

## MUSIC THERAPY AND PSYCHOPROPHYLAXIS

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**Abstract:** *The report describes the music therapy within its social-historical, psychological, and musical relations. Music perception paradigms are classified within magic, mathematic, medical, and psychological classes, each of which having its own foundation even under present music therapy forms. The text presents a brief overview of the music therapeutic situation and presents the concept of a humane and dynamically oriented music therapy. The lawfulness of a cure process by means of an improvised music is described here in an analogous manner within the musical and psychic experience. The report interprets important phenomena specific for the definition of the active music therapy. On existential level, as an important recovery means, the relation is raised that is established through adoption by other people. The active music therapy provides space for the readiness to open oneself to important relations.*

**Keywords:** *active music therapy, improvisation, stimulation, sound in time and area, prophylaxis, concepts of music therapy*

### Introduction

Throughout the whole history music is perceived as a self-reflection means - it is adherent to the therapeutic effect to a human being. The bases that verge to the music/therapeutic use of music and sound represent the evolution of the ontological base and existential orientation of man. Within historical context, music therapy is based on the functionality of music, which - seen from the anthropologic, social, and theological view - is tied with the **cult, sensual, magic/ritual**, and **medial** function of music. Due to the narrow interrelation of various modalities, roots of human culture are characteristic for the accord of *art, religion, and healing abilities*.

Modern music therapy has not featured a long-term tradition in Slovakia. In mental homes its development started only in the 60s due to Prof. Matulay of Pezinok; in Bratislava thanks to Mr. Molčan, MD, in the Psychiatric Clinic. To a great extent the use of the music therapy was contributed to by Mrs. Zlatica Mátejová, PhD, and Mr. Silvester Mašura, MD, who started to apply the music therapy when working with children and teenagers with neurotic disorders in the 70s. Their practical, publishing, and educational

activities, within the Faculty of Education of the Komenský University of Bratislava, have represented a valuable contribution to the basic orientation in the music/therapeutic issues till present days.

Unfortunately, for the comprehensive understanding and study of the music therapy conditions have not developed sufficiently in our country so far; apart from popular science articles in magazines only a couple of books do exist in Slovak in respect of this topic (Mátejová, Mašura, 1980 and 1992, Mátejová, 1993, Vitálová, 1999, Zeleiová, 2002). We still lack a global plotting of the situation in Slovakia, as well as detection of modern world trends, in particular in the psychotherapeutic area.

## Music therapy as a process

The music therapy is a therapeutic method, systematically controlled and purposefully utilising the interpersonal sound space and music for the purpose of mending, stabilisation and/or recovery of health. By means thereof addressed are natural, psychic, emotional and social problems both of sane and afflicted, disturbed and threatened people.

The music therapy is a creative therapeutic process, in the centre of which there is a non-spoken sound process, i.e. a **non-verbal experience** (in the course of listening to and reception of sound/music) and a non-verbal interpretation (in the course of sound/music play - improvisation). In the music therapy client is stimulated to creatively work with simply controllable music instruments (Orff's Schulwerk -metallophones, xylophones, chimes, pentatonic fipple flutes) and simply with instruments making sound (beetle, rattle, humming and clapping instruments (*frnďadlo, rapkáč*), other objects, kid stuff and natural materials - stones, wood) and at the same time, to use sounds of his/her own body (clapping hands, slapping, stamping feet, snapping fingers) and singing (Krušinská, 2003).

The music therapy is a systematic intervention process in the course of which therapist activates undisturbed and supports disturbed functions. In music space the therapeutic process takes place within different phases, in accordance with the needs and capabilities of the afflicted, disturbed, or threatened clients:

- **Impression** – reception of sounds/music through wits and emotions;
- **Expression** – active self-expression by means of sounds/music;
- **Interaction** – sound/musical communication of more clients;
- **Reflection** – verbal description of the experienced and consumed sound/music;
- **Integration** – internal re-organisation of client's experience (often unaware).

