

РОЗДІЛ V. ТВОРЧИЙ РОЗВИТОК ДІТЕЙ ТА ЮНАЦТВА ЗАСОБАМИ МИСТЕЦТВА

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BEAUTY IN MUSIC THERAPY – CLINICIANS’ PERSPECTIVE

Beauty is a fascinating phenomenon that is researched and speculated about in many disciplines. In expressive arts therapies it is considered to play an important role, but few theories and little empirical research has been done in this field. This article briefly reviews selected perspectives on the role of beauty and aesthetic experiences in music therapy processes and presents the results of a small qualitative investigation. This study illustrates the clinicians’ points of view regarding understanding the presence and meaning of beauty in the regular clinical music therapy practice.

Key words: *beauty, music, music therapy, clinicians’ perspective.*

Introduction. Beauty is a mysterious object of probably never-ending reflection of philosophers, aestheticians, artists and, lately, neuroscientists. Beauty is the word that an average person uses in some form intuitively and commonly almost every day. So it is obvious, and yet, so vague at the same time.

Today, different aspects of beauty are investigated through aesthetics, philosophical reflection, and also with brain studies. Nevertheless, neither philosophers nor neuro-aestheticians are close to the definite, objective answer regarding the nature of beauty. Experiments are being performed and some implications arise, however researchers are not able to determine what constitutes beauty in neural terms (Kawabata & Zeki, 2004), and philosophers cannot agree on its definition.

A myriad of theories exist concerning beauty in the history of art. Moreover, different cultures understand it differently. “Dimensions of beauty that have been appreciated in the art and spirituality of different people have been remarkably various. (...) Each culture has been driven by different environments, needs, and abilities, leading it to explore different aspects of the beautiful” (Sartwell, 2004, p. VII-VIII).

Analysis of relevant research. Ancient concepts are foundations of most discussions in aesthetic matters in the Western view, and can provide context for further considerations here. “The chief forms of beauty are order and symmetry and definiteness” said Aristotle (Aristotle, vol. 2, p. 1705). He also linked

aesthetic and ethical values: “all beauty is goodness, but not all goodness is beauty; all beauty is pleasure, but not all pleasure is beauty; beauty is only that which is both goodness and pleasure” (Tatarkiewicz, p. 151). These sentences seem to be a good start for reflections on the presence and meaning of beauty in the therapeutic process. The quotations above include words such as “order” “goodness” and “pleasure.” Is it possible to find these in a place, wherein disorders, diseases, and dysfunctions are at the very core of the process? Does beauty matter in art therapies? Is it present there? If not – what kind of “art” is applied in this treatment? If so – what kind of beauty is it?

Obviously, there are some considerations and discussions on these subjects in literature regarding expressive arts therapies in general (Levine & Levine, 2004), or specifically music therapy (Aigen, 1995, 2007, 2008; Kenny, 2006; Nordoff & Robbins 2007; Salas, 1990; Tsiris, 2008; Verney & Ansdell, 2010). A general statement, given in this matter by Jacoby (2004) is: “(...) art stops being art if it does not relate to aesthetics one way or the other. That is also true when we deal with art created with limited skills”. However, interestingly, regarding how vast and crucial the subject seems, the body of literature is limited. In music therapy, most of the authors who pay attention to this phenomenon are oriented toward humanistic or psychodynamic music therapy, and most are based in the Nordoff-Robbins approach (Aigen, 2007, 2008; Ansdell, 1995; Nordoff & Robbins, 2008; Pavlicevic, 1997; Tsiris, 2008; Verney & Ansdell, 2010). However, clinicians and researchers from perspectives other than humanistic and psychodynamic seem not to notice the importance of aesthetic values. One possible cause of this situation is that in recent years music therapy has been fighting to be considered an evidence-based practice, with the strong fundamentals in high quality quantitative research, fulfilling the objective criteria of science (Aigen, 1995), so those who approach music therapy from those other perspectives may be so focused on the evidence (outcome) that they neglect what contributes to it (the input). However, reflecting on beauty does not seem to be contradictory to a positivistic approach. Subjective feelings, emotional states, or other phenomena can be measured objectively by standardized tests or medical equipment.

