

MUSICAL-AESTHETIC EDUCATION IN AN ADOLESCENT PSYCHIATRIC WARD: A CASE STUDY

EDUCAÇÃO MUSICAL E ESTÉTICAS COM ADOLESCENTES EM UMA ALA PSIQUIÁTRICA: UM ESTUDO DE CASO

*Nazfar Hadji*¹

*Hanover University of Music, Drama and Media
Institute for Music Education Research
nazfar.hadji@hmtm-hannover.de*

Submetido em: 14/12/2020

Aprovado em: 03/04/2021

Abstract

This paper presents a musical-aesthetic educational project which combined the piano piece *Faschingsschwank aus Wien* by Robert Schumann and improvisations of adolescent patients in a psychiatric ward. The patients explored both musical and non-musical material, such as pictures and masks. They could bring in their own ideas, not only in designing the masks and in the improvisation, but also in the development of the choreography. At the end of the project, the results were presented in a final performance. As part of the project, interviews with participants and hospital staff were conducted and qualitatively analysed. The participants clearly expressed a changed perception of themselves. These transformations can be interpreted as indicators of musical-aesthetic educational processes. This case study constitutes a contribution to music education research in hospitals and may even encourage the implementation of similar educational offers in hospitals in the future.

Keywords: case study, musical-aesthetic education, adolescent psychiatry, improvisation, participation.

Resumo

Este artigo apresenta um projeto educativo estético-musical que associou a peça para piano *Faschingsschwank aus Wien*, de Robert Schumann, com improvisações feitas por adolescentes, pacientes em uma ala psiquiátrica. Os pacientes exploraram tanto o material musical como o não musical, como imagens e máscaras. Eles poderiam trazer suas próprias ideias, não apenas na elaboração de máscaras e improvisação, mas também no desenvolvimento da coreografia. Como parte do projeto, os participantes e a equipe do hospital participaram de entrevistas que foram submetidas a uma análise qualitativa. Ao final do projeto, os resultados foram mostrados em uma apresentação final. Os participantes expressaram, claramente, uma mudança na percepção de si mesmos. Essas transformações podem ser interpretadas como indicadores de processos educativos estético-musicais. Este estudo de caso é uma contribuição para a pesquisa em educação musical nos hospitais e pode, até mesmo, encorajar a implementação, no futuro, de propostas educacionais similares em hospitais.

Palavras-chave: Estudo de caso. Educação estético-musicais. Psiquiatria de adolescentes. Improvisação. Participação.

1. Nazfar Hadji has acquired a Master of Music in Instrumental Pedagogy with a major in piano as well as an MA in Music Research and Music Education in Hanover. She then worked as a research assistant for Instrumental and Vocal Pedagogy at the University of Music and Performing Arts Graz in Austria. Since February 2020, she is a research assistant at the Institute for Music Education Research in Hanover. Her main research interests are in the field of music and aesthetic education, music-pedagogical and artistic practice in social contexts as well as research in music education with qualitative-empirical procedures.

Starting point

Nowadays, music is no longer just conveyed in the 'classical' concert hall situation, but often outside its framework, in places such as museums or care homes. The publication *Musikvermittlung in Museen* (HOYER; WIMMER, 2016), the documentary *Das Lied des Lebens* (LANGEMANN, 2013) about a music project in nursing homes or the Live Music Now (LMN) initiative developed by Yehudi Menuhin demonstrate this development. LMN associations have been organizing free concerts played by young musicians for people in hospitals, prisons or other social institutions in Germany, Austria and Switzerland since 1992. The central idea of LMN is to promote early-career musicians and at the same time make use of the therapeutic potential of music. In this case, the young musicians, mostly music students who are supported by LMN, take the active part in these concerts, not the patients or inmates.²

But despite the considerable number of innovative offers in the field of music outreach, so far only few music projects that are both artistically and pedagogically relevant and enable patients to actively participate in music and aesthetics have been implemented in institutions such as hospitals.³

Regarding musical practice in hospitals, projects classified under the educational ideals of "inclusion, cultural participation and social justice" (KERTZ-WELZEL, 2014, p.10) as community music (ibid.) or community workshops (WIMMER, 2010, p.85) should be mentioned: This concept has the goal of "enabling access to music for everyone" (KERTZ-WELZEL, 2014, p.10) and represents an important main aspect of international music education. In the context of playing music together, music pedagogues, music therapists and patients target individual skills and interests (cf. KERTZ-WELZEL, 2014, p.10; WIMMER, 2010, p.85)⁴.

In contrast to the principles of LMN which emphasize the artistic aspects of music through professional concerts, the concept of community music or community workshops approach music from an educational as well as therapeutic perspective.

The third project, which is used as a music educational offer in health care facilities – and predominantly in hospitals and care facilities – is interactive music-making: This concept was developed in Germany under the working title *Music in the Hospital* by Prof. Dr. Raimund Vogels (Hanover University of Music, Drama and Media) and Prof. Dr. Thomas Grosse (Hanover University of Applied Sciences) and was implemented in Hanover for the first time in 2003/2004 (cf. GROSSE; VOGELS, 2007, p.7; LÜTERS, 2007, p.28). Based on the French model of the *musicien intervenant*, starting from 2006 it additionally involved the option of part-time vocational training (cf. GROSSE; VOGELS, 2007, p.7; GROSSE, 2008, p.265f.).

