



City Research Online

City, University of London Institutional Repository

Citation: Ansdell, G. (1999). Music therapy as discourse and discipline : a study of 'music therapist's dilemma'. (Unpublished Doctoral thesis, City University London)

This is the accepted version of the paper.

This version of the publication may differ from the final published version.

Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/7745/>

Link to published version:

Copyright: City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

Reuse: Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

Music Therapy as Discourse & Discipline

A study of 'music therapist's dilemma'

Gary Ansdell

Submitted for the degree of
Doctor of Philosophy
City University, London
Department of Music
February 1999

Philosophy in so far as it remains philosophy cannot recommend direct steps or changes. It brings about changes in so far as it remains theory. I think that for once the question might be asked whether it is not a form of opposition for a man to think and write the things that I write. Is not theory also a genuine form of practice?

Adorno (quoted in Paddison 1996: 125)

Contents

Introduction

Personal context	15
Thesis Guide	18

Part I : 'Music Therapist's Dilemma' in Context

Chapter 1

Music Therapy & 'Music Therapist's Dilemma'

PART 1: BACKGROUND

1.1	Music therapy: ancient and modern	23
1.2	Music and healing: a perennial theme	23
1.3	Music therapy as twentieth century phenomenon	26
1.4	Music therapy as praxis, discipline and profession	27
1.5	'Music therapist's dilemma' in the music therapy literature	29

PART 2: INTRODUCING THE DATA

1.6	Three occasions of 'talking about' music therapy: <i>Commentary, Talk & Text</i>	35
1.7	<i>Commentary</i> : Pilot study & Data Unit 1	38
1.8	<i>Talk</i> : Data Unit 2	42
1.9	<i>Text</i> : Data Unit 3	45
1.10	Conclusion and prospect	48

Chapter 2
Music, Words & 'Seeger's Dilemma'
- the roots of 'music therapist's dilemma'

2.1	Words and music	51
2.2	'Seeger's Dilemma'	52
2.3	After Seeger: the work of the 'NewMusicology'	54
2.4	The impact of other disciplines on musicology	60
2.5	From 'Seeger's dilemma' to 'music therapist's dilemma'	62

Part II: Research & Theoretical Perspectives

Chapter 3
Music Therapy Research Perspectives

3.1	The music therapy research tradition and the context of the study	66
3.2	Quantitative or qualitative: is this the question? The dilemma of researching music therapy	66
3.3	Substance or Form? The roots of the QN/QL dilemma	68
3.4	Music therapy and the 'human sciences' - the American research tradition	70
3.5	The European tradition of music therapy research	73
3.6	Quantitative & Qualitative paradigms - the theory	75
3.7	Quantitative & Qualitative paradigms - the practice	80

3.8	Beyond the Quantitative/Qualitative dichotomy?	82
3.9	An Outline of the 'research stance' and methodological perspective of this thesis	83

Chapter 4 Theoretical Perspectives

4.1	Introduction	87
-----	--------------	----

PART 1: CRITICAL THEORY

4.2	Qualitative research, reflexivity & critical theory	88
4.3	Theory and Critical Theory	90
4.4	Critical theory and musicology	93
4.5	Critical theory, therapy & music therapy	95

PART 2: THE TURN TO LANGUAGE - DISCOURSE THEORY & DISCOURSE ANALYSIS

4.6	Language and life	99
4.7	Discourse	101
4.8	Discursive practices: Foucault and <i>social constructionism</i>	103
4.9	Discourse analysis and the therapies	106

PART 3: SEMIOTICS AND MUSICAL SEMIOLOGY

4.10	Saussure's challenge: from linguistics to semiotics	108
4.11	Nattiez' 'musical semiology'	109
4.12	Nattiez' <i>tripartition</i>	111
4.13	Musical semiology & 'music therapist's dilemma'	114
4.14	Conclusion	115

Chapter 5

A Semiological Model of Music Therapy

5.1	The 'total musical fact' & music therapy	117
5.2	'Weighting' the <i>tripartition</i>	118
5.3	The <i>tripartition</i> and music therapy	119
5.4	Level I. Praxis	120
5.5	Level II: Discourse	127
5.6	Level III: Critical	133
5.7	Conclusion	139

Part III: Representing Music Therapy

Chapter 6 Commentary: Data Unit 1

PART 1: INTRODUCTION

6.1	Developing the pilot project	142
6.2	Data rationale & collection process	143
6.3	Data organisation & presentation	145