Reflecting on the aesthetic experiences in music therapy, Salas (1990) proposes that the beauty in this process should be seen as a manifestation of ontological meaning; creating something that matches the experience, not essentially exhibiting pleasing harmony. She adds: “Aesthetic standards are relevant therapeutically in two ways. Clients who believe that their music is good will feel affirmed; their self-esteem will be nurtured. And the more aesthetic value in their music, the more they will experience the triumphant and healing victory of existential coherence over meaninglessness” (Salas, 1990, p.12). Kenny (2006) delves deeply into the subject and gives beauty a central role in the “field of play” model that she developed. Beauty, closely linked to wholeness (being the movement toward it), is the key to the successful healing process in this concept. But the beauty she speaks of is considered the “human

condition”. “It contains even suffering, pain and loss. This is the ebb and flow of human life – love and loss, suffering and joy, pain and pleasure, and on and on” (Kenny, 2006, p. 99). Aesthetic experiences, related to the presence of beauty, are also core qualities in Aesthetic Music Therapy, presented by Lee (2003), in which musical processes are regarded clinical processes (Meadows, 2011). Aigen (2007) also emphasizes the importance of aesthetic values in the therapeutic process, claiming that it involves and influences the process of transformation, which is the condition of successful music therapy.

Although all of the above mentioned theories are well argued by their authors, reflecting on them might be confusing to the reader – authors elaborate on the phenomenon that they give the same name, but seem to define differently, which can have grave consequences. Moreover, most of the literature presented above is focused on conceptual and theoretical reflections. Even when it is based in clinical experiences, it seems a bit distant from the everyday experiences of clinicians.

Also, the authors tend to omit the factor of cultural context, which should be taken into consideration, while cultural-sensitive and usually regarded as a subjective matter problem such as aesthetics is being discussed. Nevertheless, the last element is analyzed thoroughly by Stige (2002), who sees the role of aesthetics as an important one in the music therapy process and presents the concept of “music” placing the practice of making sounds in broad cultural systems including different practices and hierarchies of values.

Upon thinking about it, and agreeing with Tsiris (2008), who says in the conclusion of his article “that we need to continue our endeavors to understand in greater depth the multi-dimensional role of aesthetic experience in music therapy”, the author decided to investigate a small piece of this vast subject by analyzing perspectives on matters regarding beauty that are held by music therapists in her own professional environment. Having in mind that the theoretical perspective was present in most of the available literature on this topic, and as a practitioner vividly interested in this subject, she wanted her investigation to be clinically, practically oriented, and placed in the real life experiences of her colleagues. Being aware of cultural differences, she decided to limit the investigation to people from her country, Poland, who share similar cultural backgrounds. She wondered: Are her reflections and intuitions shared by other clinicians and music therapists in Poland? Do these beliefs influence their work? As a result, the idea for a small qualitative study was born. The general research questions that appeared were:

- How do Polish music therapists define beauty in music and music therapy?

- Do they think that it is relevant to the therapy and its outcomes?

- Do they feel it is present in the sessions performed by them?

No answers were hypothesized.

Method

Design and Participants

The study was conducted using an open and quite free structure, characteristic of qualitative inquiries. There were no expectations of any particular results.

At the beginning of this research project, there were seven certified music therapists in the country (including the author), and all were included in the study. They were informed, by email, of the goals of the study and the procedures that would be involved and were given an opportunity to ask questions. They consented to participate in the inquiry, with the possibility of withdrawing at any time. The procedure and documentation were reviewed and accepted by the [name of academic institution removed for anonymous review] Commission for Ethics in Research.

A survey comprised of open-ended questions was chosen as a method for data collection, as it is considered to be appropriate for gathering information regarding attitudes and orientations (Babbie, 2003). Participants were then asked to respond to the survey questions; at this point two of them – for various reasons – decided not to participate. The author decided to include herself in the study. This introspective reflection seemed to correspond well with the structure of the project. Therefore, five people participated in the study. They had very different educational backgrounds, which certainly influenced their practice and perspective on music therapy treatment: one of them had Nordoff-Robbins training, one had GIM qualification, one presented a behavioral orientation obtained in the US University, and the other two had very eclectic experiences. The author was especially interested to see whether their backgrounds would be mirrored in different opinions on the research main area: the beauty in music therapy.

