

ARTICLE

Who's afraid of Christian Wolff? Exploring experimental music on an acute inpatient adolescent psychiatric unit

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ABSTRACT

In this practice-based article, the author summarises how he explored experimental music with creative arts-curious adolescent patients to help improve interpersonal interactions, impulse control, compliance, and attentional needs. Informed by the American composer of experimental classical music Christian Wolff, the author constructed an original clinical experimental music composition, *Burdock Variations and Other Wolff*, to be recreated in music therapy group settings on an acute psychiatric unit. Unexpectedly, the results of the experimental music group therapy experience revealed that (a) while aesthetic needs and development were not part of the patients' treatment team goals, the experimental musical experience played an indispensable role in cultivating, shaping, and meeting the *aesthetic needs* of each patient in a safe therapeutic environment, (b) due to challenging the teens' *aesthetic system* (Curreri, 2013) by exploring new and unusual sound practices together, the therapeutic relationship that had been developing in more standard music and other creative arts interventions deepened between the teens and the author, (c) the *Burdock Variations and Other Wolff* exploration is an *advanced* music therapy intervention that should be introduced after more standard music therapy interventions have been explored, and (d) the *Burdock Variations and Other Wolff* exploration should only be introduced to the adolescent patients that are able to remain focused, curious, and attentive.

KEYWORDS

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I'm trying to see how little I can indicate and yet come up
with a piece that's clearly itself, one that still has a life of its own.

Christian Wolff, 1994

INTRODUCTION

During a group discussion following a free-music improvisational exploration that was centred on cultivating self-expression, identity formation, and interpersonal skills, the adolescent psychiatric patients unexpectedly became animated after the author of this current practice-based article used

the term “experimental music”. The author quickly discovered that the novelty-seeking teens’ excitement was due to their associating the term “experimental” with “experimental drugs”. After the patients’ polite outbursts subsided, the author highlighted that he was not speaking about experimenting with drugs, but rather, experimenting with sounds. Suddenly, the teens’ curiosity shifted. The patients were eager to find out about experimental music and how it differed from the free-music improvisational experience that had just occurred. The author stressed that improvisational and experimental musical experiences are not interchangeable (Gottschalk, 2016), and are often confused with each other (Bailey, 1993; Cage, 1961), where both improvisational (Bruscia, 2014; Wigram, 2004) and experimental (Bailey, 1993; Gottschalk, 2016; Lucier, 2012) music carry a variety of definitions, possibly causing confusion to the uninitiated. As the conversation continued with the teens, the author discussed different approaches that informed his music therapy practice, helping to clarify when it was clinically appropriate to use either improvisational or experimental musical experiences with acute adolescent psychiatric patients.

Clinical music improvisation

Informed by music therapy literature (Ahonen-Eerikäinen, 2007; Alvin & Warwick, 1991; Bruscia, 1987, 2014; Gardstrom, 2007; Lee, 2003; Nordoff & Robbins, 2007; Priestley, 1994; Wigram, 2004), the author of this present practice-based article (hereafter referred to as “clinician”), utilised improvisational tonal or atonal musical techniques (Wigram, 2004) to help the adolescent patients cultivate self-awareness and ego strength (Ahonen-Eerikäinen, 2007; Priestley, 1994), express feeling-states, moods, emotions, and imagery (Gardstrom, 2007), as well as to develop self-expression and identity formation (Bruscia, 2014; Nordoff & Robbins, 2007). Specifically, the clinician encouraged the teens to freely explore musical elements, such as harmony, melody, dynamics, rhythm, timbre, etc., when creating *referential* (extemporising music/vocals with reference to feelings, moods, emotions, image, story, etc.), or *non-referential* (extemporising music/vocal without reference) music/sound improvisations (Bruscia, 2014; Gardstrom, 2007). Interestingly, one noticeable feature of the referential and non-referential improvisations created by the above-mentioned group of adolescent patients was that the teens’ improvisations consciously/unconsciously embodied their personalities, tastes, likes, dislikes, preferences, and conventionalities. Consequently, these group music improvisations informed the clinician how the teens *functioned in* and *responded to* the world interpersonally and intrapersonally (Ahonen-Eerikäinen, 2007; Bruscia, 1998; Nordoff & Robbins, 2007), undoubtedly a unique and robust feature of clinical music improvisation (Bruscia, 1987; Wigram, 2004).