2. For more information on Live Music Now, see: <https://www.livemusicnow.de/lmn-deutschland.html> [20.04.2021].

3. An example is the project *Loos alles eraus II*, which took place between 2017 and 2018 in Luxembourg. In this project, adolescents in a psychiatric ward care developed a dance and rap show, in which they expressed themselves and processed personal experiences creatively. Cf.: <http://www.fondation-eme.lu/en/projects/48/> [20.04.2021].

4. In the following, the statements about the artistic-pedagogical work in hospitals and psychiatric clinics – shown here for the field of music – will refer exclusively to Germany.

The interactive music-making project no longer exists. However, most of the musicians who were trained as part of the project are still under contract in hospitals (see Prof. Dr. Grosse's email history, see Appendix 1). The core of the project were musical interaction processes between the patients, the care team, various relatives and the musicians (cf. GROSSE, 2008, p.268). The concept of interactive music making, like community music or community workshops, does not involve a professional concert or audition on the part of the musicians (ibid., p.270). This constitutes a further contrast to the principles of LMN.

The focus of this article is the project *Zwischen den Welten* (Between Worlds)⁵ and the case study carried out within it, a qualitative study of musical and aesthetic education in a psychiatric ward. Musical-aesthetic education takes place in connection with musical-aesthetic experiences and in interactive settings that are negotiated communicatively.⁶ It enables people to explore different relationships with themselves, others and the world and to try out music-related attributions of meaning. This includes a self-reflective examination of one's own aesthetic attitude, which can lead to a transformation of one's perception and perspective of the world.

The project, which was carried out in 2015 in cooperation between the Hanover University of Music, Drama and Media (HMTMH) and the hospital for children and adolescents Auf der Bult in Hanover with 11 to 17-year-old patients had two goals: The first goal was to open up the psychiatric ward as a new space for artistic participation, and the second goal was to derive characteristics on the basis of interviews with the participating adolescents and the hospital staff, which can be applied in further projects in a psychiatric ward.

Whereas the specialist literature on musical activities in hospitals often takes a primarily therapeutic perspective (e.g. DECKER-VOIGT; WEYMANN, 2009; KRAUS, 2011), the project *Zwischen den Welten*, in contrast, consistently pursues an artistic-pedagogical approach. Besides offering a description of the project, this article contributes to music education research regarding musical-aesthetic practices in psychiatric hospitals.

First, the article deals with the psychiatric ward as a place for musical-aesthetic education, as this constitutes the social context of the case study. Second, the project *Zwischen den Welten* is portrayed regarding its conceptual framework

5. Here I want to expand on the title of the project. 'Between' stands for the transition from one 'world' to another, i. e. the project aims to move 'between worlds' (here: psychiatry and professional music) – in a sense of discovery and description of 'foreign worlds'. In this context, Oswald emphasizes that 'foreign worlds' represent "foreign living environments and interpretative system of one's own society, about which little is known. However, there is interest in describing them provided that the description serves to eliminate prejudices" (OSWALD, 1997, p.79). This interpretation corresponds closely with the general goal of the project which is to counter the tabooing of psychiatry through education and to close the aforementioned research gap regarding music-pedagogical research in a psychiatric ward.

6. „Musical-aesthetic education takes place when people have aesthetic experiences in musical practice“ (ROLLE, 1999, p.5). On the communicative/intersubjective dimension of musical-aesthetic education cf. also ORGASS, 2007.

and practical implementation, which could open up new horizons of experience, especially in the field of the psychiatric ward. Finally, selected results of the qualitative analysis are presented.

The psychiatric ward as an environment for musical and aesthetic education

In academic discussions usually places such as schools, colleges or universities are given as examples for educational institutions. Psychiatric wards, however, are not commonly mentioned in this context (cf. GROSSE, 2007, p.15). However, there has been an increasing number of adolescents with mental disorders requiring care, "which means that more and more educators are confronted with this special target group" (cf. BAIERL, 2011, p.11). Martin Baierl explains: "Although there is a diverse range of therapeutic approaches [...], there has been a lack of concrete approaches for pedagogical work" (ibid.). With respect to possible reasons for this deficit, Baierl argues "that the professional treatment of mentally disturbed people has so far been mainly reserved for psychologists and psychiatrists" (ibid.). According to Baierl, their therapeutic methods and models cannot be easily adapted for the work of pedagogues (cf. ibid., p.12).

However, since the project *Zwischen den Welten* was carried out in the context of a psychiatric ward, it not only focused on a special target group but also established the psychiatric ward as an environment that possibly implies educational processes. Werner Wiater can be cited as a further legitimation for the choice of that location, since according to him "education 'as a matter of the mind' [...] [is] self-education and [...] does not necessarily [require] a [common] institution]" (WIATER, 2012, p.21). In addition, there should be opportunities of education for people in a psychiatric ward, since education is understood "as an opportunity for 'all' people" (GIESELER, 1987, p.86).

Furthermore, according to Christian Behrens, "mentally ill people [...] as legal subjects are holders of fundamental rights whose right to self-determination must be respected" (BEHRENS, 2012, p.176). Considering the principle of equal opportunities, it can be deduced that patients in a psychiatric ward also have a right to education. This corroborates the significance of the project *Zwischen den Welten*.