PART 2: DATA PRESENTATION

6.4	L&D test No.2	147
6.5	First Hearing: descriptive summaries	148
6.6	Second 'stop hearing' - Plates 1-7	153
6.7	Final Hearing: descriptive summaries	168
6.8	L&D test No.3	172
6.9	First Hearing: descriptive summaries	172
6.10	Second 'stop hearing' - Plates 8-16	175
6.11	Final Hearing: descriptive summaries	192

PART 3: DATA ANALYSIS	
6.12 Introduction	195
6.13 Perspective A: comparison of L&D tests 1,2 & 3	195
6.14 Perspective B: correspondence of stop-points in tests 2 & 3	196
6.15 Language analyses	197
6.16 Category analysis of commentaries	198
6.17 Notes on Tables B-E	206
6.18 Narrative analysis of one listener's commentary	210
 PART 4: DISCUSSION	
6 19 Introduction	215
6 20 A tripartitional model of the <i>Commentary</i> data	216
6 21 A semiological perspective	218
 PART 5: CONCLUSION	 227

Chapter 7 Talk: Data Unit 2

7.1 Introduction: Investigating 'Talk'	229
 PART 1: DATA PRESENTATION	
7.2 Data rationale & collection process	231
7.3 Data organisation	233
 PART 2: DATA ANALYSIS	
7.4 Introduction to data analysis	238
7.5 Perspective A: Analytic commentaries on the Forums	239
7.6 Perspective B: 'Domain Analysis'	263

PART 3: DISCUSSION

7.7	The functions of 'talk'	272
7.8	A semiological perspective on the Talk data	277

Chapter 8 Text: Data Unit 3

PART 1: INTRODUCTION

8.1	Music therapy texts	279
8.2	Data rationale and collection process	280
8.3	Analytical perspectives	281

PART 2: ANALYSIS OF TEXTS

8.4	Introduction	285
8.5	Group 1: 'First Generation' texts presenting the work	285
8.6	Group 2: 'Second Generation' texts continuing the work	297
8.7	Group 3: 'Third Generation' texts: extending, debating & contextualising the work	303

PART 3: DISCUSSION

8.8	Investigating texts 'archaeologically'	329
8.9	Textual representations of CMT	330
8.10	Textual representations and 'music therapist's dilemma'	331
8.11	Discourses and 'discourse themes' in the texts	332
8.12	Texts and the disciplinary arena of music therapy	334

Part IV: Summary & Discussion
--

Chapter 9 Summary & Synthesis

9.1 Introduction	337
------------------	-----

PART 1

9.2 Revisiting 'music therapist's dilemma'	337
--	-----

PART 2

9.3 <i>Commentary, Talk, Text:</i> Summary and synthesis of the analysis of the data units	344
9.4 Conclusion	353

Chapter 10 Conclusion: **Music Therapy as Discourse & Discipline**

10.1 Introduction	355
-------------------	-----

PART 1: THE 'CRITICAL-REFLEXIVE TURN'

10.2 The significance of 'music therapist's dilemma'	356
10.3 <i>Discoursing</i> on music therapy	358
10.4 A model of ' <i>discoursing</i> on music therapy'	361

PART 2: DILEMMAS OF REPRESENTING MUSIC THERAPY

10.5 Epistemological dilemmas: forms of knowledge, forms of representation	365
10.6 A 'baseline of descriptive agreement'?	366
10.7 The dilemma of 'analytical criteria'	367
10.8 Analytical criteria I: <i>representing</i> in transcription	369
10.9 Dilemmas of transcription	371

10.10	Analytical criteria II: Verbal representations	375
-------	---	-----

**PART 3: DILEMMAS OF *THEORISING*
MUSIC THERAPY**

10.11	'Common language' and 'unified theory'	380
10.12	<i>Theorising</i> in the data units	380
10.13	The notion of 'theory'	385
10.14	<i>Theorising</i> in the music therapy literature	386
10.15	<i>Abductive theorising</i> and an epistemological dilemma	388

PART 4: THE VIEW FROM METATHEORY

10.16	Theory as critical reflection	393
10.17	'Looking behind the curtain'	394
10.18	Pragmatism and elaboration	398

PART 5: DISCOURSE AND DISCIPLINE

10.19	Music therapy as discourse...	400
10.20	... and discipline	401
10.21	The dialogical alternative	405

**PART 6: ASSESSING TRUSTWORTHINESS &
IDENTIFYING FURTHER DIRECTIONS**

10.22	Qualitative research and standards of assessment	408
10.23	Assessing trustworthiness and usefulness	409
10.24	Identifying future directions	414