Furthermore, the above-mentioned adolescent patients and the clinician discussed how music improvisation was used to meet their clinical needs and explore how obstacles were affecting their daily lives (Bruscia, 2014). As the conversation shifted to the question at hand, regarding the differences between improvisational and experimental musical experiences, the clinician underlined that experimental music, unlike improvisational music, is not concerned with personalities, tastes, likes, or dislikes (Duckworth, 1995; Nyman, 1999; Retallack, 1996; Revill, 1992), and, especially, musical conventionality (Cage, 1961; Kostelanetz, 1989, 1996). In fact, Curreri (2013) reports that using experimental music clinically has the potential to challenge the patient’s *aesthetic system* by

frustrating expectations, preferences, tastes, likes, and dislikes due to catapulting the patient into unconventional musical/sound experiences.

Clinical experimental music

Regrettably, music therapy literature reporting on the clinical use of experimental and indeterminate music is lacking (Curreri, 2013, 2015). Consequently, the clinician's music therapy practice with adolescent patients was informed by musicological research on experimental music/sound practices outside of the field of music therapy, examining experimental music historically (Gottschalk, 2016; Holmes, 2015; Nyman, 1999; Rutherford-Johnson, 2017), as well as the practices of composers of experimental music (Cage, 1961; Duckworth, 1995; Hicks & Asplund, 2012; Lucier, 2012).

The practice of experimental music is difficult to categorise, and lacks a specific school of thought, or aesthetic stance (Gottschalk, 2016). According to Cage (1961), experimental music is not concerned with self-expression, but rather, *self-alteration* (Kostelanetz, 1989, 1996; Retallack, 1996; Revill, 1992), where surprises and discoveries are welcomed and explored (Lucier, 2012), possibly expanding one's perception of potentials and possibilities (Gottschalk, 2016). Therefore, to give the above-mentioned adolescent patients clinical context, the clinician explained that a music therapy group focusing on an experimental musical/sound-based exploration would centre on inquiry, openness, uncertainty, and discovery (Holmes, 2015; Nyman, 1999). The clinician stressing that an experimental music experience requires a readiness to let go of control, personal agenda, and judgment in order to openly observe sounds as they materialise (Curreri, 2013), adding that the unknown outcome of the experimental music composition could be regarded as more important than the composer's intentions (Gottschalk, 2016; Lucier, 2012).

After hearing the clinician's explanation of experimental music, the quasi-perplexed adolescent patients were eager to "try out" an experimental music/sound intervention "together" in a therapeutic setting in order to "completely understand" the non-ordinary musical experience. Moreover, the teens insisted on having the clinician or "the expert...write the music for the group". The clinician openly applauded the teens for wanting to explore experimental music clinically, adding that it was a positive and safe way to stimulate and arouse their novelty-seeking behaviours. Moreover, the clinician expressed how he was not surprised by the teens' interest in experimental music/sound practices because this particular group of adolescent patients was inquisitive, intelligent, and creative arts-curious.

Composer Christian Wolff

Once the clinician was asked to write an experimental piece of music for the adolescent patients, he immediately thought of the composer of experimental classical music Christian Wolff (b.1934), due to Wolff's compositions having the ability to turn music-making into a collaborative, transforming, and altering experience for the performers (Gottschalk, 2016). For example, in his compositions *Prose Collection* (1969/71/85), *Edges* (1968), *For 1, 2, or 3 People* (1964), and *Exercises* (1973-), Wolff's directives involve the performers having to frequently *change roles* during the composition (Gottschalk, 2016; Hicks & Asplund, 2012), while remaining in the role of a "musician". Moreover, the

