



Aggression in music therapy and its role in creativity with reference to personality disorder

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ABSTRACT

This article describes a project that explored the relationship between aggression and creativity in music therapy. It examines the role of aggression in psychological growth and how music therapy might have a unique role in channelling aggression. An exploratory qualitative study included a mixed methods approach of a case study and thematic analysis of interviews. It included three interviews with three experienced music therapists who were asked about their experience of aggression in music therapy. The case study supports the evidence gathered in the interviews, and describes short-term individual music therapy treatment with a man with a personality disorder diagnosis and a history of extremely aggressive behaviour. The study suggested a strong link between aggression, affect and body movement. Gathered information and results from interview analysis showed that aggression and creativity share important similarities in areas of mastery and control, affect and emotion, and action and intention. Conclusions of the study showed that music therapy can sometimes provide a context for safe exploration of aggression and deeper feelings. It can also enable the individual to sublimate negative emotions through appropriate expression.

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Introduction

The purpose of this exploratory qualitative study was to gain a deeper understanding of the link between aggression and creativity, and to examine the role of music therapy in working with aggression. The study included a mixed methods approach (Wheeler, 2005) of a case study and thematic analysis of interviews with a small purposeful sample (Wheeler & Kenny, 2005) of three experienced music therapists asking about their experience of aggression in music therapy. The casework and some of the research work was carried out by a trainee music therapist with supervision from an experienced music therapist, and both author researchers have worked on the mixed methods project and data analysis. It aims to inform the thinking processes of music therapists in helping patients¹ to better understand, experience and use aggression constructively.

The case study with a man with personality disorders was undertaken by a music therapist while training in a unit for people with this disorder. As such, the context was informed by the National Institute for Health and Clinical Excellence (NICE)

consultation guidelines, to which the unit multidisciplinary team contributed at the time of the study. The case study was of a man exhibiting anti-social and avoidant personality disorder with borderline traits. For this diagnostic group there is not always an implication of cause, and it is characterised by 'a pattern of instability of interpersonal relationships, self-image and affects, and by marked impulsivity'.² Although a large number of outcomes have since been reported through the final NICE guideline for Borderline Personality Disorder, published after this study, individual psychological interventions are reported to have little effect upon symptoms compared with treatment as usual. There is little music therapy research evidence reported for this population in the NICE guidelines, and worldwide it is an area which needs more research. Currently, a European Collaboration between music therapists researching music therapy for people with personality disorders is preparing a large international study. Some case reports and anecdotal evidence have shown positive outcomes (Hannibal, 2003; Nygaard Pedersen, 2003; Odell-Miller, 2007), and this study is a small contribution to the existing literature.

Aggression is a common reason for referral to the arts therapies (Odell-Miller, 1995). 40% of referrals given by mental health

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¹ The word patient is used to refer to clients/patients/users within music therapy treatment.

² NICE guidelines scoping document section 3. <http://www.nice.org.uk/nicemedia/live/>.

care professionals in Odell-Miller's survey were aggression-related or cited aggression as the reason for referral. In her paper on art therapy and children who behave aggressively, Nissimov-Nahum (2008) stated that childhood aggression is a widespread problem. Other articles have focused on treatment of aggression and anger in music therapy (Bensimon et al., 2008; Jackson, 2010), in the arts therapies (Smeijsters & Cleven, 2006) and in psychodynamic psychotherapy combined with movement (Twemlow, Sacco and Fonagy, 2008).

A typical aim of music therapy in treating aggression is to reduce challenging behaviour (Derrington, 2005). Performing and song-writing can be stabilising factors in exploring and developing a sense of self (Baker, Kennelly, & Tamplin, 2005; Derrington, 2005). Others have discussed the relationship between a developing sense of identity and creativity (Storr, 1972; Winnicott, 1971). Music therapy enables people to experience themselves in a safe environment, by providing a psychological and musical space and another mind (the therapist's) to increase the capacity for insight into themselves and their behaviour. Arts therapies focus strongly on emotions and behaviour (Smeijsters & Cleven, 2006). Many psychological treatments enable aggressive expression by the patient, especially when aggression is suppressed or presented inappropriately. This suggests that aggression may be something with which we must learn to live, rather than hide, and that we must learn how to use it constructively in order to fulfil the needs of the individual within the boundaries of society. For these reasons, we decided to examine further the nature of aggression in music therapy.