These individual phases of the music therapy process require, from the client, his/her internal or external activity. According to whether the client's attention is focussed externally or inside the sound course of events or according to what means the music therapy uses, we classify it as receptive and creative (expressive):

In the **receptive music therapy** attention is in particular focused to listening to music, sounds, noise, or silence. A rich sound recordings library is mostly used, comprising both classic and consumer music; the client processes either live or reproduced music from electronic media. Music reception, i.e. its perception and reception, is a holistic comprehension of sounds in space depending on listener's individual experience and music abilities. The receptive music therapy distinguishes a lot of methods of work with a sound/music perception. It works with fantasy, images or associations (for

example drawing according to music stream, imitativeness), furthermore, with physical stretch (muscle relaxation), or uses the rhythmical motion of body in relation to given music (dynamising and synchronising of body motions).

Within history it is just this music therapy form to be used as a tradition. Quite often we may come across, with the so-called »music recipe-books« that are lists of compositions that should, after having been listened to, be a »cure against stress and distress«, or to »stimulate good temper, good sleep« etc. Upon indication of music from electronic sound tracks it is, however, necessary to consider specific features of individual listeners (Vitálová, 1999). For weakened personalities with the disturbed Ego-structure the music/therapeutic work should be clearly structured. When listening to music thought-stream and perception may be streamlined only by means of a professional attitude. With labile structure clients anxious experience may be amplified when listening to a certain type of music, depersonalisation feeling may gradate, as well as depressive moods present in latent form.

The receptive music therapy form is used in particular in medicine (for example the so-called focussing music therapy, functional music therapy, palliative music therapy, paradoxical music therapy, and regulative music therapy). It is focused to the control of physiological features by means of rhythmisation and timbre effects (Zeleviová, 2002).

**The active (expressive) music therapy** represents a summarising description for all types of the music therapy kinds where the client works him-/herself with a music instrument or voice. By its nature it is close to the natural vigour and spontaneity of children. Invoked is the active method, the form of a game, experimenting with sound and discovering of music material. In the sound/music processing or creation a music therapist, or other clients, is/are involved together with the client - it is either an individual or a group music therapy. It stimulates disturbed clients' functions, in a broad manner, by means of their controlled creative/productive activities. To reach the therapeutic objective, the active music therapy uses the music play - the improvisation. From other non-verbal therapies, the active music therapy differs by the fact the sound does not originate from the therapist but from a music instrument, or from body. This way sound mediates establishing of a relation (this phenomenon is used first of all in the communication with autistic children or with those with a disturbed communication and speech ability). Conditioned by selection, a music instrument produces sounds native also to human voice: low, high, loud, silent, resonating, sharp etc. Sounds and tones may be modulated, shaped, combined. Due to the non-verbal attitude this process may be rather expressive.

The active music therapy uses also other artistic elements as motion, dance, dramatization, creative expression, poetics. The connection of speech, motion, dance, music, and dramatic expression is based on the natural syncretic principle appearing within the early development stage. Within the game the medium is the music instrument or own body, as the resonating corpus, and voice.

## **Music therapy as a system**

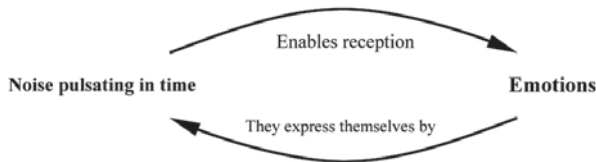
The music therapy begins, primarily, on the **sensual level**, operates in the auditive channel, however, and does not miss even other wits (the same importance feature

touch, resonance, colourfulness, and shapes of the music instruments etc.). By the basic sensomotor experience and reception of oneself through sounds in interaction, it rectifies the experience of oneself. To the sensual experience and reactions emotions are tied, projected and transferred mostly from previous experience. The client reacts emotionally to the sensual - sound - stimuli (**emotional level**). Emotions move the client and encourage his exercise or social interaction (**physiological and social levels**). Emotions are verbally designated within the reflection at level of memory and intellect (**cognitive experience**), or are even intensified and reorganised by a following experience. By the controlled sensomotor experience and reception of oneself through sounds, the client is able to rectify his/her reactions and conduct. Where he/she is able to verbally designate and reflect the music experience, he/she develops also the cognitive level (Zelevová, 2002).

By an overall change of reception and experiencing oneself through the authentic accepting experience (with the therapist, others) respect of the client to him-/herself is rectified. The self-respect and respect of others becomes integral part of existence (**ontological level**).

Noise/music is the reflection of experienced emotions and the vice versa; as well as force of a respective noise/music invokes client's emotions. This process may be directed by the music therapy.