The general right to education, which was postulated by UNESCO in Stockholm in 1998, also implicitly includes the area of musical and aesthetic education. Musical-aesthetic education represents an area of education specified by the relation between its object and the subject; the UNESCO action plan says: "The basic right to musical education [...] must be taken into account" (BERLINER APPELL, in DEUTSCHER MUSIKRAT, 2005, p.6-7).

In this context, however, the following questions arise: Why should (professional) music in the form of active music-making by patients be performed in a psychiatric ward at all or what added value do musical projects in this context have for those involved?

Grosse would presumably justify this as follows: "Music [...] is an emotional [...] medium that can reach people directly" (GROSSE, 2007, p.14). Following on from this, Joseph Guislain stated as early as 1826 that "the influence of music [...] is special [...] when the patient engages him/herself in this artform", which can be

seen as the most meaningful legitimation for choosing the psychiatric ward as an environment for musical-aesthetic education (SCHUMACHER, 1982, p.47; quoted from GUISLAIN, 1826, p.275).

In order to implement any educational process, Gieseler states that it is the task of the respective educational institution to "introduce to the person who is to be educated what music is, what it could mean to him/her and how it could enrich his/her life" (GIESELER, 1987, p.91). The institutions each have the function of "passively forming the individual" (VOGT, 2012, p.5; cf. BENNER; BRÜGGEN, 2004, p.174) whose educational process they guide but cannot actively carry out.

Since the project *Zwischen den Welten* took place in a psychiatric ward, which is neither a common educational institution nor a place predestined for musical projects, this research project can be understood as an attempt to open up a new environment for education.

The project *Zwischen den Welten*

Project outline

Zwischen den Welten, an artistic-pedagogical project with twelve patients was carried out from early June to mid-July 2015 in the psychiatric ward of the children's and youth hospital *Auf der Bult* in Hanover. The conceptual work, implementation and overall management of the project were the responsibility of Nazfar Hadji. The core of the project was the fusion of the piano piece *Faschingsschwank aus Wien* by Robert Schumann⁷ with the participating adolescents' own compositions or improvisations.

As part of the project, musical as well as extra-musical devices/means such as masks, images and performance were used. The didactic instrument of trans-media transformation, i.e. the "translation" of piano piece into artistic products of other art forms establishes the relationship with the concept of musical-aesthetic education insofar as it documents the adolescents' individual encounter with music. By jointly inventing and performing the pieces of music, the self-efficacy of the patients was intended to be explored and promoted. It was also central to strengthen their self-esteem and, in particular, to foster music-related personality development through the experiences in the project. Moreover, *Zwischen den Welten* was conceptualized as a joint experience for the adolescents, concerning both intersubjective communication and individual experience.

Structural framework

The project took place twice a week as a two-hour workshop in the active area of the youth ward and in the library of the psychiatric ward. Since there was no music therapy offer in this department at the time, the project was, apart from a choir, the only opportunity for the patients to engage in a musical activity.

7. Robert Schumann's *Faschingsschwank aus Wien* was composed in the 19th century. Movements 1 to 4 were written between March 20 and March 24, 1839; the 5th in the winter of 1839/1840 (see KRONES, 2005, p.147).

A total of 19 people was involved: twelve inpatients (nine girls, three boys), six people from the project team and one member of the hospital⁸ staff. The ten project days were roughly divided into phases, the sequence of which, however, was not strictly defined beforehand. Rather, new phases were initiated depending on the progress of the artistic process and the needs of the participants.

The group of patients was heterogeneous in terms of age, gender, phase of therapy and mental illness (eating disorders, depression, anxiety disorders, trauma-related disorders and other mental illnesses). In addition, the heterogeneity was also evident in terms of musical aspects: some had played an instrument before, others came into contact with active music-making for the first time through the project.

Conceptual framework and practical implementation

Music therapy offers are usually implemented in hospitals with easily playable music, singing and imitation. This is shown by publications such as *Music Therapy. A guide for those affected, relatives, therapists and caregivers* (BEUNINGEN, 2015) as well as the educational film *Music Therapy in Gerontopsychiatry* (SCHNAUFER, 2009). This approach carries the risk that the patients' existing potentials will neither be used to an adequate degree nor sufficiently developed or promoted.

As part of the project *Zwischen den Welten*, a concept was to be developed that was not about a simplified version of music. For this reason, a demanding piano piece by Robert Schumann, the *Faschingsschwank aus Wien*, was chosen as the musical focus. In addition to the true-to-life topos of Carnival, its five movements refer to different emotional spheres: lively, desperate, hopeful, dramatic, humorously passionate feelings.

At the beginning of the ten workshops, the participating patients were introduced to the project, for example, by listening to the first movement of the *Faschingsschwank*. This formed the impetus for a discussion on the themes of 'carnival' and 'different worlds', which occur in the title of the piano piece as program music and in the project's name *Zwischen den Welten*. This was followed by a first experimental phase: with the help of everyday objects such as plastic bottles, straws, objects like a megaphone and paper, the variation of their own voices as well as instruments such as crotales, the participants generated sounds and thus approached active music-making.