	<i>Epilogue</i>	417
	Appendices	426
	References	444

Figures, Plates & Tables

FIGURES

1-1	Talk & discourse in music therapy	37
1-2	The 'three foci' of data	37
1-3	L&D test no 1 analysis	40
4-1	A model of Nattiez' <i>tripartition</i>	112
5-1	A model of Nattiez' <i>tripartition</i>	118
5-2	The three levels of the 'total music therapy fact'	120
5-3	The <i>poietics</i> of music therapy	123
5-4	Moving from music therapy practice to discourse	128
5-5	Moving from discourse to the critical level	134
5-6	Nattiez' model for investigating ethnotheory	135
6-1	A semiological model of the <i>Commentary</i> process	218
6-2	Aldridge's (1996) schema	221
7-1	Generating themes from the <i>Talk</i> transcripts	236
7-2	Forum <i>Talk</i> transcripts	237
7-3	Domain 1. The primary group of constructs	265
7-4	Domain 2	266
7-5	Domain 3	267
7-6	Domain 4	267
7-7	Domain 5	268
7-8	Domain 6	269
7-9	Domain 7	269
7-10	Domain 8	270
7-11	Complete domain model	271
7-12	A semiological model of the <i>Talk</i> data	277
8-1	'Discourse themes' in the <i>Talk</i> data	333
10-1	Pavlicevic's model	362
10-2	Adapted model (after Pavlicevic)	363

PLATES

PLATES 1-7	L&D2 Second 'stop hearing'	154-167
PLATES 8-16	L&D3 Second 'stop hearing'	176-191

TABLES

TABLE A	Initial coding of comments	199
TABLE B	Revised coding categories	202
TABLE C	Level I comments	203
TABLE D	Level II comments	204
TABLE E	Level III comments	205
TABLE F	Detailed analysis of L&D3 comments	209

Acknowledgements

I would like to thank the following for their help with this thesis:

Simon Emmerson, my supervisor at City University, for his support, time and effort. His judicious balance of respect, challenge, tact, attention to detail and grasp of the wider picture is rare, and much appreciated.

Many people have contributed in different ways to the development of my thinking, and the refining of my writing - through conversations or by reading plans, early drafts, mid-way articles - and in sharing work in progress in related areas. I especially want to thank: Kenneth Aigen, David Aldridge, Leslie Bunt, Denis Smalley, Colin Lee, Jane Davidson, Eric Clarke, Mercedes Pavlicevic, Even Ruud, Jacqueline Robarts and Rachel Verney.

I would also like to thank the people who helped me with the data collection: the music therapists who gave their time and expertise to take part in the 'listening and description tests', and the therapists who generously allowed me to record and analyse the discussion 'Forums'.

Finally I would like to thank the two charities whose grants enabled me to complete this research: The Music Therapy Charity and Nordoff-Robbins Music Therapy (and in particular its Director, Pauline Etkin for continued support).

*

I grant powers of discretion to the University Librarian to allow this thesis to be copied in whole or in part without reference to me. This permission covers only single copies made for study purposes, subject to normal conditions of acknowledgement.

Abstract

This study takes a qualitative research perspective on the question of how music therapists talk about music therapy, and how such a metalanguage relates to music therapy as an evolving discipline and profession. I ask whether there is a 'discourse of music therapy', and what the implications of this might be.

Common to 'music-centred' approaches to music therapy is a problem I characterise as 'music therapist's dilemma'. This concerns having to use words and verbal logic to represent complex musical processes in music therapy (and the therapeutic processes which are seen to occur within these). I investigate how aspects of the 'New Musicology' and discourse theory might shed light on the nature of 'music therapist's dilemma'.

The data consists of an analysis of the verbal representations of one approach - Nordoff-Robbins Music Therapy. Three analyses examine different occasions where Nordoff-Robbins music therapists are required to verbalise about music therapy: (i) when making a direct commentary on a taped excerpt from a music therapy session, (ii) in a discussion group on general aspects of the work, and (iii) writing texts on practice, theory and research. The overall analytic perspective of 'critical theory' (supplemented by discourse analysis and musical semiology) is used to examine the complex interaction between representation, theory and ideology within these various metalinguistic forms.

