



(Dys)Functional behavior in forensic psychiatric patients: Study of analogy between music therapy and group work^{☆, ☆☆}

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ABSTRACT

Music therapy literature often assumes that reactions of clients demonstrated during music therapy show similarities with other situations. This theory is described as the theory of analogy. This study aims to explore these similarities in the context of forensic psychiatry. Forensic psychiatric patients are observed by sociotherapists for specific behavior at the living unit. These results are compared with the observations of behavior during music therapy. Twenty participants are included in the study. Scores of different observation scales are compared. With regard to verbal and dysfunctional behavior, as well as non-observed behavior, significant similarities exist. Coping, interaction and assaultive behavior showed no significant similarities. The results suggest that the theory of analogy should be applied with caution.

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Musical analogy research within forensic psychiatry

Due to its tendency to evoke basic emotional, cognitive, behavioral and neurological reactions in people, music in therapy can be an appropriate tool to evoke emotional, cognitive, neurological and behavioral reactions (Gabrielson, 2010; Juslin, Liljeström, Västfjäll, & Lundqvist, 2010; Peretz, 2010; Sloboda & Juslin, 2010; Thaut, 2005). Therefore music therapy is applied in a broad area of health care. Many theories on music therapy – one more explicit than the other – are built around the assumption that there are (significant) similarities between frequently occurring musical reactions and the psycho-social-emotional reactions of patients to stimuli. Musical reactions of a patient to a musical situation are hypothesized to show similarities to their non-musical (psychological) reaction in real-life events. Several studies on music therapy state that there is a similarity between reactions of a patient shown during musical

situations and reactions in daily life (Aigen, 2005; Erkkilä & Eerola, 2010; Tyler, 2000). Sometimes, even more, musical reactions and behaviors are not only assumed to show analogies with reactions and behavior in daily life, but also even with offense related behavior. The case of Benny (Box 1) is an example of this similarity out of a music therapy session in a forensic psychiatric clinic. The example illustrates how a musical situation in music therapy can be linked to a daily-life situation, with similar reactions of a patient.

Smeijsters (1992, 2005) was one of the first to develop a theoretical framework about this implicit assumption apart from psychological or philosophical theories what he called the 'model of analogy'. His assumption is that (musical) reactions of a patient to (musical) situations equal outer-musical and psychological reaction. "Re-sounding the client's psyche in music (...) sounding his life in the here-and-now" (Smeijsters, 2005, p. 37). This analogy between a patient's psyche and his music is best to be heard in a free improvisation. Smeijsters (2005) elaborated his model of analogy upon the works of Damasio (1999, 2003) on neuro(psycho)logy, and psychological researches by Stern (1999, 2004).

Damasio (1999, 2003) found in his studies that most human behaviors happen automatically and unconsciously, but only as far as our core-self has learned these behaviors through prior experience en knowledge. Our conscious is the conductor and engine of these reactions as long as it has time enough for conducting thinking processes. Music seems to have a direct entrance to this unconscious core-self because it has a direct path to deeper

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Box 1: Single case description of coping skills during a music therapy session.

Benny has been convicted of incest with his daughter and is suffering from a dependent personality disorder. The incest followed episodes of feeling humiliated by and powerless toward his wife. He took sexual revenge on her daughter. His overall treatment goals focus on adequate expression of tension and handling boundaries under stressful situations.

Benny is sitting on the right side of the piano. The music therapist sits on the left side. They share one piano, a very intimate assignment. Benny is asked to alternately (Benny – music therapist) play musical single notes. Notes are not allowed to sound simultaneously. The stress-enhancing situation is sharing one instrument and to avoid any musical mistakes.

The music therapist plays within a rhythmic pattern every time she plays her notes. Benny imitates her. Then she suddenly holds one key of the keyboard pressed down, so the tone rings out longer. Benny, not expecting this to happen, sounds his tone. Realizing that he made a ‘mistake’ he verbally apologizes and promises to be more alert. In the following minute he tries to create a situation in which he can settle the scores with the therapist and lead her into ‘mistakes’.

Later Benny and the therapist improvise ‘freely’, but have to end the musical improvisation at the same moment, without verbal interventions. During this improvisation, the music therapist’s hands crawl up to the right side of the keyboard. Benny, knowing that he has to work on his boundaries, tells her to back off every time, she passes the central G. After two times his face is coloring deep red and he threatens to stop if she does it again. He is sweating and his mimic and posture are tense, but he actually stops after the third attempt of the therapist to pass the central G.