Procedure

The open-ended survey was designed by the author according to Babbie's (2003) suggestions. It included instructions and seven questions (including two contingency questions – numbers 3 and 4). These were as follows:

1. Give your personal definition of beauty in music.
2. Do you think that music that is being created during the sessions led by you is, or sometimes is, beautiful?
3. If yes: why? How do you understand its beauty?
4. If not: why? What criteria does it not meet?
5. Do you think that the beauty of music is relevant to the therapeutic process?
6. Do you think that your clients share your opinions on beauty in music being created?
7. Could you indicate a very specific moment during the session in which you felt music was beautiful? What feelings/emotions/thoughts accompanied it?

It was sent to the participants as an e-mail attachment. Six weeks were given for sending the responses. No word limits were imposed.

Data Analysis

The analysis of the content was performed inductively and empirically; the reflection on the data revealed some themes that were named and interpreted. The procedures and terminology follows Bernard and Ryan’s (2010) approach to qualitative data analyzing.

1. Free reading and open reflection – discovering themes/categories for responses to each question
2. Looking for and identifying repetitions, differences and similarities in the responses.
3. Cutting and sorting the material – identifying important quotations from respondents.
4. Performing thematic coding – assigning chunks of texts to codes and categories within every question.
5. Making sure if the thematic codes were capacious and specific enough.
6. Restructuring and renaming the themes/categories if necessary.
7. Identifying repetitions in all responses of all respondents; identifying main themes.

Research results

Themes by questions

1. Personal definitions of beauty. In the first question, the music therapists’ responses included descriptions and terms that fit within three themes and were labeled as: aesthetic qualities, relational qualities, emotional/existential qualities. When defining beauty, respondents used very different phrases. In the table below, selected quotations relating to these themes can be found.

Table 1

Thematic codes regarding definitions of beauty

Aesthetic	Relational	Emotional/Existential
Well balanced form, surprising but coherent narration that keeps my attention, form adequate to content; sophistication, fulfillment of aesthetic needs	Relation between the performer and the audience, message, moment of shared experience and metaphysical understanding, mirror of people and their relationships	Intimacy, aesthetic form of emotions, something that deeply moves, changes, shapes, motivates people; breakthrough

In all cases the descriptions included statements from at least two categories. Moreover, all of music therapists mentioned elements from the relational category.

2. Do you think that music that is being created during the sessions led by you is, or sometimes is, beautiful? For all respondents, the answer can be summarized one theme, that could be labeled as “yes, but...”. While explaining their doubts, all music therapists underlined the subjectivity of their opinions and linked their statements to the relational or emotional/existential element of the previously given definitions. One responded said: “looking from

the perspective of musician, it probably is not beautiful; often it even would not be named *music* at all”. However, she also says: “but I like it... it usually engages me deeply”. One music therapist claimed beauty occurs very often, others – only sometimes.

3. If yes: why? How do you understand its beauty?

4. If not: why? What criteria it does not meet?

These two questions were paired during the process of looking for the themes. Despite saying “yes” in question 2, three respondents gave their opinions on both questions 3 and 4. Regarding the fact that their opinions in a previous question took into account doubts, limitations and restrictions, it seems understandable that the participants wanted to refer to both the presence and lack of presence of beauty in the music being created during their sessions. Combining responses allowed the author to form the main **theme**: the understanding of beauty in the process and product of music therapy sessions is divided into three subcategories: process, effort, and feeling of community. Some characteristics felt into more than one subcategory.

Table 2

How do the respondents understand beauty in music therapy

Understanding of beauty in the process and product of music therapy sessions		
Process	Effort	Feeling of community
act of creation, cooperation, shared experience	hard work, going over limitations, breaking down barriers, satisfaction	common space, language, doing together, shared experience

The criteria of beauty were not clearly stated in any of the responses, but the topic of obstacles that prevent the presence of beauty appeared. Two main themes were revealed here: 1) lack of agreement and understanding between the client and the therapist, and 2) shortage of musical skills.

