

ENGLISH SUMMARY

The number of forensic psychiatric patients in Denmark has increased markedly during the last 35 years, from 300 in 1980 to 4,500 in 2014. A majority of the forensic psychiatric population in Denmark suffer from schizophrenia and, in addition, comorbidity with personality pathology and personality disorders. The process of developing a therapeutic alliance is of paramount importance for establishing collaboration with the patient on treatment and recovery. Developing a therapeutic alliance with forensic psychiatric patients is a challenging and long-term task because of the patients' major difficulties in engaging in relationships and social interaction, which together with an excessive need of control and a hostile attitude, requires the utmost flexibility and attention of the therapist.

Music and music therapy, was described as being able to create a positive rapport based on the forensic psychiatric patients' interest, and to nurture the patient's motivation and engagement in interaction. Music therapy was described as supporting the forensic psychiatric patients' ability to contribute and to express themselves, to regulate arousal, and to nurture attachment through non-verbal communication and a non-threatening approach.

A systematic review found no evidence of psychotherapy or music therapy developing a therapeutic alliance with forensic psychiatric patients in general psychiatry, however, an effect of psychotherapy with patients with schizophrenia was found. In the process of supporting the development of the therapeutic alliance, the initial phase was emphasized, where the focus is on nurturing the development of bond, trust and confidentiality, and where it may not be possible to formulate clear goals for the therapeutic process. The patients' sensitivity to the power divide in the therapeutic alliance and challenges caused by negative symptoms and metacognitive disabilities were found to affect the development of the therapeutic alliance and, thus, were important to consider. In addition, not forcing the therapeutic process while giving attention to interactions at a non-verbal level and nurturing implicit knowledge and positive experiences of being seen and heard by the therapist were described as contributing to softening hostility, increasing intersubjectivity and enhancing relational abilities. Music therapy was described as making it possible to approach the forensic psychiatric patients and to enhance their emotional involvement without challenging them with the experience of losing control. Correspondingly, there is limited research on the therapeutic alliance with forensic psychiatric patients – in music therapy as well as psychotherapy – and especially on how to support the development of therapeutic alliance.

An explorative case study was conducted with the aim of investigating how an analysis of the dynamics of the interaction between music therapist and forensic psychiatric patients with schizophrenia can contribute to describing the developmental processes in the initial phase of developing therapeutic alliance, and, furthermore, how music therapists can contribute to supporting this development.

Four patients suffering with schizophrenia and sentenced to placement at a medium secure unit at a forensic psychiatric hospital in Denmark were included in the study. They attended weekly individual music therapy sessions of 30-60 minutes. The clinical interventions included music listening, playing composed music, songwriting, singing and improvisation. The music therapy treatment was adjusted to the clinical reality of the patients and based on a psychodynamic and partly cognitive approach. The sessions were conducted by a registered music therapist.

Data was collected from the first six months of a course of music therapy treatment. Collecting data from various perspectives and sources generated thick descriptions. Through an inductive process based on hermeneutic phenomenology and a nine step procedure, it facilitated relevant interpretations for a final abductive synthesis.

The finding was the formulation of a continua model consisting of seven continua describing the dynamic interactional processes that support alliance building in detail. The continua model may support music therapists as well as psychotherapists working in forensic settings in creating an overview of interactional aspects to be aware of in nurturing alliance building with a specific forensic psychiatric patient with schizophrenia. Rather than a restrictive approach, a regulative approach focusing on synchronization is presented, suggesting that therapists be creative and flexible in the creation of their very first contact, and that they detect positive dynamic interactional patterns that support alliance building. Repeating, and being prepared for rupturing and repairing these dynamic interactional patterns, will lead to a strengthening of the therapeutic alliance.

The continua model contributes to clarification and conceptualization of the developmental dynamics in the initial phase of developing therapeutic alliance with forensic psychiatric patients with schizophrenia. If it is possible to identify and describe dynamic interactional processes in the therapeutic relationship with forensic psychiatric patients with schizophrenia, then this is the foundation for claiming that it *is* possible to develop therapeutic alliances with this patient group. The continua model was developed specifically within forensic psychiatric settings and may support assessment of the process of developing therapeutic alliance with the patients and may, furthermore, support a recognition of the importance of the treatment efforts in this phase of therapeutic relationship with patient with severe mental illness forensic patients.