aforementioned Wolff scores require a performer to play in a specific way as an outcome of another performer unpredictably playing a directive in a specific way (Hicks & Asplund, 2012). Consequently, the clinician speculated that a musical score constructed in the “style” of Wolff would offer the novelty-seeking adolescent patients the opportunity to explore new and unusual sounds and textures in a safe, therapeutic, non-judgmental environment, and have a chance to interpret the same piece of music in different ways, resulting in varied and diverse outcomes (Gottschalk, 2016). Furthermore, within the Wolff-informed experimental musical experience, the teens would possibly encounter the “uncomfortable” and “unexpected” anxiety-causing social situations that they feared in everyday life, including shared engagement, commitment, and independent and collective decision-making (Hicks & Asplund, 2012), as well as indulging in experiences that had been prohibited or silenced by their guardians, such as creative freedom, and the dismantling of hierarchies. Lastly, the clinician speculated that the balancing of both *freedom* and *constriction*, which occurs so frequently in Wolff’s compositions (Duckworth, 1995; Hicks & Asplund, 2012), could create an environment that would give the adolescent patients an opportunity to reflect on these two contrasting experiences rather than remaining in one or the other for the entirety of the composition.

Clinical approach

Patients and setting

The unit was part of a teaching hospital in a large, culturally and religiously diverse area in the eastern region of the United States. The unit was designed for the diagnosis and treatment of all adolescent psychiatric disorders. The range of diagnoses included mood disorder, anxiety disorder, substance abuse, disruptive behaviour disorder, post-traumatic stress disorder, and autism spectrum disorder; and the unit provided crisis stabilisation, medication adjustment, and integrative-multicultural psychotherapeutic family and patient interventions. All interventions were focused on the resolution of acute symptoms and community reintegration for the patient. A patient typically remained on inpatient status for three to seven days, and was considered to be ready for discharge when he/she could receive safe and proper care in a less restrictive setting. Moreover, the patients on the unit were scheduled to attend a variety of daily psychosocial and psychoeducational programming sessions, as well as attend the high school on the hospital premises.

Following institutional guidelines, all patients and their guardians signed a letter of informed consent describing that session data could be used for a review or report (non-research), wherein after completion of the review, all session data must be shredded and/or erased.

Christian Wolff-informed experimental music experience

Goals

While creating the Wolff-informed experimental music composition presented in this paper, the clinician set a goal outside of the priority goals in each of the adolescent patients’ treatment plans tailored by the integrated treatment team: to provide a fulfilling open-ended non-ordinary experience. This open-ended goal would allow the teens to explore and develop his/her own process via

discovery, observation, and insight, while engaging in the Wolff-informed non-ordinary musical experience (see Table 1).

Presentation

The clinician presented his original composition *Burdock Variations and Other Wolff* to the adolescent psychiatric patients in an early morning two-hour music psychotherapy group session, making the prolonged weekend group time conducive for exploring an experimental piece of music multiple times in one group session. After greeting the patients and reciting the group rules together, the clinician gave a brief description of composer Christian Wolff's music and philosophy, including providing them with a printout of a short biography and photograph of Wolff, explaining to the teens that Wolff's music was the inspiration behind the *Burdock Variations and Other Wolff* composition.

Explorations

The following are brief descriptions of the three *Burdock Variations and Other Wolff* explorations that took place in the music psychotherapy group session mentioned above. Moreover, the last part of the session was reserved for the patients to verbally process their thoughts, emotions, and feeling states about the Wolff-informed musical explorations. The dialogues, procedures, and the overall group process explained below are based on the clinician's written session notes taken before, during, and after the Wolff intervention.

Exploration # 1

All of the patients were given a copy of the score. Looking confused, they discussed the format amongst themselves and asked the clinician to clarify some of the musical terminology and the meaning of the time brackets. As the clinician predicted, the patients were focused on "doing things right", concerned with "making good music", and "not messing things up". The teens decided not to have a conductor and opted to play the composition in sequence "to see what will happen". After picking their musical instruments, they worked through the composition uneventfully, creating an apprehensive, hurried, and restrained sonic experience.