5. Do you think that the beauty of music is relevant to the therapeutic process? The responses here varied, from one music therapist saying it is the most important factor, to another stating that, although important, it is not essential in the therapeutic process and its role is not priority. The other three respondents balanced their answers, noticing the importance of beauty, while also questioning the actual meaning of it and the subjectivity in its reception, about which makes beauty so elusive and hard to formulate strong opinions. The theme that emerged from this question was “uncertainty and ambivalence”.

6. Do you think that your clients share your opinions on beauty in the music being created? The spectrum of responses was the widest on this question. Three respondents felt strongly that both they and their clients usually share the same perception of beautiful musical moments, one had this feeling from time to time, and two others were convinced it happens very rarely. They

based their opinions on different sources, involving themes such as: verbal processing, intuition, and musical interaction.

Table 3

Sources of information on the perception, or lack thereof, of beauty among/between the therapist and his/her clients

Verbal processing	Intuition	Musical interaction
“I talk to my clients after we play and usually it occurs we felt similarly”, “I have no clue about it while working with non-verbal people”	“I just feel we understand it the same way”, “Sometimes we share musical space with clients and I somehow know we value it similarly”	“When the client keeps playing in the mood or character that I want to stay with”, “My clients prefer different kinds of music than I personally do, so I do not think we would agree on which music or song is beautiful or not”

7. Could you indicate a very specific moment during the session in which you felt the music was beautiful? What feelings/emotions/thoughts accompanied it? All of the music therapists were able to indicate specific moments in sessions in which they had an aesthetic experience regarding the music being played. One element was listed in all of their short descriptions: a change or turn in the therapeutic process. Here, all of the respondents got close to the relational qualities they mentioned previously in question 1. In every situation described, this was the key element of beauty being perceived. Additionally, typically aesthetic values were noticed, such as: great harmony, perfect narration, and well balanced musical tension. Feelings, emotions and thoughts that accompanied the moments of beauty, considered to be the themes here, are listed in the table below.

Table 4

Feelings, emotions and thoughts accompanying the aesthetic experience during MT sessions

Feelings / Emotions	Thoughts
Being taken aback Satisfaction Joy Peace Understanding Closeness Intimacy Excitement	“I know where I am going” “Finally!!!” “Is it real?”

Main themes through all of the responses from all respondents. Doing a cross analysis throughout all responses allowed the author to find repetitions that led to identifying a main general theme: the mixing aesthetic and relational aspect of beauty. In the last question, the mixture of aesthetic and relational aspects of beauty was very clear – respondents indicated aesthetic values of music (e.g.

harmonic structure) and yet the feelings that accompanied them were more related to relational categories (e.g. intimacy, understanding). It was also clear in responses to questions 1, 2 and 3; the quotations given above show this dual perspective.

Discussion

Conclusions and interpretations.

The main conclusion that could be drawn from the data gathered in this project is that beauty and aesthetics are important to Polish music therapists, despite differences in their educational backgrounds and clinical experiences. Referring to the research questions (How do Polish music therapists define beauty in music and music therapy? Do they think it is relevant to the therapy and its outcomes? Do they feel it is present in the sessions performed by them?), the data gathered suggested that they define beauty in music and music therapy in both aesthetic and relational categories. They perceive its relevance, but cannot actually determine to what extent and on which levels it operates. Beauty is identified by the participants during some sessions, but they see how context-dependent it is. It is difficult for them to reflect on this subject. Respondents made an effort to analyze their experiences and describe them, but at the same time, they expressed a lot of doubts, uncertainty and awareness of elusive feelings about these matters. Their opinions were sometimes contradictory. Sometimes they themselves noticed the lack of logical structure but maintained their positions anyway, although they may not have been able to articulate “things” properly, or believed that perhaps another opinion might have been more true in a different context.