I conclude that any metalanguage of music therapy functions as discourse in the sense that it actively constructs (and does not merely describe) the practices and phenomena it concerns itself with. 'Music therapist's dilemma' is seen as an inevitable part of a music-centred music therapy (and as an extension of the problems of talking about music itself). Further, the 'dilemma' is seen as having two aspects: the related challenges of verbally *representing* and *theorising* the complex non-verbal phenomena and processes of music therapy. I suggest that my findings are transferable to other 'music centred' approaches to music therapy.

A consequence of regarding the discipline and profession of music therapy as constructed by discourse is that the 'discursive practices' of music therapists become of equal importance to their clinical practices - and should therefore be given equal attention in matters of training, theory-building and research.

Introduction

As soon as someone dances, sings or plays an instrument,
someone else gets up and talks about it.
(Ricoeur in Nattiez 1991: 183)

Personal context

During my training and early years as a practitioner¹ I assumed that my problems talking about my work as a music therapist were due to lack of experience - that I had yet to master the appropriate metalanguage. When, after eleven years of practising, teaching, writing and researching about music therapy, the dilemma of representing the work seemed to remain, I began to think there was perhaps also something inherent to music therapy which produced the problem. Colleagues and students confirmed my perception, stating typically that the need for a 'new language for music therapy' was vital for the development of the profession. Though sceptical that there was simply a 'new language' to be found somewhere, I nevertheless made several attempts of my own to represent aspects of the

¹ I was trained as a music therapist at the Nordoff-Robbins Music Therapy Centre, London (1987-8) and undertook further training at the Institut für Musiktherapie, Universität Witten-Herdecke, Germany. This research project was initiated when I was Research Fellow in Music Therapy at City University, London (1994-7). I am currently (1999) Research Associate at the Nordoff-Robbins Music Therapy Centre, London, where I coordinate the second year of the Master of Music Therapy Course. This, and the other personal information in this Introduction is given intentionally, as it is a fundamental tenet of a qualitative research study such as this that the reader be informed of the 'stance' of the researcher (Aigen 1995). In qualitative research the context of time and place, and the bias that might arise from this is acknowledged rather than eliminated (see Chapter 10, section 10.22 for an account of how this is an aspect of 'trustworthiness' of a qualitative study).

music therapeutic process - giving talks or writing about it (Ansdell 1991; 1996). These served to demonstrate, if not pinpoint, the problem. The study presented in this thesis is a more systematic attempt to examine the nature of representing music therapy in words (written or spoken, informal or formal).

A key (if obvious) thought in developing my study was that music therapists start off as musicians, and that the age-old problem of how to talk about music had merely found a new host in music therapy. An interest in the implications of the so-called 'New Musicology' for music therapy (Ansdell 1997) gave me a new perspective on the 'language problem' in music therapy. This led me to formulate what I called 'music therapist's dilemma' (following 'Seeger's dilemma' named after the ethnomusicologist of that name). I characterised this as the dilemma of having to use verbal strategies to talk about musical processes and, more specifically, to define the relationship between musical processes and the 'therapeutic processes' which are seen to happen in and through musical interaction. Any metalanguage and theory of music therapy is forced to accommodate this dilemma.

I developed these thoughts through a pilot study (Ansdell 1996), which suggested the dilemma to be a natural one faced by music therapists working within a 'music-centred' approach² when they need to talk about their work. Arguably 'music therapists' dilemma' would not be a problem if music therapists were practitioners only, or could simply play their work without verbal comment. But music therapy has developed widely in the last thirty years and must also *re-present* itself as both

² The term 'music-centred' indicates that the approach regards the music itself and the musical interaction between therapist and client to be central to the therapeutic process. A useful distinction is made by Bruscia (1997) between 'music in therapy' (where music is one of several 'tools' used within a more general therapeutic process), and 'music as therapy' where music is both the central ingredient, and musical process a main index of therapeutic process

discipline and profession. As such, we now have a situation where the discipline and profession of music therapy is constructed as much by its 'discursive practices' as it is by its clinical practice. This situation has focused questions about the nature and function of a metalanguage of music therapy, leading to recent calls for a 'common language' or a 'unified theory'.

In response to such calls an important new meta-theoretical dialogue has developed in the profession in recent years (Aldridge 1996; Ansdell 1997; Pavlicevic 1997; Ruud 1998), which perhaps represents music therapy's coming of age as a self-reflexive discipline. Issues of language and theory are necessarily central to current debate concerning qualitative research in music therapy, a tradition in which my study places itself. Whilst the 'language problem' is widely acknowledged, there has been little detailed examination of it. My study addresses this by offering a closer investigation of the nature of music therapist's dilemma' and its implications for the development of music therapy as praxis, discipline and profession.