Exploration # 2

After some playful quarrelling, the patients picked one group member to be the "conductor". The patient-conductor decided to "run things in sequence". Again, similar to their first exploration, the patients rushed through each of the sound-based events, due to the patient-conductor frantically signalling to the group members when to stop and start their parts, leaving little room for silences. The outcome of this sonic exploration was rushed, panicky, and uneventful.

Exploration # 3.A

The patients were visibly frustrated. The clinician asked them to work through their frustration by talking to each other about "what" they were experiencing in the moment. The teens concluded that their "experience of things" was a "musical mess". They asked for the clinician's insights. The clinician asked the patients to meditate on how they approached the composition and to examine each "unique" musical outcome that developed. The teens became dismissive, attacking the

composition itself “because it makes garbage music”. After the outburst subsided, the patients opted to try the composition again. They came to a group decision to have the clinician conduct the experimental composition because he had “experience with this type of music”. The clinician accepted their request.

Burdock Variations and Other Wolff

A composition for any number of teens on the unit

(Adapted from various compositions by composer Christian Wolff)

- Pick any instrument(s) that you want to use for this group musical construction.
- Please look over the score (directives) together and discuss how the composition will function.
- Is it necessary to play the directives in order? Please consider if each part will be played simultaneously, in sequence, or overlapped. However, # 4 MUST always be 4th in any order. Should things be repeated?
- Please discuss if you will need a “conductor” or a timekeeper. Or, should each player keep his or her own time?
- If needed, ask (Author) for help, guidance, or definitions of terms.

Begin Somewhere:

→For 40”-----

1) Play 1 pitch on 1 instrument → Create 4 different colors or timbre. (Loud and/or soft dynamics)

→For 1’58”-----

2) Each participant will create 1 to 4 very, very soft sounds on 1 instrument, coordinating each sound with every other participant in succession

→For 1’03”-----

3) Play 1 pitch on 1 instrument → Create 5 different colors or timbre **or** create 1 vocal sound using only 1 timbre.

→For 1’46”-----

4) Create 6 sounds (plus 2 “bent” pitches that only sound once apiece)

→For 3’03”-----

5) Create 7 sounds (while keeping your ears open to what others are doing). (Very loud and/or soft dynamics)

→For 20”-----

6) Group plays a pitch simultaneously as possible, but a “soloist” holds a note longer than the group. (Repeat as many times as needed **or** do not repeat)

→For 47”-----

7) Play only 1 pitch using only 1 timbre only 1 time → Listen to each other for ideas.

→For 1’02”-----

8) Play freely “as though you were getting **discharged** today”

→For 34”-----

9) “Silence”. Don’t play anything. **Listen** to each other. Let environmental sounds occur.

Table 1: Burdock Variations and Other Wolff

Suddenly, the clinician realised that if he were to make any personal choices about *how* he should conduct *Burdock Variations and Other Wolff*, it would not be a *pure* experimental musical experience. However, it was turning out to be just that! The clinician pointed out to the patients that the experimental composition was becoming an “actual” experiment since they were observing and discovering what (a) was working, (b) was not working, and (c) was partly working. The clinician happily expressed to the patients that because of the outcome of their previous two re-creations of the composition, he should have created a chance-based or indeterminate conductor’s score focusing on timekeeping and the selection of the prescribed actions. Consequently, the clinician decided to conduct the score by rolling dice to randomly pick each directive accordingly. The clinician informed the patients that he was curious to find out if the rolling of the dice would shape the composition in an interesting and unique way by *unintentionally* adding, for example, prolonged silences, simultaneity, overlapping of parts, and/or the repeating of sections. As a result of his curiosity and enthusiasm, the patients revealed that they were “starting to understand” the experimental musical process and how it was different from improvisation and self-expression.