In a schematic manner the above may be represented as follows (Smeijsters, 1994):



In the music/therapeutic practise accented is first of all the sensomotor reception within the noise contact with oneself and with others (impression). From the perception is derived the individual biographic experience and memories and, on the basis thereof, further music improvisation (expression). Through the music experience the client is more concentrated to physical and emotional experience that establish accord together. The sensorial reception and emotional experience get into mind through the verbal reflection. This way the self-reflection is differentiated and extended. A new sensual experience may reorganise the self-reflection. Experience from the past (often even pre-verbal) may be updated in the music communication and inaccessible emotions, being the source of internal and relation conflicts, may be reworked and integrated.

Within the music therapy all of this takes place in relation (to instrument, noise, body, in the relation client - therapist - fellow-clients). The objective of the music therapy is, through the extended self-reflection and reflection of environment, to raise the client's self-respect and to activate his/her communication reserves and resources for his/her existence, i.e. to health.

A substantial part of the music therapy is the improvisation (voice or instrumental), which enables self-experience in interaction. It provides experience at the level of:

- primary confidence experience,

- acceptance of yet un-adopted personality parts,
- reminiscence,
- transition to a higher development phase,
- creative process and self-transcendence,
- comprehensive self-experience,
- mediating noise relation as confronted with reality, the music therapy is an offer of a holistic psycho-spiritual growth.

## Music therapeutic paradigms and concepts

The methods of accounting for the effects of music to man - the magic, mathematic, medical, and psychological - established fundamentals of modern development and research trends in the music therapy (Smeijsters, 1994). At present three basic concepts of the music therapy may be recorded:

- **the pedagogic concept:** The centre of gravity of the specially, therapeutically, and social-pedagogically oriented music therapy is the personality development, the development of sensomotor and self-comprehending skills and the social integration; the pedagogically oriented music therapy is oriented to the processes of learning, social integration and communication (social/emotional functionality); it improves reception, concentration, memory (cognitive functionality) and supports motion, wits, and speech (physical and sensomotor functionality);
- **the medical concept:** Music serves as audio-analgetic or sedative and/or otherwise positively influences biomedical or psycho-social status; music application in the medical environment of hospitals testifies rather a »therapy of atmosphere« in such institutions than a direct treatment of diseased people; although research evidently prove positive anxiolytic influence of music, the latter is used in a rather full-area manner (within a department) than in individual indications;
- **psycho-therapeutic concept:** The psychotherapy oriented music therapy has the same objectives as the verbal psychotherapy; it is understood to incorporate the intervention course by means of music, improvised or receptive, on escorting of client's psychical processes.

Individual theoretic concepts that establish the starting-point orientation are adopted by various movements, streams, and schools of the music therapy; therefore up till now it is impossible to establish the music therapy on a common meta-basis.

*Overview of recent music therapy streams (Zeleviová, 2002)*

PEDAGOGIC CONCEPT	MEDICAL CONCEPT	PSYCHOTHERAPEUTIC CONCEPT		
		Cognitive-behaviour model	Psycho-dynamic model	Humane-existential model
Anthroposofic MT Orff-type MT Ortho-agogic MT Poly-aesthetic MT Recreative MT Creative MT	Focussing MT Functional MT Palliative MT Paradoxal MT Regulative MT	Behavioural MT MT oriented to the improvisation material	Analytical MT Associative MT Guided imagery Klang-trance MT Morphologic MT	Updating MT Analogical MT Expressive MT Gestalt MT Integrative MT Client-oriented MT

Seen in the philosophical context, it is symptomatic for the music therapy to lay down ontological questions in respect of values and personality orientation of a therapist and of the therapy as in general. Potential issues that may help the music/therapeutic relation and process may be based on the personal three-dimensional concept of music therapy set on the “I-you-transcendent” relation where, through the **sensorial, emotional, cognitive, and spiritual levels**, the music therapy may experience – due to structured work and due to a healing relation - a **complete integration of man’s resources**.