In the first half of the rehearsal phase, the main focus was on developing the skills necessary to play one's own compositions and on learning the required sequences of movements. Much of the work in this context consisted of trying out performances and playing around with the various possibilities of physical and musical expression. For this purpose, topics such as love and separation, festivity and dance or even tiredness were staged by the participants, adapted to

8. The person from the hospital staff had a double role in the project: On the one hand, they played along with the music, and on the other, they were responsible for continuously supporting the participants and checking their ability to participate at all time.

the living environment of the young people. Each choreography was designed with the piano piece in mind. The movements were adapted to the level and the physical as well as psychological state of the respective patient.



Figure 1: Performance in the hospital

Photo credit: Sebi Berens

The area of composition and improvisation was divided into three parts within the project. First, the participants could engage in musical activity following a compositional structure, which was developed beforehand by the composer, a student of composition at the Hanover University of Music, who was part of the project team. After experimenting with sounds created with everyday objects, in the second workshop participants created sounds with objects they brought and tried out themselves and played music on instruments the composer provided. The composer also provided a basic musical structure for the entire music-making process, on the basis of which the participants could act improvisationally, so that at the end of all workshops there was a collective, semi-improvisational composition. This composition was provided between the individual movements of the piece of music, which were played by the pianist.

The second composition differed from the first in that the participants went to the grand piano one after another and performed a musical sound action in the interior of the instrument, on its strings or on its body. Thereby, they engaged themselves intensively with the sound variation of a grand piano. At the same time, the pianist played parts from the *Faschingschwank aus Wien* on the same piano. Thus, in addition to working with a grand piano, playing music together with the pianist was made possible. One participant – voluntarily and without previous musical training – improvised a sequence of sounds on a second piano at the

other end of the stage. Simultaneously, another patient played a single motif from the 2nd part of the piano piece on the cello, as she had already learned to play this instrument before her stay in the psychiatric ward.

The third composition can be understood as a musical game: a patient began to create a sound on a freely chosen instrument and approached another patient with it.⁹ Then both played together; the second person then chose a third who in turn entered the game, and so on. In this way, the number of players increased until the whole group played music together with the pianist.

In the second half, the focus was on directing and the overall process. For this purpose a director was brought in who together with the participants developed a concept for the performance that included facial expressions, use of masks, gestures and eye contact for example. As planned, physical contact was permitted between the patients during this implementation – despite the general ban in psychiatric wards.¹⁰

Important props for the project were masks designed by the patients themselves, which were included in the musical process and which were supposed to add an individual visual expression to the acoustic and compositional work. As a symbol of affiliation, all patients who had decided to participate were given a white and, thus, initially neutral mask with the request to color it by the start of the project and thus turn it into an “expressive mask” (LECOQ, 2000, p.79). In addition to the first mask, the participants made a second mask during the rehearsals after the first familiarization with the piano piece and their own compositions in two workshops. In contrast to the first one – which was only colored – the second mask was additionally decorated with sound and noise material, e.g., with the horsehair of a violin bow, the hammers of a piano, or everyday objects such as straws or balloons. The masquerade primarily served to keep the adolescents at a distance from themselves.¹¹ In this state, the patients should be enabled to construct individual worlds in a protected setting and to relate them to the real (music-related) world (cf. KRAUSE, 2008).

9. The instruments used in the third composition were: guiro, 2 x claves, kalimba, lotus flute, 2 x boom whackers, maracas, cymbals, spirit chimes and a wooden or metal agogo.

10. In this context, the psychiatric staff no longer found the physical contact between the patients problematic, but rather sensible.

11. Maintaining a distance to oneself and others also plays an important role in the concept of scenic interpretation: According to this, “adolescents” “take over such motifs in the sense of ‘trial action’ from a role distance (STROH, 1999, p.13).



Figure 2: Excerpt from the choreography for the first movement of the Faschingsschwank aus Wien
Photo credit: Sebi Berens

The idea of having the patients create two masks was also based on the intention to make the individual change of the participants during the project visible. For the major part of the performance, the patient could choose freely and, above all, consciously which of the masks they would wear. They wore this mask during the entire performance attached with a ribbon to their head. The other mask was attached to a stick and held in their hands. However, the two masks were employed simultaneously only in one scene of the first movement of the Faschingsschwank.¹²

Another important decision of the director and participants was the involvement of the audience during the performance in the child and adolescent psychiatry, which was open to the public. It should be mentioned here that a performance was part of the concept from the start. That it would be public was only decided during the workshops together with the adolescents. The approximately 85 guests consisted of other patients, members of the staff, relatives and other interested persons without direct ties to the clinic. While the last movement of the Faschingsschwank was being played on the piano, the young people walked through the room and held their masks in front of the faces of the audience. The aim of this scene was for the participants to give the audience the opportunity to see the world through their mask or to stimulate engaging independently with

12. The fact that the participants wore masks allowed the project *Zwischen den Welten* to release a video trailer in spite of all participants being patients in a psychiatric ward, as no faces were recognizable. For reasons of data protection, however, a complete recording of the project could not be published.

self-reflective questions such as ‘What is my individual mask? What role do I give myself through my mask?’ The masks thus acted as a kind of ‘link’ between the patients involved and the audience.



Figure 3: Involvement of the audience during the performance
Photo credit: Sebi Berens

Research project

Research project and design

In order to be able to examine aspects of musical-aesthetic education in the context of the project, it was necessary to select a method that is suitable for capturing the subjective views of patients and staff. Although it was possible to collect documentary material in advance in form of videos, photographs and personal field notes, this was not enough to adequately depict the (long-term) effects of the project from the perspective of the participants and the staff. For the research part of this work, the focus was on the linguistic expressions of the patients and the staff.