Defining aggression and creativity

A comparison of two definitions of aggression from psychology (Geen, 1990) and psychoanalysis show in each case an acknowledgement of the complexities of aggression, the importance of developing its meaning beyond simple destructive behaviour, and Geen (1990) emphasised the importance of the role played by emotions in acts of aggression. One emergent theme from the comparison is the intention to harm, which can be linked to the aggressor's need for mastery, omnipotence, control of the object or self-preservation. Freud (1920) saw aggressiveness as a sign of resistance and implied that the arousal of aggression; including locating, uncovering and getting hold of it; was an important part of treatment. Geen (1990) suggested that affective aggression is motivated mainly by the intention to harm, and can be linked to patterns of activity in the central nervous system, whereas instrumental aggression is motivated by concerns more important to the aggressor than the harm-doing itself. This physiological link suggests a bodily arousal and explains why strong affective states may be aroused by playing music, which can activate the music-maker at physical, emotional and expressive levels.

Creativity reflects the ability to bring something new into existence Barron (1965) and Winnicott (1957) linked this to the infant's experience of creating the world from which 'action' and 'doing' arise. He suggests that impulse-doing involves action with meaning, requiring a mind to bear it; and reactive-doing involves reactions, reflexes and behaviours that may hold little or no meaning for the individual. Omnipotence is a requirement of creativity and there must be a belief that it is possible to create something. In the infant's experience this process is facilitated by the caregiver who adapts to the infant's needs. So, there seem to be some areas of overlap between the aspects of aggression and those of creativity: mastery, affect, and action. In music therapy it is possible to explore the relationship between aggression and creativity through making music in a relationship that involves physical, intellectual and emotional expression.

Mastery

Psychoanalytic theory is helpful in thinking about mastery. Freud (1910) had regarded aggression as an urge for mastery, which is about doing something intentionally with greater thought and experience, and with improved timing, technique and efficiency of effort. This requires confidence in one's ability. The patient's compulsion to repeat is linked with aggression and attempts at mastery of these experiences. This process may provide the ego with satisfaction of its vital needs (Freud, 1930).

Klein (1952) viewed aggression as a destructive impulse that has relevance to mastery in the area of omnipotence. In the absence of the mother, the infant believes her to be suffering or damaged, perhaps due to the infant's destructive impulses. The mother facilitates the reparative function of the infant's omnipotence by providing the illusion that he or she can revive her. The mother's confidence in this ability to recreate gives the infant greater confidence in his or her objects, to internalise them and become more self-reliant, and aggression can be experienced as benign, manageable and available for sublimation. In music therapy, mastering aggression and emotions through an omnipotent relationship and repetitive experiences may be explored through musical play, as discussed by Aigen (1991) in the case study of Will. Here the exploration of expressive extremes decreased Will's need to gain mastery through destructive social interactions. Through the use of structured and pre-composed songs, Will began to show sudden, uninhibited expressions of aggression, elicited by the safety of the musical context, which led to an increasing capacity to self-regulate. His fighting at school diminished considerably, and he expressed a need for Aigen to play in a more separate way, showing his diminishing need for omnipotence.

Drawing on psychoanalytic theory, John (1995) draws attention to the process of sublimation by describing the process where the patient uses pre-verbal exchange to deal with rage and overwhelming emotions and can communicate and discharge into a containing holding object. Here, rage can be mastered and brought under conscious control. Patients, defence mechanisms may be seen through perseverative playing when a patient defends against pain brought to the surface in therapy. Perseverative playing is observed when the patient plays in a set rhythm, usually regular patterns, but with no flexibility or apparent awareness of other people's music (Bruscia, 1987).

Mastery is linked to the feeling of self-confidence. Twemlow et al. (2008) suggest that as practitioners of martial arts become more advanced they show better control of anxiety and hostility. They also suggest the need for a mentor to contain the destructive aggression during training towards mastery of the martial art, which suggests similarities to the function of a therapist.

Emotional development and affect

In psychoanalytic theory, aggression is often viewed as integral to emotional development (Winnicott, 1950). There is a stage of concern in emotional growth when the infant begins to appreciate the personality of the mother, which represents the beginning of a more complex psychological life. Through emotional development, often through creative play, aggression can be linked with the establishment of a clear distinction of what is the self and what is not the self (Winnicott, 1957, 1971). In order for a child to express aggression in a healthy way – finding relief and experiencing it as finite disposable and useable – he or she must be able to experience its form – having a beginning, a development and an end. As the aggressive impulse is suppressed, so also are other impulses along with creativity.

In music therapy improving a patient's ability to play is an important part of the treatment as inhibited creativity may indi-

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