Benny tells the therapist that there is a connection with his (musical) reaction now and with stressful situations at home. Just like his wife, the therapist did not stop when he asked her to and he felt tensed. He wanted to get even with his wife (the therapist points out his reaction during the first assignment). In music, we observe an ambiguous reaction of what Benny says: he apologizes for his ‘mistake’, and how Benny reacts: he musically tries to get even with the therapist. Later, Benny clearly describes similarities between his reactions during the musical situation and tension that led to his criminal offense. The stress evoking situation of losing control, being marginalized, triggers familiar reactions.

brain areas. Even children born without a brain-cortex can enjoy music and have some sense of their core-self (Peretz, 2010; Thaut, 2005). Therefore musical behavior shows analogies with unconscious non-musical behavior.

Stern (1999, 2004) researched ‘present moments’ with mothers and their infants and later in experimental studies. These present moments or ‘key moments’ are implicit experiences of an intimate interaction with the other(s). These key moments between people show in their composition a remarkable resemblance with music. The implicit experience of the moment is more important than the explicit verbal material of the moment for the therapeutic progress. According to Damasio (1999, 2003), the link with making music is as follows. When people make music together, this implicit process itself has more meaning than any verbal comment on it during the process or later on.

Music therapists, whether working within forensic psychiatry or with other populations, claim this congruency between musical and psychological engagements as well, because patients tend to verify certain reactions in musical situations to resemble reactions on outer-musical situations, or tend to link these musical behavior to non-musical, psychological behavior. The link is not a rigid pattern, but a “connection between the musical and psychological dimension” as constructed in the therapeutic relationship between

the music therapist and the patient, according to Smeijsters (2005, p. 182). This makes analogy vulnerable to the (psychological) interpretation of the therapist.

Watson (2002) made a systematic comparison of her own observation of forensic psychiatric patients with statements of patient and staff observation, to assure progression toward treatment goals, after drumming and improvising with sex offenders in music therapy treatment. She found that staff and music therapists alike judged the same progress in patient’s behavior.

However, Hakvoort (1996) studied the interaction during a piano-improvisation and found a significant difference in musical interaction patterns between a music therapist with musicians and a music therapist with non-musicians. The musical improvisation of the non-musicians with the music therapist showed a significant lower level of musical interaction than the musical improvisation of the musicians with the therapist. If applying the theory of analogy, it would result in the statement that non-musicians function socially on a much lower level during daily life than musicians, due to their limited musical interactions patterns. That such a conclusion would be ‘incorrect’ is evident.

Expression and communication of emotion in music is a well-researched field within music psychology. Juslin and Timmers (2010) found that a good musical performer is well capable of communicating and transferring his or her emotions to listeners. However, music itself has only a limited capacity to convey this information and the listener models the music to fit his or her meaning and emotional state. So any assumed analogy between emotion and music should be met with caution.

In forensic psychiatry, the theory of analogy between specific reactions in daily life and criminal behavior is used within other disciplines as well. Take for example the so called offense paralleling behavior (OPB; Daffern et al., 2007). This approach is mainly used in the UK and Australia to help sociotherapists, psychologists and forensic nurses to discriminate between ‘regular violent behavior’ and offense related behavior. OPB is defined as: “a behavioural sequence incorporating overt behaviour (that may be muted by environmental factors), appraisals, expectations, beliefs, affects, goals and behavioural scripts, all of which may be influenced by the patient’s mental disorder that is functionally similar to behavioural sequences involved in previous criminal acts” (Daffern et al., 2007, p. 267). The observation of OPB is applied to identify intervention opportunities, additional risk assessments and to monitor progress in treatment. Daffern et al. (2007) warn for the impact of observer bias if looking for similarities between behavior in a certain situation and the presumed offense behavior. A chance observation should be minimized in favor of systematic recorded observations. A predicted scheme of behaviors should be matched before one could assume any offense paralleling behavior.

During many years of assessing and treating forensic psychiatric patients within music therapy, it can also be assumed that forensic psychiatric patients show similar behavior reactions during music therapy as in their daily life or even offense related behavior. The core assumption is that an analogy can exist between observed musical and non-musical reactions. But, is this wishful thinking, observer bias or reality? To what extent is there conformity between behavior demonstrated during *music therapy* and *daily life*? Before exploring the researched behavior, it is important to have some understanding of the background of the research subjects.

Music therapy in forensic psychiatry

Forensic psychiatric patients in the Netherlands are offenders sentenced to a consecutive hospitalization after their imprisonment. They are hospitalized in a forensic psychiatric center under a code of law (Van Marle, 2002). The main reason for this

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