## Specific nature of music as a medium and therapeutic

In the recent years interest of specialised experts, in assisting professions, increases in respect of methods providing (self-) knowledge not only on the basis of verbalisation and intellectual insight, however they result in the personal progression by way of **sensual and emotional/emotive experience**. The improvisation enables so in the active music therapy. This is a free playing within certain play instructions. The music/therapeutic improvisation is taken as a non-verbal **communication and expressive medium**. What is expressed outwards, during the play, goes out of the player’s entrails. Nothing goes out of man, what is not inside. The active music therapy is creative-oriented - to the work with sound, which is produced by the child/client him-/herself, either vocally, or instrumentally. It uses the play’s improvisation space. The musical improvisation, which is the most often technique of the active music therapy, opens chances for a vocal, instrumental, and motional meeting, in which clients gradually interact with the other person and show their emotions, in a manner different from the verbal one, and touch their limits.

What differs the music therapy from other creative therapies, and what is its specific feature, is the **protective and symbolic manner**, by which relation may be created - i.e. by the communication by means of noise, which does not go out from a partner person, but from an instrument (Smeijsters, 1999). On the origination of (mental) disorders, many social and psychogenic factors disallow clients’ direct communication as it has been interconnected with adverse experience from their past. On the nonverbal communication kind, a corrective (emotional) experience may be healing due to the **symbolization, projection, and associations**. In the music therapy, **analogical processes of the musical and psychical dynamism** are a diagnostic means for indications and for further procedures.

## Supportive function of music

On listening to music, or on the amateur or paraprofessional music-making by clients (children), as the case may be, music may provide for the restoration of creative force, relieving, joy, and playing experience, or possibly rest, whereas emotional abstraction is not in question primarily, but a music consumption; musical recreation is in question. To this purpose mass media broadcasts are instrumental, sound carriers, as well as various concerts.

As the very first experience music mostly evokes in us aesthetic feeling, i.e. the one related to the value of the beautiful, or its opposite, as the case may be. The experience of beauty (on listening to some musical compositions even pleasure) is indis-

pensable for man. Our thinking and talking about music touch, first of all, aesthetic categories. The ability to become absorbed in, and to be able to enjoy the beauty in any form is cathartic itself. When speaking about music, we should not, however, forget its creative potentials. Thereby that music, and any sound, attracts us and retains attention, it may fascinate us or stimulate us to motion, activity. The active music therapy enables to utilise just the stimulating function of music. The musical improvisation, which is the most frequent technique of the active music therapy, opens chances for meeting oneself and of others on the emotional level in a creative manner. In the vocal, instrumental, and motional improvisation, man interacts with another person and reflects, in a manner different from the verbal one, and expresses his/her emotions. By music, man experiences him-/herself.

In particular in the recent decades the creative force of music is systematically used in the therapeutic process of physically, mentally, and socially disturbed people. Music features the ability to be structured in time, in particular in the manner, which we are bale to influence and which is able to influence us. By its melodic, harmonic, and rhythmic build-up it may be the »audible version« - i.e. the sounding expression of order and motion. The structure of music has, however, its rules, the beginning and end. Through it a client stabilizes him-/herself and gradually to learns how to initiate contacts, without being endangered, and, without being endangered, to break away from them. The improvised music with concrete rules and objectives, which initiates creativeness in the player, thus also creates (creates or re/creates) new »shapes« of experience. In an indirect manner, clients have the chance to experience themselves in a new, corrective situation. On the music level of the group play this is done by means of:

- focussing to activation (permanent encouraging to play a simply to control instrument, even by the medium of fellow-clients) and by the support of a social activity (music communication),
- intensifying the ego-functions, as are for example the sense of own identity, differentiating between fantasy and reality, the ability to set up ones limits (by means of clearly structured plays, in which clients improvise according to pre-defined rules, for example imitation, music question/reply, rhythmic rota etc.),
- supporting concentration and reception of what is just going on in the group (focussing of attention to current course of events, to rules of play, to a concrete sound as a signal),
- disclosing, experiencing, and differentiated designation of emotions (through the expression of own emotions by music),
- contacting aggression and, at the same time, by its removing (by a strong beat of a bigger instrument),
- orientation in reality (following rules of a play, changing real sounds and silence),
- supporting self-perception and perception of others (motor play an instrument invokes tactile perceptions; others are perceived, by the client, by the acoustic channel through their play),
- build-up and differentiation of a contact and by the ability to establish relations and then, without feelings of guilt, to terminate them (by music communication, rhythmic or metric coinciding with the other).