My study tackles only one possible area in a large subject: *intra* professional talk between music therapists about their work. This choice was made because discourse *on* music therapy is central to metatheoretical considerations³. Equally, the study takes an idiographic perspective, focusing on the detailed investigation of the discursive practices of only one tradition - Nordoff-Robbins Music Therapy⁴. This is consistent with the

³ The area of talking *within* music therapy (a central concern to much music therapy practice and theoretical debate) is not the subject of this study. Though central to current theoretical discussion, it is the aspect of talking *at* music therapy which is the key concern to *metatheoretical* perspectives. Equally, I made the choice to focus my study on *intra* professional discourse. The equally fascinating area of how music therapists talk with professionals of other disciplines (*inter* professional discourse), or how clients themselves talk about music therapy remains for future studies.

⁴ This approach is now called either 'Nordoff Robbins Music Therapy' or 'Creative Music Therapy' (the second being the title of Nordoff and Robbins' *Music in Therapy*).

qualitative research perspective taken by the study, and I make more detailed discussions about these choices in later methodology sections. At the end of the study I argue the viability of transferring my conclusions to music centred music therapy approaches in general.

Thesis Guide

The ten chapters of this thesis are divided into four parts:

PART I : 'Music Therapist's Dilemma' In Context

'Music therapist's dilemma' is introduced and characterised within the context of contemporary music therapy practice and theory, and its roots investigated both within the historical antecedents of music therapy and in the continuing debates within musicology about the relationship between speech and music.

Chapter 1 - Music Therapy and 'Music Therapist's Dilemma' sketches how contemporary music therapy as a current praxis, discipline and profession has emerged from a perennial music healing tradition. A literature review presents music therapist's views on the problems of 'talking about' music therapy. The research focus and research questions of the thesis emerge from an introduction to the three data units - which present studies of three different forms of discourse on music therapy within the Nordoff Robbins tradition.

second book). The second term has become identified with more recent developments with adult clients (Ansdell 1995), but both terms will be used interchangeably in this thesis

Chapter 2 - Music, Words & 'Seeger's Dilemma'
- the roots of 'music therapist's dilemma'
reviews the musicological literature concerning the problematic relationship between music and words, in particular the work of Charles Seeger. It traces 'music therapist's dilemma' to its roots in 'Seeger's Dilemma' and suggests that music therapy and its 'language problem' has important links with the main agenda of the 'New Musicology'.

PART II : Research and Theoretical Perspectives

This aims to present 'music therapist's dilemma' within the context of the continuing development of the music therapy research tradition, and to develop a suitable theoretical model (using critical theory, semiology and discourse analysis) to examine music therapy discourse.

Chapter 3 - Music Therapy Research Perspectives aims to locate both the concerns and methodological perspective of the thesis within the theoretical and research tradition of music therapy. It examines the context of the continuing quantitative/qualitative dilemma in music therapy research and how this has led to the more critical-reflexive turn which characterises this thesis.

Chapter 4 - Theoretical Perspectives examines the 'critical reflexive' perspective taken in this thesis. It also presents particular critical methodologies which focus on how discourse, theory and practice relate. These are (i) critical theory (ii) discourse theory (and discourse analysis) (iii) musical semiology.

Chapter 5 - A Semiological Model of Music Therapy takes one of the theoretical perspectives outlined in Chapter 4 - Nattiez' 'musical semiology' - and uses an elaboration of the 'tripartition' concept to model the music therapy situation in terms of the relationships between practice, metalanguage, theory and metatheory. This is designed to prepare the reader for the data units, and for the perspective of analysis taken in these.

PART III : Representing Music Therapy

This section presents the data of the thesis, which comprises of three studies of Nordoff Robbins music therapists representing music therapy in words (as commentary, talk or text). Methodological issues are discussed within each study.

Chapter 6 - *Commentary* : Data Unit 1 presents an analysis of Nordoff Robbins music therapists commenting on a taped excerpt of music therapy.

Chapter 7 - *Talk* : Data Unit 2 presents an analysis of Nordoff Robbins music therapists talking about music therapy within an informal discussion group.

Chapter 8 - *Text* : Data Unit 3 analyses a selection of written texts by music therapists trained in the Nordoff-Robbins approach, published over a period of thirty years.