Exploration # 3.B

The clinician took his time rolling the dice, creating a calm atmosphere that was void of hesitation. After each roll, he used different hand gestures to cue the patients, indicating when they should start and stop each written directive. Specifically, hand gestures were used to signal the group as a whole unit and to signal the patients individually. Consequently, the patients were noticeably less anxious and more relaxed when actively creating their parts. The outcome of this construction of *Burdock Variations and Other Wolff* consisted of a variety of soft and loud sounds, including brief moments of elevated dynamics, intense vocal chanting, and patients interacting with each other using pronounced body movements and unusual vocalisations.

Evaluation

During the verbal-processing section of the *Burdock Variations and Other Wolff* group exploration, the patients revealed their insights, perceptions, and feeling-states concerning their non-ordinary experience together. The patients’ unrestricted goal set by the clinician, *to provide a fulfilling open-ended non-ordinary experience*, proved to be beneficial because context and experience were critical to helping the teens to understand what an experimental musical exploration would entail. Notably, despite the fact that their descriptions were brief and concise, common themes were explored from the teens’ self-reports: *Unusual New Departures*, *Aesthetic Awareness*, and *Therapeutic Relationship*. Here, the clinician titled and categorised the themes to represent components of the Wolff-informed experimental music group therapy intervention that were meaningful to the above-mentioned adolescent patients.

Unusual new departures

All of the patients reported that the experimental music experience was “something that no other therapist or therapy on the unit [was] doing and exploring with us”. The clinician concurred, emphasising that using experimental-music therapy was novel and an unexplored area of clinical practice (Curreri, 2013, 2015). Moreover, the patients expressed “how” they were “taken to a new

place” via the novel musical exploration, which “was not an emotional place” but “a mind-changing place”, allowing them to “explore a different kind of music and sound”. The teens expressed how they “weren’t expecting the unexpected”, due to being “caught off-guard” by the new musical departure. Consequently, a brief discussion surrounding “a different kind of listening” ensued, centring on how the sound-based experience frustrated the teens’ expectations of “logical” musical construction and “order”. To enhance their insights, the clinician stressed that Christian Wolff’s composition teacher and colleague, John Cage, was interested in freeing sounds from conventionalities by abandoning all of his desire to control sound and music (Cage, 1961, 1967, 1973), and, like Wolff, was not concerned with personal experiences or preferences (Hicks & Asplund, 2012), but rather, with open experience (Kostelanetz, 1989).

Aesthetic awareness

As the adolescent patients continued to describe their new and unusual experiences, the teens’ insights intrigued the clinician due to sounding as though there was an actual *shift in aesthetics* (Curreri, 2013) or the patients’ perceptions of beauty. Consequently, the clinician spoke briefly about different aesthetic stances taken in improvisational music versus experimental music, particularly how the notion of “beauty” becomes deeply suspect during an experimental music exploration due to allowing the prescribed actions to unfold naturally in order to experience the unintentional sounds as they materialise together to discover the behaviour or action of the sound itself (Gottschalk, 2016).

Therapeutic relationship

According to the adolescent patients, the clinician “allowed” the teens “to explore” the experimental musical experience “freely” within a safe therapeutic environment. Particularly important to the adolescent patients was that a therapeutic relationship with the clinician developed “in a very easy” and “natural way”. The patients emphasised “that this [experimental-musical experience] is a different thing than learning music at school or after school with a teacher” due to “you...[the clinician] working beside us”, acting as “a partner” within the therapeutic process. The clinician acknowledged the patients’ feelings and informed them that he was touched by their openness. Moreover, as the discussion unfolded, the clinician realised how important the therapeutic partnership was to the teens when they expressed deeply “how nice it would be to have a parent like you [the clinician] to do things with... like this crazy experience”. The patients expressed “excitement” towards the clinician’s openness to “new things” and wished their “parents would have these interests” and, most importantly, “just have an interest in us”. Again, the clinician acknowledged and validated the patients’ thoughts and feelings about their “disappointment” and “frustration” in the context of unsettling family dynamics.

Group’s closing thoughts and behaviours

As the session ended, there was “excitement in the air” as the patients expressed how they wanted to “explore the experimental music again with you [the clinician] in the next session”. The clinician resonated with their excitement, letting the patients know how delighted he was to see them so animated and enthusiastic. Interestingly, prior to this group of patients presented in this paper, not

many teens had expressed such interests in new and unusual music or creative arts in general; but this particular group of teens were verbally expressive, intelligent, inquisitive, and creative arts-curious.