The therapeutic effect of the group music/therapeutic meetings lays in particular in the use of music as a creative and communication medium. The music therapy may, in a significant measure, participate in the correction of such symptoms as emotional platitude, overall negativism, apathy, autistic features and others and to provide a new, integrating experience. The basic objective is to offer clients structure, clarity, and differentiated nature at various levels, may these be, for example, the rules of plays, difference of sounds, different beats, or handling with music instrumentation.

## **Analogy of musical and social-psychic processes**

Based on the **structural analogy between the musical and social-psychic processes**, the music therapy works with sensorial acquired experience which is further differentiated and structured. The differentiation process of musical activities or practising and structuring of the both group and musical course of events requires a great psychological/pedagogical maturity and skill - the ability to work with limits and clear instructions. The experience from the musical motion, dynamism, and process nature may be the means for a better understanding of other phenomena inside ourselves or around us.

Music captures in itself and, at the same time, creates one or the both dimensions that, analogically, proceed in the psychic/social process:

- **the time dimension** (from the viewpoint of *metre, rhythm, tempo, agogics* - expression; from the psychic/social viewpoint *biorhythms, psychic/cyclic nature*); important is the **sensitisation to duration**;
- **spatial dimension** (from the musical viewpoint *colour, strike* - melos -, *intensity, harmony, tonality* - centre, rest point - *tectonics*; from the psychic/social viewpoint *dynamic nature of a personality, stability measure, emotional saturation of relations*); important is the **sensitisation to tension**.

The excursion to the music/therapeutic work, which may be integrated with educational methods, continues pedagogically oriented music therapies. We endeavour to capture original and basal music elements, co-creating mental or possibly social stability in a positive manner. These are unavoidable for the sane and normal development. Though the provided text is only an inspiration, left out should not be the process itself of the search for and examination of efficiency, humble formation of the relation to children and teenagers that have been confided to our care within education.

Also as a result of de-culturing trends eliminating the space for music and silence in schools a high increase of social pathology occurs with children and teenagers (only causal limits to this issue cannot be applied). In schools we see sharply increasing aggressive and acting-out conduct of uncontrolled coping mechanisms and non-integrated personalities - both of children that are yet under development and their development may still be reversed and of pedagogues and their personalities.

For a child as a personality that is determined by age its is characteristic, from development viewpoint, in the school age that its creative nature is, in the face of the later increasing rationalisation, still supported by the emotional nature, creative fantasy, and spontaneity. Therefore its relation to music will be at first emotional, sensomotor and imaginative, only later it will become an intellectual reflection. Formation of a man



in this age is as best done by means of plays. The plays mobilise children internally. Performance and experience is activated (joy, pleasure, partnership, sociability, freedom, optimism, willingness to experience something, the sense of beauty, respect to oneself, responsibility for oneself, new discovering or application of own talents etc.).

Projection of experiencing oneself of children with conduct disorders often indicate a dichotomy and polarisation among the position of clear (up to rigid) determining oneself and, on the other hand, coinciding with other persons. These two poles are mostly not interconnected. A child sharply dissociates (as a defensive mechanism of checking the value of its own personality) or, on the other hand, lets others tamper with itself and, within the acceptance illusion, leans toward the stronger personalities (for example totalitarian nature of a chicanery group). It tests its own limits, finds out where it is, where the others are, what it is able of and what not. The trend to the social dependence is not conscious, the same as emotional tension and charge that bring about the internal conflict.

Children mostly are not able of direct confrontation with their emotional material, though it may mean their challenging with a great pain, anxiety, fear, sense of guilt, etc. The confrontation with anger is safer as it is more open to projection (the guilt for this is designated to another person). With children, the feedback and control function is often absent. During development it is often necessary to supply it - though often with a time distance. The recording and acceptance of own limits and those of others is the basic condition of a sane (co-)existence. However, it is possible we have not taught children to timely perceive the limits, or possibly the parents have not been evident enough in their love.

The music therapy is suitable and efficient, to be used for the children:

- with a limited or retarded sensual, physical, or mental development, with respect to concrete handicap, threaten, or disturbance,
- with a contact disorder, i.e. for children with problems in communication or reception,
- with a disturbed adaptation or socialisation ability, where a child applies non-functional conduct patterns,
- with low self-confidence and self-respect feelings, that feature aggressive or, on the other hand, sensitive experience.