PART IV : Summary and Discussion

Chapter 9 - Summary and Synthesis attempts to summarise and synthesise the argument of Parts I III, concentrating on how the key theme of 'music therapist's dilemma' was reflected in each of the data units.

Chapter 10 - Conclusion: Music Therapy as Discourse and Discipline is a substantial chapter which begins by discussing 'music therapist's dilemma' in the light of the data analysis and of the critical-reflexive turn in music therapy research. A model is proposed of the 'dilemma' involving the interaction of two problematic processes of *representing* and *theorising* music therapy, with an analysis of each of these aspects given. An understanding of music therapy as discourse and discipline is proposed, and the chapter then evaluates the 'trustworthiness' of the findings, and whether these conclusions can be transferred to the general community of music therapy.

An Epilogue suggest there are positive sides to the 'dilemma'...

PART I : 'MUSIC THERAPIST'S DILEMMA' IN CONTEXT

This part introduces and characterises 'music therapist's dilemma' within the context of contemporary music therapy practice and theory, and investigates the roots of this 'dilemma' both within the historical antecedents of music therapy and in the continuing debates within musicology about the relationship between speech and music

Chapter 1 - Music Therapy and 'Music Therapist's Dilemma' sketches how contemporary music therapy as a current praxis, discipline and profession has emerged from a perennial music-healing tradition. A literature review presents music therapists' views on the problems of 'talking about' music therapy. The research focus and research questions of the thesis emerge from an introduction to the three data units - which present studies of three different forms of discourse on music therapy within the Nordoff-Robbins tradition.

Chapter 2 - Music, Words & 'Seeger's Dilemma' - the roots of 'music therapist's dilemma' reviews the musicological literature concerning the problematic relationship between music and words, in particular the work of Charles Seeger. It traces 'music therapist's dilemma' to its roots in 'Seeger's Dilemma' and suggests that music therapy and its 'language problem' has important links with the main agenda of the 'New Musicology'.

Chapter 1

Music Therapy & 'Music Therapist's Dilemma'

In our attempts to find a common language for the creative arts therapies, and therefore negotiate a professional identity, it is also important to remember that talking about therapy is always several steps removed from the actual activity in which we partake. Dancing, painting, singing, acting, doing therapy are different activities from *talking* about dancing, talking about singing, talking about painting and talking about doing therapy.

(Aldridge 1996: 163)

PART ONE : BACKGROUND

1.1 Music therapy: ancient and modern

Though barely a half century old as a contemporary profession, music therapy is arguably no more than the latest incarnation of a perennial tradition which has related musical practices to healing effects. A brief sketch of these roots of music therapy will be helpful in characterising current forms of practice and theory, and in suggesting a historical context for the contemporary dilemma of representing music therapy.

1.2 Music and healing: a perennial theme.

Contemporary texts about music therapy often make passing reference to historical antecedents (Alvin 1975; Bunt 1994, 1997). This practice of quoting earlier theoretical sources to validate later beliefs or practices

has a venerable history, as some recent investigations by historians and musicologists have shown¹, the association of practices of music, medicine and healing with theories of music and general metaphysics has been a commonplace, indeed a perennial theme of many texts written both in diverse historical periods and cultures².

At the same time, from Plato and the Pythagorean Brotherhood onwards, little is known about what actual practices were associated with the various theories which seemed to legitimate the music healing connection. By late antiquity the cosmological *music of the spheres* discourse was fashionable and much quoted. By early modern times, however, it seems from extant monastic sources that this metaphysical link was broken, and with it the idea of the music healing association lost, only to return again with renewed force with the Renaissance neo-Platonic tradition, in which Ficino's 'astrological music therapy' attempted to tackle both physical and psychological illness. Again theory legitimated practice - though as so often in this area, we have no idea what such *practices* of 'music healing' might have been. Equally, two different traditions, the Arabic and Hindu, also have texts which make strong links between music, physiology and psychology but again without describing actual practices.

Moving on, the seventeenth century development of scientific medicine at first continued to sponsor earlier theories of music healing because of its emphasis on *diatetic medicine* - the connection between illness, humours and passions. It is clear by this time, however,

¹ This information comes largely from two recent interdisciplinary seminars on *Music & Medicine* - the first at Royal Holloway College, University of London, April 1997, the second as a study session of the International Musicological Society at the Warburg Institute, London, August 1997.