FURTHER DEVELOPMENTS

In the next couple of group sessions, new patients arrived and were introduced to the experimental musical experience by the original patients mentioned above. With the new patients on board, lively discussions were evoked about “the possible different ways” of investigating *Burdock Variations and Other Wolff*, concentrating on (a) “just noticing and observing whatever happens” in each experience and “leaving it alone”, (b) “[exploring] if the music turns out similar or different each time”, or (c) treating the composition as a “true scientific experiment” that would lead to “another experiment, leading to another, and to another”, discovering if the experimental musical experience “worked”, “somewhat worked”, or “did not work at all”, treating *Burdock Variations and Other Wolff* as an ongoing process. Consequently, the patients and the clinician found the outcomes of these explorations not only “particularly interesting” musically, but “dramatically” as well. Moreover, the patients reported that the sound-based explorations produced feelings of “shared meaning”, “pleasure”, and “shared belonging”.

However, unfortunately the patients’ excitement and curiosity concerning experimental music came to an abrupt ending. This was due to the new patients that were admitted to the adolescent unit carrying a diagnosis of conduct disorder and ADHD. When the clinician introduced the *Burdock Variations and Other Wolff* group intervention to the new patients, they reported that they did not “want to get involved with this garbage”. Moreover, the new patients stood outside of therapeutic circle with their hands in their pockets, shrugged-shouldered, while looking up at the ceiling or out of the window. This caused the otherwise enthusiastic group of patients to shut down and to abruptly leave the group without any explanation. Clinically, this was an important event because it gave the clinician perspective on the appropriateness of experimental music and which patients would respond best to experimental sound practices, explorations, and experiences.

SUGGESTIONS FOR FUTURE MUSIC THERAPISTS

As a result of the outcomes mentioned above, and further clinical explorations with acute adolescent patients not discussed in this practice-based article, the clinician suggests that the *Burdock Variations and Other Wolff* experimental music experience is an *advanced* music therapy intervention that should be introduced after a therapeutic relationship has developed between the patients and the music therapist in more standard music therapy interventions. For example, in the paper presented here, the clinician introduced experimental music to the patients after a therapeutic relationship had developed in free-music improvisational group experiences, as well as in projective drawing/painting, writing, or movement to music group explorations not mentioned in this paper. Consequently, the *Burdock Variations and Other Wolff* experience deepened the therapeutic relationship between the patients and the clinician. Therefore, future music therapists are invited to introduce the *Burdock Variations and Other Wolff* composition to psychiatric adolescent patients that

are able to remain focused, curious, and attentive throughout the duration of the experimental music experience.

Unfortunately, music therapy literature reporting on adolescent patients and aesthetic development via the exploration of experiential music/sound practices is lacking. Therefore, the clinician suggests that future music therapists explore the *Burdock Variations and Other Wolff* group music therapy intervention with adolescent psychiatric patients to help cultivate their *aesthetic needs* in a safe therapeutic environment, examining their perceptions of beauty and exploring realms *beyond the beautiful* (Lee, 2003).

Lastly, the clinician strongly suggests that future music therapists should be well accustomed to experimental music/sound practices, with the understanding that the experimental musical exploration should not be disrupted or interrupted by the music therapist's own likes, dislikes, and preferences.