## **Play with music and play with relations**

Every child - sane, afflicted, disturbed and threatened - has rich creative potentials available. Its inherent creativity manifests itself also in the discovering and inducing of varied sounds. As well a child likes to listen to various sounds and assigns them specific meanings. This play-like method of children's communication is used in the education, leisure-time, and therapeutic processes. Interaction of a child with other children within musical/verbal, musical/motional, or instrumental plays positively stimulates and harmonises its personality. Where upbringing and insensitive criticism do not disallow its access thereto, it is able of creatively react also in the interpersonal relation in an older age. Creativity opens way to self-satisfaction and sane self-confidence. A play provides space where abilities may be creatively developed and, by means of the

play, to acquire even certain skills. Under the play space we understand such a psychic dimension of a human personality, which provides rich occasions for the development of communication abilities, however, also sufficient protection for their implementation and fulfilment. Within this space in question is the flexibility between various polarities of tension and release, activity and rest, withhold and giving way, in question is the flexibility between listening to and allowing others to let ones be listened to, between the invitation to and spontaneous engagement in a play.

Man needs a sufficient »play space« where he/she can fully develop sound and rhythmic motion. It is more than a room with music instruments and sofas. It is the atmosphere, which enables to enter, in a safe way, by means of instruments, sounds and rhythm the world of a child. In the play space of sounds and silence in flowing time it is possible to create conditions that support the personality growth or maturing and offer the experience of joy and fellowship.

The play itself with sound and rhythm is the space of freedom for the trying out of various ideas and reactions. The play becomes space where limits of own doing, reception and learning may be shifted. The play lives with tension, motion, soulfulness, and wit, but also with certain rules, order, and rich intuition and fantasy. The play mirrors reality, however, seemingly still being out of the reality. The play has a reality of itself. This equally applies for music. Where I am in the play? Where is the other? How does it sound? Do we have any chance to resound? With whom/what am I in contact? A part of the play is the layout in space, relation to other players, to own body, and the relation to instruments.

In the music therapy play has a very effective therapeutic force. It offers limits between rules and experimenting. Every play is a chance, opportunity to try ones own capabilities, and it also brings about a certain risk in itself. As it is not fully structured beforehand, it may bring unexpected moments and situations.

Apart from **instructions** and **technical parameters** - as is the choice of a music instrument, choice of space, position, music strike, or time flow - every music **play contains** inherently also an **emotional component**. This consists in the choice of fellow-players, in binding contacts, or possibly in a relation to them, and in the reverse influence of such choice to a child, as well as in an emotional feedback of the improvisation itself (Lenz, 1995).

The reflecting, expressing, and mediation of »one's Ego« through music symbols in the play is addressed not only to the author him-/herself, or to another individual, but also to a whole group. By the necessity to respect rules of the whole group a child learns the socialisation. This is done by means of imitation, identification, respecting the other, by social interaction. By mutual respect among themselves children actively assume attitudes and establish relations. The action and creative nature of the music/therapeutic meeting, with a secondary focus to the instrumental/improvisation and motional activity wakes up wits in the social communication and supports flexibility and adaptability of children in various situations.

The music/therapeutic plays are not conceived wilfully; a therapist offers them with respect to specifics of an individual or group dynamism, concrete situation, topic, therapeutic objective. Whereas perceived as a therapeutic medium within the active music therapy, after every play a sufficient space and time should be paid to reflection of

what has happened and has been experienced within the play. How did I feel in the play? Whom did I have contact with? What did I like and what did not? What would I need more? By means of similar questions experience is anchored in the mind of a child and some new positive experiences may be integrated in its living. Every music/therapeutic play may be varied: as for situation, topics, in relation to instantaneous needs within a group or of an individual. The plays may be diversified, completed, modified.

Objectives of the music/therapeutic play need to be specified in an adequate way with respect to needs of a child and to be implemented by means of music means. Within the music therapy, by means of music it is suitable and possible to:

- increase the self-value feeling,
- mediate self-expression,
- provoke emotional expression,
- stimulate social/communicative ability,
- support autonomous need to create relations without the sense of guilt,
- create a space for social acceptance (reward or refusal),
- improve motor and intellectual concentration,
- activate compensation trends at functional disorders,
- initiate self-reflection in terms of identification and processing of reality.