Therefore, an interview was chosen as a data collection procedure. The decision to conduct guided individual interviews instead of group interviews was mainly because - as defined for qualitative research in the tradition of symbolic interactionism at the micro level (cf. FLICK; KARDORFF; STEINKE, 2015, p.21) – this enabled collecting and evaluating subjective assignments of meaning.

Group interviews would have had the advantage that everybody involved in the project could have been interviewed at the same time, provided that the obligatorily voluntary nature of this project was adhered to. However, since the aim of the interviews was to collect and evaluate subjective ascriptions of meaning,

interviews in group form would not have been constructive. Table 1 provides an overview of the people interviewed for this study in terms of their age and professional function. For reasons of anonymization, the names in Table 1 have been replaced by numbers.

List of interview partners	Interview abbreviation
Patient (16 years old)	Patient 1
Patient (12 years old)	Patient 2
Patient (15 years old)	Patient 3
Patient (15 years old)	Patient 4
Patient (14 years old)	Patient 5
Personnel (nursing department management, youth ward)	Personnel 1
Personnel (nursing and education team)	Personnel 2
Personnel (nursing and education team)	Personnel 3

Table 1: List of the interviews carried out with a brief description of the interviewee

One-on-one interviews were carried out with five participating patients and three members of the hospital staff, to gain different perspectives on the project. By selecting a heterogeneous group of patients and some members of staff, the process of gaining knowledge concerning the research question was facilitated, for different perspectives, differences and similarities could be explored. These interviews were qualitatively analysed, regarding the key question of the extent to which the interviews express a change in perception of self, others and the world through the aesthetic experiences.

The decision in favor of qualitative research in this study is particularly relevant because the psychiatry is still largely stigmatized (cf. CHAMBERLIN, 2007, p.27). "Qualitative research [...] [is] always recommended in cases of an underexplored area of reality" (FLICK; KARDORFF; STEINKE, 2015, p.25). Selecting only a few participants allowed for a more in-depth investigation of each individual case, which also holds true in this study with a total of eight interview transcripts.

The investigation was designed and evaluated using Grounded Theory Methodology (GTM) according to Anselm Strauss and Juliet Corbin (STRAUSS; CORBIN, 1996). This method, like qualitative research per se, has become increasingly wide-spread within the framework of general and specifically empirical research in music education (cf. NIESSEN, 2006, p.12-14; MEY; MRUCK, 2011, p.11).

Transformation of perception as a core category

In the following, some exemplary results are presented and analyzed regarding the core category “transformation of perception”.

“I think that’s how we got a project off the ground, which, as described in the brochure, actually had not existed before” (Personnel 1).

“Just to see how much passion is put into it. That was very impressive” (Patient 1).

In this statement, Personnel 1 emphasizes the innovative character of the project, which “had not existed before”. In this context it should be added that Personnel 6 also marks her statement as a personal opinion, as she introduces it with “I think”. In the utterance of Patient 1, the aspect of distant perception is also clear, as the passive voice was formulated: “A lot of heart and soul” was put into it. In addition, Patient 1 comments on a self-perceived emotional reaction to her observations. She was ‘impressed’.

Patient 5 also comments on her own emotional reactions that she had during the performance:

The first two seconds after the performance was what touched me the most, because it was just like that, okay, we made it now, WE HAVE DONE IT NOW AND THEN THE APPLAUSE CAME, WE DID EVERYTHING RIGHT (laughing) and I think that was simply the most moving thing about the whole project (...) ¹³ these 2 to 3 seconds (Patient 5).

A decisive difference between this utterance and the speech acts of Personnel 1 and Patient 1 lies in the term “we” which Patient 5 uses repeatedly and with emphasis. The project itself was perceived as something alien in all cases; with the choice of the plural, however, Patient 5 shows that she sees the participants as a community.

But how the excerpts “WE HAVE DONE IT NOW” and “WE DID EVERYTHING RIGHT” be understood? What was “done” and what was “done right”?

I am fascinated by what has become of it, how we [...] ¹⁴ started, (...) at first, we didn’t even know what was going to happen and so on. But that we simply tried out the bottles, with the Crotales and [...] that piece of the puzzle, which came together more and more, and in the end the whole puzzle piece was just that we were standing on the stage together. To see this process (Patient 1).

13. (...) = pause

14. [...] = text deleted

According to this statement, the fascination of the project lies in the processuality. A process in which it was initially unknown what would lie ahead for the participants, in which they “simply tried it out” and in the end everything came together like a puzzle forming a picture. Other patients also gave their opinion on trying it out:

But at the beginning with the choreography it was, for example, like, I had to [...] listen in first, but after I just listened a few times and then worked, (...) I just HEARD things straight away and then connected directly to them (Patient 2).

“Well, with the composition, with the first, I never knew, does it really sound good now, or is it somehow all mixed up and I never really knew that” (Patient 4).

In the interview segments of Patient 2 and Patient 4, the use of musical and aesthetic terms also shows an identification with the artistic work: Patient 2 mentions “choreo” and “listen[ing] in”; Patient 4 mentions “composition” and “sounds”.