² Contemporary music therapy texts also increasingly refer to non-Western traditions which also demonstrate the music healing theme. The present discussion, however, focuses on the Western tradition, for which in general textual sources are extant.

that the traditional music-healing connection was being pressured to accommodate itself within two already distinct areas: the *theoretical* (which was university-based, speculative and appealed to previous texts and philosophical traditions); and the *practical* - a healing tradition based on practices which took more of an empirical stance.

Albeit brief, this historical survey of the music-healing theme demonstrates that before the twentieth century:

- There had always been a theory/practice split associated with the music-healing theme. It was as much (perhaps more) a philosophical than a practical tradition.
- The medical mainstream had always treated music in healing as a 'fringe' practice, even though its theoretical writings may often have seemed to legitimate it.
- The music-healing theme had always needed (and mostly found) a theoretical 'umbrella' to explain and legitimate itself.

In conclusion, the music-healing theme could often be seen historically to be a *theory in search of a praxis*. As the classicist Martin West commented:

The complex philosophy of the "harmonia" gave philosophical authority to 'music therapy' - though it does not seem to have inspired much practice. My guess is that the theory had a much longer life than the practice³.

³ From an unpublished paper given by Prof. Martin West 'The Legacy of Classical Antiquity' given at the symposium *Music & Medicine* - Royal Holloway College, London, 24 April 1997.

1.3 Music therapy as twentieth century phenomenon

In contrast to the above we could (hypothetically) see the twentieth century incarnation of the music healing theme as a *praxis in search of a theory*. Indeed Leslie Bunt introduces music therapy firstly in terms of the *practitioner*:

Into a richly diverse world such as music enters a mid to late twentieth century phenomenon the professional music therapist. (Bunt 1994 3)

After token reference to mythical origins, the modern history of music therapy tends to trace back its recent ancestry no earlier than the late nineteenth century and such activities as the Guild of St Cecilia whose members played 'sedative music' to the patients of London hospitals (Bunt 1994). The late twentieth century development of music therapy was initiated largely in America where musicians were used during the Second World War to help in veteran hospitals. These musician therapists' subsequent wish to investigate their practices, and the pressure from other professionals for evidence of efficacy, led music therapy into the universities, into training and research: the consolidation, that is, of the discipline and profession of music therapy. In the United States the first full academic course in music therapy was taught at the University of Kansas in 1946, and in 1950 the National Association of Music Therapy was inaugurated. Though on a smaller scale, a similar pattern of development to that in America has been taking place in Europe, and currently music therapy is developing in at least thirty countries worldwide (Maranto 1993)⁴.

⁴ These models use music in a wide variety of ways, and appeal to an equally wide variety of theoretical constructs. This thesis applies to the problems of generally a 'music centred' approach, and specifically to improvisational models of music therapy (Bruscia 1987)

In the UK the development was initially more centred around work with children with special needs, with the British Society for Music Therapy forming in 1958, the first training course for music therapists initiated in 1968 and the first Nordoff-Robbins training in 1974⁵. Subsequent developments have taken place in several directions: the expansion of client groups into the areas of mental health, psycho-social, medical and palliative areas (Ansdell 1995; Bunt 1994, 1997; Lee 1996; Wigram et al 1995; Heal & Wigram 1991); the development of training courses (Bunt 1994); the development of research initiatives (Aldridge 1996; Gilroy & Lee 1995; Pavlicevic 1997) including the Research Fellowship in Music Therapy at City University, London. It is notable that most music therapists in the UK use a similar mode of practice ('active' improvisational model⁶), though there are different theoretical perspectives supporting this (Bunt 1994).

1.4 Music therapy as praxis, discipline & profession

Contemporary music therapy is primarily presented first as a *praxis*, rather than a theory. Take, for example, Leslie Bunt's definition:

Music therapy is the use of sounds and music within an evolving relationship between child or adult and therapist to support and encourage physical, mental, social, and emotional well-being.
(Bunt 1994: 8)

⁵ The approach to music therapy known as 'Nordoff Robbins Music Therapy' was initiated by Paul Nordoff and Clive Robbins (1971, 1977). It is probably the most widely known of the 'music-centred' models, with training centres in London, Germany, New York and Australia. For accounts of contemporary Nordoff Robbins Music Therapy (also called Creative Music Therapy) see Ansdell (1995), Lee (1995), Aldridge (1996) and Pavlicevic (1997).

⁶ 'Active' is used here to distinguish the model from 'receptive' techniques of music therapy, where the client listens to but does not play music.