From the above mentioned facts it is evident that the **improvised music** is the music/therapeutic process and therein it is both implicitly and explicitly the **medium**, as it is, at the same time, both means and environment of the:

- **emotional** expression,
- **social/communicative** expression,
- **creative** expression, and
- **self-reception**.

## Conclusion

It is the freely improvised music that initiates, to an increased extent, creativity so needed in the processes of a mature growth and changes in personal life. The improvised form of play is a very good method of introduction to liberty where there is the chance to try ideas and reactions. It is the opportunity and chance for a new experience with oneself, to a new reception of oneself and to a new understanding to oneself, in relation to others. It is an opportunity to new stimuli, occasion to provide stand-by or a challenge, which a child may or need not accept. The abetment to a free decision-making of a client, whereas he/she accepts it, refuses, or changes the offer to a given kind of improvisation, results in the supporting of his/her autonomy. In the therapeutic improvisation no »false« tones exist; a bit of curiousness and willingness to create and to wish to live new experience will suffice.

On the active musical therapy the play with sounds and their layout in time has the central position. The improvisation itself, with sounds of music instruments, own body or voice, becomes the play (as well it is possible to use folk songs, rhymes, sayings, proverbs, counting rhymes, riddles, onomatopoeia, equivoques). It is a play, which may

be governed by certain rules, however, it always incorporates something irregular and unexpected. The improvisation - the same as a play with sound and silence in general - is an important psychic activity. By means of the improvisation reception and self-reception may be changed in terms of concentration to the reality »here and now«. By the client's own creation and interpretation of certain sounds in time - using simply to handle instruments or own voice - he/she communicates him-/herself to his/her surroundings, shares his/her certain skills, abilities and living. Thus the improvisation enables to change the feeling of self-control and to open resources for creativity, inventiveness, reflexiveness, communication, resources for competence and own responsibility. The improvisation enables self-knowledge and self-acceptance.

The recent dynamic age with a challenging life style markedly influences the mental world of a child. The intention of the music therapy is to create a sound space for the children, which will stimulate and saturate their natural needs.

Though this work is only a minor contribution to the wide issue of the music therapy theory and use, I hope it might stimulate a professional discussion, extend the visual angle when looking at the possibilities of the active music therapy in view of new potentialities and conceptualisation of health in school education. In this field it is impossible to document the complete music/therapeutic course of events. In terms thereof the presented work is only a minor study to reflect practical experience with the music therapy. Its intention is to support education in the music therapy, efficiency of the use, and to establish the music therapy in the field of other alternative therapies in the medical sector, social sphere, and in education system as the specific contribution of the music therapy is unquestionable and the music therapy has its legitimate place within the system of assisting professions.

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This study is a part of the KEGA research project of the Ministry of Education of the Slovak Republic, No. 3/5251/07 Innovative music/educational models accenting ethnic/pedagogical and music/therapeutic attitudes within further education of music teachers.

## MUZIKOTERAPIA A PSYCHOPROFYLAXIA

**Súhrn:** Práca opisuje muzikoterapiu v sociálno-historických, psychologických a hudobných súvislostiach. Rozdeľuje paradigmy vnímania hudby na magickú, matematickú, medicínsku a psychologickú, kde každá z nich má svoje opodstatnenie aj pri dnešných formách muzikoterapie. Text podáva krátky prehľad o muzikoterapeutickej situácii a predkladá koncept humanistickej a dynamicky orientovanej muzikoterapie. Zákonitosti liečebného procesu pomocou improvizovanej hudby sú tu analogicky popísané v hudobnom a psychickom prežívaní. Práca interpretuje dôležité javy špecifické pre definovanie aktívnej muzikoterapie. V existenciálnej rovine je ako významný prostriedok uzdravenia vyzdvihnutý vzťah, ktorý sa tvorí cez skúsenosť prijatia inými ľuďmi. Aktívna muzikoterapia poskytuje priestor pre pripravenosť otvoriť sa dôležitým vzťahom.

**Kľúčové slová:** aktívna muzikoterapia, improvizácia, stimulácia, zvuk v čase a priestore, profylaxia, koncepty muzikoterapie