That was the PICTURE EXERCISE (laughing) because it was just something completely different [...] and you can always read into and think about pictures a lot and see them differently at some point and yes, that really stimulated me (...) to reflect on it (Patient 2).

“Yes, making masks was also fun, because then it wasn’t just music, but something else too” (Patient 3).

“This theater, too, and in connection with music, that’s what I found most beautiful” (Patient 4).

In these excerpts several statements are made from a musical-aesthetic perspective: Patient 2 and Patient 3 describe the process as “completely different” or “something different” and state in this context that the project was not exclusively about music. In Patient 3, this perceived alterity is illustrated with the mask game; Patient 2 reports on the picture exercise and even defines it as “another art”. Based on these statements, it can be concluded that musical-aesthetic components were definitely perceived. Furthermore, with Patient 2 it is very clear that with the help of the picture exercise reflexive processes were initiated and she recognized different perspectives of the paintings.

The aspect of conscious perception can be understood as an indication of the stimulation of self-educational processes, which is supported by the evaluative statements or statements made from an emotional point of view by Patient 4 (“I found most beautiful”) and those by Patient 3 (“Yes, making masks was also fun”).

Analogous to the interview excerpt from Patient 1, which revolves around the process of puzzle-solving, an utterance by Patient 5 can also be understood: “At some point you started to see a story in it” (Patient 5).

As with the puzzle, the different workshops of this project represent the different components or puzzle pieces which come together in the performance to form a complete picture. What Patient 1 suggests by the comparison with a puzzle, Patient 5 describes with a “story”, which also consists of parts or chapters.

Against the background of these statements, it is apparent that the patients themselves perceived the conjunction of individual components to a whole and appreciated it. The staff observed this process in a similar way: "It was NOTICEABLE that they were really 100 percent there. That they suddenly noticed that everything fits together" (Personnel 2).

In her external perception of the patients, Personnel 2, who accompanied the entire project, arrived at the assessment that the participants experienced a process of 'coming together'.

At the beginning of the workshops, however, many of the interviewees perceived more skepticism or uncertainty:

"[...] sometimes it wasn't so clear [...] where is that going?" (Personnel 2).

"At the beginning you always noticed skepticism: What am I doing here?" (Personnel 2).

The adolescents themselves (here Patient 2 as an example) also expressed their skepticism at the beginning of the project:

"Actually, I didn't want to participate in the project at first" (Patient 2).

"When I was there, it was really GREAT and I was SO happy that I just signed up and said yes, I'll do it" (Patient 2).

Accordingly, it can be assumed that there have been processes of change regarding the adolescents' motivational attitudes towards the project. One of these changes was very visible in Patient 4 (who was a patient on the ward because she barely spoke) as was pointed out by Personnel 1 and 2.

Well, she speaks very LITTLE, but she smiled a lot that day, I would say, right? I got the impression that she felt pretty good after that. That she was so relaxed from the expression on her face and she can't show it that way, but she held out until (...) the end and she didn't have to. [...] I found that very impressive to see (Personnel 2).

[...] I would not have [...] expected the girl to do that. (...) Well, that's a change that is absolutely important and she [...] actually said on the morning [...]: "I'm looking forward to the day. I'm looking forward to the performance". And that was really not the case before (Personnel 1).

All nurses supervising the project describe Patient 4 as a 'quiet' girl who they would not have believed to be able to take part with joy in such a project, which was aimed at participation.

Transformation processes that they perceived during the project are discussed in many self-reflective statements made by the patients:

"For me, that I've learned to approach people with more ease. Yes, [...] I've approached people with a little more ease over time" (Patient 1).

"Everything was very EMOTIONAL and all. It was nice to be more emotional like that, because when you are so deep in depression, [...] then you are no longer emotional" (Patient 3).

Patient 1, who says she is actually afraid of other adolescents, emphasizes that she now finds it easier to approach people. This self-perception describes a process of

change which, however, does not concern musical-aesthetic aspects, but the inter-subjective contact. Patient 3 addresses an aspect of self-experience through which she regained her emotionality, which is often limited in depressed people.

According to Baierl, such transformation processes can be described as the creation of experiences of success in the broader sense (cf. BAIERL, 2011, p.79). Following this approach, it is "not primarily about the adolescent achieving something that others consider valuable, but rather about achieving something valuable in his view" (ibid.).

According to Personnel 3, the project succeeded in showing the participants their own potential:

The adolescents could express themselves through an artistic medium they were not trained in [...] And on this level [...] showed a different approach to their own self, to develop their own self-esteem (Personnel 3).

I couldn't be there twice and then I was there again at the end and saw (...) how you managed to put it together. That you assessed what individuals CAN DO[...]. And you noticed everything and you cared about each individual, you were so attentive and gave so much thought to it (Personnel 2).

Personnel 2 also shares the view that each participant could bring to the project what was possible for him/her. According to her, this was promoted through mindful treatment of the participants and consideration of each individual. From Patient 3's perspective, it becomes clear that in the 'fixed structures' of the psychiatry this respectful approach does not seem to be necessarily common from the patients' point of view:

"They all treated us very kindly, not so much like patients, but (...) more like people and that is sometimes missing here" (Patient 3).

