream today. But who knows what tomorrow holds?

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