AFTERTHOUGHTS

The results of the Christian Wolff-informed group music therapy intervention described in this practice-based article suggest that the experimental music intervention could benefit creative arts-curious adolescent psychiatric patients by activating aesthetic awareness and curiosity. Notably, the experimental music therapy intervention alone addressed the aesthetic needs of the teens, whereas aesthetics was not being addressed by the other disciplines on the psychiatric unit. Furthermore, this unique experimental musical experience allowed a therapeutic relationship to develop between the teens and the clinician, where the patients expressed an enthusiasm towards the clinician's openness to new and unusual ideas, and a deep sadness towards their parents' resistance of exploring new and unusual experiences with the teens. However, although the patients described having a rich group therapy experience, it must be stressed that the composite description in the evaluation section above was from one experimental-music therapy session only. This illuminates the fact that the acute psychiatric unit admitted and discharged teens so frequently, making it difficult for the same above-mentioned adolescent patients to continuously work and discover together in further closed experimental-music therapy sessions. Nevertheless, in the spirit of experimentation, as this present practice-based article described, when the new patients arrived, new discoveries unfolded. Consequently, future music therapists are invited to investigate the *Burdock Variations and Other Wolff* group music therapy intervention with adolescent psychiatric patients to explore a new and unusual way of cultivating shared engagement, connection, and meaning-making, especially if future music therapists have the opportunity to facilitate multiple closed group sessions over a longer period of time.

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Ελληνική περίληψη | Greek abstract

Ποιος φοβάται τον Christian Wolff? Διερευνώντας την χρήση πειραματικής μουσικής σε μια ψυχιατρική μονάδα οξείας νοσηλείας για εφήβους

Enrico Curreri

ΠΕΡΙΛΗΨΗ

Σε αυτό το άρθρο που βασίζεται στην πρακτική, ο συγγραφέας συνοψίζει το πώς μελέτησε τη χρήση πειραματικής μουσικής με εφήβους ασθενείς με καλλιτεχνικές ανησυχίες αποσκοπώντας στη βελτίωση των διαπροσωπικών σχέσεων, της συγκράτησης των παρορμήσεων, της συμμόρφωσης και της ανάγκης για διατήρηση της προσοχής. Επηρεασμένος από την πειραματική κλασική μουσική του Αμερικανού συνθέτη Christian Wolff, ο συγγραφέας δημιούργησε μία πρωτότυπη σύνθεση πειραματικής μουσικής με τίτλο *Burdock Variations and Other Wolff*, με στόχο την εκ νέου ανα-δημιουργία της σε πλαίσια ομαδικής μουσικοθεραπείας σε μια ψυχιατρική μονάδα οξείας νοσηλείας. Απροσδόκητα, τα αποτελέσματα από την εμπειρία της πειραματικής μουσικής στην ομαδική μουσικοθεραπεία έδειξαν ότι (α) ενώ οι ανάγκες και η ανάπτυξη σχετικά με την αισθητική δεν ήταν μέρος των θεραπευτικών στόχων των ασθενών, η εμπειρία της πειραματικής μουσικής έπαιξε σημαντικό ρόλο στην καλλιέργεια, στη διαμόρφωση και στην ικανοποίηση των *αισθητικών αναγκών* του κάθε ασθενή εντός ενός ασφαλούς θεραπευτικού περιβάλλοντος, (β) προκαλώντας το *αισθητικό σύστημα* (Curreri, 2013) των εφήβων μέσα από την από κοινού διερεύνηση νέων και ασυνήθιστων ηχητικών πρακτικών, η θεραπευτική σχέση, που αναπτύσσονταν ήδη στα πλαίσια πιο τυπικών παρεμβάσεων μουσικής και δημιουργικών τεχνών, εμβαθύνθηκε περαιτέρω μεταξύ των εφήβων και του συγγραφέα, (γ) η διερεύνηση της σύνθεσης *Burdock Variations and Other Wolff* αποτελεί μία *προχωρημένη* μουσικοθεραπευτική παρέμβαση που μπορεί να εισαχθεί μετά από την διερεύνηση πιο

τυπικών μουσικοθεραπευτικών παρεμβάσεων, και (δ) η διερεύνηση της σύνθεσης *Burdock Variations and Other Wolff* μπορεί να εισαχθεί μόνο σε εφήβους ασθενείς που μπορούν να διατηρήσουν την συγκέντρωση, την περιέργεια και την προσοχή τους.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

έφηβοι, ψυχιατρική μονάδα οξείας νοσηλείας, πειραματική μουσική, Christian Wolff, ανα-δημιουργική εμπειρία, αισθητική