Appreciation means "recognizing an adolescent both as a person in general and in their uniqueness" (BAIERL, 2011, p.60). All educational projects are inevitably about an "encounter from person to person" (ibid., p.57). Since the project aimed to approach patients on eye level by involving artists and pedagogues from different disciplines and using a variety of methods, having this confirmation from a participant that they feel acknowledged and treated as a person, verifies that the project fulfilled its aim. Feeling valued and accomplished fosters their assessment of the musical experience as successful and positive.

Conclusion

From a theoretical point of view, it can be concluded that the goal of the project *Zwischen den Welten* to open up new horizons of experience for musical-aesthetic education with adolescents, particularly in the area of psychiatry, has been reached. This can be illustrated by means of a comparison with other music-related projects – such as *Live Music Now*, *Community Music Workshops* or even *Interactive music-making*. The introduction to the three approaches showed that activities within the framework of *Live Music Now* are mainly carried out in social

institutions such as hospitals. However, patients' participation is predominantly passive. Consequently, by focusing on active participation the project *Zwischen den Welten* consciously turned away from the standards of LMN. *Zwischen den Welten* cannot be classed with projects of the Community Music Workshop and Interactive music-making type either, since it only adopted the active access to music from these types as well as the notion that every person should be guaranteed such access (cf. KERTZ-WELZEL, 2014, p.10; WIMMER, 2010, p.85). *Zwischen den Welten* can be considered a hybrid between principles from Community Music Workshops and Interactives music-making.

A relevant difference between the project *Zwischen den Welten* and other projects – regardless of whether they are associated with Live Music Now, Community Music Workshops, interactive music making or similar – is that on the one hand *Zwischen den Welten* explicitly pursues a musical-aesthetic concept and on the other hand that it took place in the 'educationally atypical' environment of a psychiatric ward. The innovation of this lies mainly in the circumstance that even though mental illnesses can affect everyone, dealing with them is still very much characterized by taboo and stigmatization (cf. CHAMBERLIN, 2007, p.27). Directing the focus of a project on participants with mental illnesses and thus attempting to contribute to destigmatizing psychiatry and providing education can be seen as an innovation of the project. Furthermore, against the background of the music-aesthetic experiences and educational processes intended in this study, psychiatry in general can be seen as a new space for education.

Zwischen den Welten provided musical and aesthetic education for people with different social statuses, levels of education, states of health, etc. – that is, people with different experiences – and initiated such educational processes in a targeted manner. The project shows how the hospital can become a new space for artistic participation. Adolescents in a psychiatric ward were supported in gaining musical and aesthetic experiences, developing courage, shaping their own lives and in actively participating in cultural events.

In the retrospective interviews, the participants clearly expressed a changed perception of themselves. These changes, e.g., with regard to self-confidence, emotionality and metaphorical description of processuality can be interpreted as indicators of musical-aesthetic educational processes.

The case study constitutes a contribution to music education research in hospitals and may even encourage the implementation of musical-aesthetic practices and educational offers in hospitals and other social institutions in the future.¹⁵

15. I wish to thank Andrea Welte, Meike Britt Hübner and Andreas Lehmann-Wermser for supervising the project and providing helpful support, Lea Fricke for valuable suggestions as well as her help with the English language and Eva Schurig for proofreading. Moreover, I am grateful for the constructive criticism I received from three anonymous reviewers.

REFERÊNCIAS

- BAIERL, M. *Herausforderung Alltag. Praxishandbuch für die pädagogische Arbeit mit psychisch gestörten Jugendlichen*. 3rd. ed. Göttingen: Vandenhoeck & Ruprecht, 2011.
- BEHRENS, C. Rechtliche Grundlagen der Arbeit mit psychisch kranken Menschen im geteilten Aufgabenbereich von Sozialpädagogik und Psychiatrie, in: SCHMID, M. et al. (Eds). *Handbuch Psychiatriebezogene Sozialpädagogik*. Göttingen: Vandenhoeck & Ruprecht, p.176-192, 2012.
- BEUNINGEN, B. *Musiktherapie. Ein Ratgeber für Betroffene, Angehörige, Therapeuten und Betreuungspersonen*. Idstein: Schulz-Kirchner, 2015.
- CHAMBERLIN, J. *Empowerment – eine Arbeitsdefinition von Betroffenenenseite*, in: KNUF, A.; OSTERFELD, M.; SEIBERT, U. (Eds). *Selbstbefähigung fördern – Empowerment in der psychiatrischen Arbeit*. Bonn: Psychiatrie, p.20-27, 2007.
- DECKER-VOIGT, H.; WEYMANN, E. (Eds). *Lexikon Musiktherapie*. 2rd. ed. Göttingen u. a.: Hogrefe, 2009.
- DEUTSCHER MUSIKRAT e. V. (Eds). *Musik bewegt. Positionspapiere zur Musikalischen Bildung*, Berlin. URL http://www.miz.org/downloads/dokumente/343/Deutscher_Musikrat_Positionspapiere_Musikalische_Bidlung.pdf, 2005 [last access on 20.04.2021].
- FLICK, U.; KARDORFF, E.; STEINKE, I. *Was ist qualitative Forschung? Einleitung und Überblick*, in: FLICK, U.; KARDORFF, E.; STEINKE, I. (Eds). *Qualitative Forschung. Ein Handbuch*. Reinbek bei Hamburg: Rowohlt Taschenbuch, p.13-29, 2015.
- GIESELER, W. *Bildung und Musik*, in: GRUHN, W. (Eds). *Musikalische Bildung und Kultur. Sieben Vorträge zu Bildungsidee, Schule und Informationsgesellschaft*. Regensburg: Gustav Bosse, p.77-92, 1987.
- GROSSE, T. *Interaktive Musizieren in Krankenhäusern und Pflegeeinrichtungen*, in: GROSSE, T; VOGELS, R (Eds). *Interaktives Musizieren. Beiträge zu einem deutschen Modellprojekt an Krankenhäusern und Pflegeeinrichtungen*. Hannover: Blumhardt, p.7-26, 2007. URL <http://d-nb.info/1097412024/34> [last access on 20.04.2021].
- GROSSE, T. *Interaktives Musizieren in Krankenhäusern und Pflegeeinrichtungen*, in: GEMBRIS, H. (Eds). *Musik im Alter. Soziokulturelle Rahmenbedingungen und individuelle Möglichkeiten*. Frankfurt am Main: Peter Lang, p.265-280, 2008.
- GUISLAIN, J. *Traité sur l'aliénation mentale et sur les hospices des aliénés*, v. 2. Amsterdam: J. Van der Hey, 1826.
- HOYER, J.; WIMMER, C. (Eds). *Musikvermittlung in Museen. Reflexionen*,