Verney and Ansdell (2010) discussed beauty in music therapy, emphasizing the importance of the skill essential to practitioners (the ability to hear and listen to the sounds in the therapeutic context as beautiful). Based on the opinions expressed by participants of this project, this capability is somehow present in each respondent. However, they see the problems with complete subjectivity related to placing beauty in the eye of the beholder, implied in such thinking. It leads to a relativistic perspective, which could be considered unsafe. Stige’s (2002) concept of music fits well to the picture arising from Polish music therapists’ opinions. Putting aside Stige’s considerations regarding decontextualization and recontextualization of music and focusing just on his notion of a cultural system as crucial to understanding certain musical “products”, this idea can be expanded upon or understood more broadly when defining cultural systems not only as specific communities, but also as small interpersonal systems created by a therapist and the client(s). Following this line of thinking, each presence of beauty in music therapy would be related to the cultural system of certain therapeutic relationships. Perhaps there would be need for as many “beauties” as “musics”. Again, this sounds relativistic. But, on the other hand, if the perception of beauty is in fact in the eye of each beholder (related to similar feelings, emotions and impressions, regardless of their source), this may be a way to see it as universal.

Limitations

The structure of the survey might be considered a limitation of the project, because some of the instructions were not fully clear. The author wanted it to be possible for the answers to be open and free, but these features also made it less concrete. For example, there was no indication what the term “music” meant. It was only described as “music being created during sessions”. Should this include improvisation only or performing of pre-composed forms as well? Only one therapist related to a songs repertoire, all others considered only improvisatory elements of sessions, although all do also use composed musical pieces in practice. Such delineation in the survey could bring more interesting material regarding specific questions, such as whether beauty is experienced more during improvisation than performance.

Also, gathering the data in the written form might be considered limitation of this study. Having participants interviewed directly would allow for more freedom and interaction in the data collection, which could lead to richer material.

Implications

The general feeling of uncertainty and lack of a clear framework for reflection present in respondents’ opinions might be a note to music therapy educators. Maybe spending some (or more) time on aesthetics in the students’ curriculums would provide more competence to the clinicians, which would make them more confident and precise not only in progressing with the therapeutic process, but also in thinking and talking about their profession. All of the participants, apart from their responses, expressed interest in discussing these problems outside of the study context. They felt it should be raised more often during supervision and training. One of them mentioned that beauty is the most important factor that prevents her professional burnout – these experiences of aesthetic pleasure are so strong that they give her energy and motivation for work.

This study does not give any information on whether beauty is regarded as a therapeutic factor in the process. It also does not tell anything about the clients’ perspective. It only shows the therapists’ points of view. And it only involves five therapists from one country that is – culturally – quite homogenous. Discussion that would include more people with various heritages has a great potential for being fascinating. Both in-depth qualitative investigations and quantitative perspectives would enrich the reflection on aesthetics greatly and – probably – open doors to further intriguing questions.

In one of his short essays Stige (2001) concludes: “We need to be open for a broad spectrum of aesthetic experiences in music therapy”. This small study gives a picture of clinicians who are, or at least trying to be, open, but when it comes to words, they are lost in translation.

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АНОТАЦІЯ

Конєчна-Новак Л. Краса в музичній терапії – клінічні перспективи.

Краса є привабливим феноменом, який досліджується багатьма науковими дисциплінами. В арт-терапії експресія різних видів мистецтва відіграє важливу роль, проте у цій сфері існує багато теоретичних розвідок і замало емпіричних. У статті коротко розглядаються розвідки стосовно використання краси й естетичного досвіду в ході музичної терапії та подаються результати невеликого якісного дослідження. Презентуються пункти зору клініцистів щодо необхідності присутності краси у повсякденній клінічній музикноно-терапевтичній практиці.

Ключові слова: краса, музика, музична терапія, клінічні перспективи.

РЕЗЮМЕ

Конєчна-Новак Л. Красота в музыкальной терапии – клинические перспективы.

Красота является увлекательным феноменом, который исследуется многими научными дисциплинами. В арт-терапии экспрессия различных видов искусства играет важную роль, однако в этой области существует много теоретических исследований и мало – эмпирических. В данной статье осуществлен краткий обзор изысканий относительно использования красоты и эстетического опыта в процессе музыкальной терапии и представляются результаты небольшого качественного исследования. Презентуются точки зрения клиницистов относительно необходимости присутствия красоты в повседневной клинической музыкально-терапевтической практике.

Ключевые слова: красота, музыка, музыкальная терапия, клинические перспективы.