Konzepte und Impulse. Innsbruck: Helbling, 2016.

KERTZ-WELZEL, A. Community Music. Ein internationales Konzept erobert Deutschland. *musikschule*)DIREKT, n.2, p.10-12, 2014.

KRAUS, W. (Eds). *Die Heilkraft der Musik. Einführung in die Musiktherapie*. 3rd. ed. München: C.H. Beck, 2011.

KRAUSE, M. *Bedeutung und Bedeutsamkeit. Interpretation von Musik in musikpädagogischer Dimensionierung*. Hildesheim: Olms, 2008.

KRONES, H. *Faschingsschwank aus Wien. Fantasiebilder für Klavier Op. 26*, in: LOOS, H. (Eds). Robert Schumann. Interpretationen seiner Werke. Laaber: Laaber, p.147-151, 2005.

LECOQ, J. *Der poetische Körper. Eine Lehre vom Theaterschaffen*. Berlin: Alexander, 2000.

LÜTERS, R. *Interaktives Musizieren in der Geriatrie – Eine Dokumentation*, in: GROSSE, T.; VOGELS, R. (Eds). *Interaktives Musizieren. Beiträge zu einem deutschen Modellprojekt an Krankenhäusern und Pflegeeinrichtungen*. Hannover: Blumhardt. URL <http://d-nb.info/1097412024/34,2007> [last access on 20.04.2021].

MEY, G.; MRUCK, K. *Grounded-Theory-Methodologie: Entwicklung, Stand, Perspektiven*, in: MEY, G.; MRUCK, K. (Eds). *Grounded Theory Reader*. 2nd ed. Wiesbaden: VS Verlag für Sozialwissenschaften, p.11-48, 2011.

NIESSEN, A. *Individualkonzepte von Musiklehrern*. Berlin/Münster: LIT, 2006.

ORGASS, S. *Musikalische Bildung in europäischer Perspektive. Entwurf einer kommunikativen Musikdidaktik*. Hildesheim: Olms, 2007.

ROLLE, C. *Musikalisch-ästhetische Bildung. Über die Bedeutung ästhetischer Erfahrung für musikalische Bildungsprozesse*. Kassel: Gustav Bosse, 1999.

SCHUMACHER, R. *Die Musik in der Psychiatrie des 19. Jahrhunderts*. Frankfurt am Main: Peter Lang, 1982.

STRAUSS, A.; CORBIN, J. *Grounded Theory. Grundlagen qualitativer Sozialforschung*. Weinheim: Psychologie Verlags Union, 1996.

STROH, W. M. „Ich verstehe, was ich will“- Handlungstheorien angesichts des musikpädagogischen Paradigmenwechsels, in: *Musik und Bildung*, n.3, 1999.

WIATER, W. Bildung und Erziehung, in Sandfuchs, U. et al. (Eds). *Handbuch Erziehung*. Bad Heilbrunn: Julius Klinkhardt, p.18-21, 2012.

WIMMER, C. *Exchange. Die Kunst, Musik zu vermitteln. Qualitäten in der Musikvermittlung und Konzertpädagogik*. Salzburg: Stiftung Mozarteum

Salzburg. URL http://www.miz.org/dokumente/2010_November_Mozarteum_Studie%20Musikvermittlung.pdf, 2010 [last access on 20.04.2021].

Online-Sources

LIVE MUSIC NOW (LMN). URL <http://www.livemusicnow.de/de/lmn-deutschland.html> [last access on 20.04.2021].

LOOSS ALLES ERAUS II. URL <http://www.fondation-eme.lu/en/projects/48/> [last access on 20.04.2021].

Films

LANGEMANN, I. *Das Lied des Lebens. Erstaunlich, was man plötzlich alles kann*. Berlin: Absolut Medien. URL <https://absolutmedien.de/bilddatenbank/film.php?id=4012&bnr=1>, 2013 [last access on 20.04.2021].

SCHNAUFER, M. *Musiktherapie in der Gerontopsychiatrie. Ein Lehrfilm*. Göttingen: Vandenhoeck & Ruprecht, 2009.