Bruscia (1995), however, already subsumes praxis within larger contexts:

Music therapy is both a discipline and a profession. As a discipline it is an organised body of knowledge and practices, essentially concerned with the process by which therapists use music to help clients achieve health. As a profession, music therapy is an organised group of people who share, utilize and advance this body of knowledge and practices through their work as clinicians, supervisors theorists, researchers administrators and educators.

(Bruscia 1995 18)

When music therapy is defined as anything other than a praxis - as soon, that is, that the professional music therapist must deal with any of the areas which Bruscia suggests here he or she must *talk about praxis* must use some sort of *metalanguage* and can then be seen to be caught up with what I call 'music therapist's dilemma'. Equally, any talk about music therapy has implications for music therapy as a discipline and a profession.

Consequently, music therapy (in common with the other arts therapies) is showing an increasing awareness of language issues. For example, at the First Arts Therapies Research Conference (City University 1989), second only to the problem of appropriate research methodologies was the issue of a 'common language', and how arts therapists' work is communicated and received (Lee 1989). The next section examines how these issues have been addressed in the key music therapy texts.

1.5 'Music therapist's dilemma' in the music therapy literature.

Earlier texts in the music therapy literature⁷ are largely concerned with presenting the work, not debating theory. And for some writers initially (at least) there seems to be no 'language problem', as here in the first main text of the Nordoff-Robbins tradition, :

As the interaction is within the order of musical structure the character and extent of the children's activities can be accurately described in musical terms.
(Nordoff & Robbins 1971: 53)

Only a while later in the book, however, it is written that:

In attempting to depict the central motivating power of music therapy - a child's commitment to his musical activity - we have become all too aware of the limitations of words to describe musical experience. Only music itself can convey the meaning of its experience, and much more is involved in this than auditory stimuli, the "tune", associations, and so forth.
(Nordoff & Robbins 1971: 58)

Twenty years later than this first text, Clive Robbins is still frustrated by the limits of verbal language in conveying the work: 'One runs out of concepts and words eventually, in trying to put what music therapy is into words' (Robbins & Robbins 1993:15). He is also still frustrated by the continuing failure of music therapists to report their work adequately:

One still reads so many music therapy reports, both in product research and process research, that are musically non specific. We learn that music therapy took place, but are told nothing about it... The music is left faceless,

⁷ The literature referred to here is largely from the tradition of work on which this study is based - the Nordoff Robbins approach - but also includes some examples from other 'music-centred' approaches. The earlier tradition of work (and associated literature) in America is not included as it begins from a significantly different epistemological base, and largely does not concern itself with the questions addressed by the present study (see Aigen 1991; Bunt 1997).

anonymous. It is as if music itself didn't matter, that all music was the same, and all uses of music in therapy were equivalent.

(Robbins & Robbins 1993: 16)

Writing from a different tradition of music therapy, Leslie Bunt comments:

We may be expecting too much of ourselves in writing about the art and science of music therapy. How can we begin to translate the untranslatable? [...] We may not yet have discovered the appropriate language but stand Janus-like on the edge, respecting the past and with tantalising glimpses of what might be.

(Bunt 1994: 183)

One strand of comment about the 'language problem' assumes, like Bunt, that there is an essential region of music therapy which verbal comment simply fails to reach. Amir (1995) writes, for example:

In recent years there have been some calls for creating a new language in music therapy...the need to establish new terms and categories in order to be able to describe the essence of music therapy.

(Amir 1995: 56)

In contrast to this view, a new strand of thinking within music therapy, based on critical theory perspectives, has challenged such essentialist notions. David Aldridge, Even Ruud, Brynjulf Stige and Mercedes Pavlicevic have instead begun to investigate more precisely what factors lie behind our difficulties with talking about music therapy:

In the aesthetics of music there is a debate about the autonomy of music. Music is claimed to be neither a language of emotion nor of anything else (Shibles 1995). In music therapy we have the same debate taking place. The difficulty is that music therapists are not solely musicians but have entered an arena of therapy whereby they undertake a social contract to help another person. At some point they will be called upon to describe or explain what they have been doing and what benefits this may

bring for the patient or client with whom they have worked. In terms of research, and the distribution of the results of that research, then the use of verbal descriptions is demanded.

(Aldridge 1996: 275)

Moreover, writes Aldridge, the fact of how music therapy is *represented* is not simply a nuisance, but also an ethical issue:

Change can be described in musical terms, and there lies the rub. While music therapists have an established language of musical terms, the language used for describing therapy is rarely debated and seldom accepted [..] The expression of the self unfettered by social concerns can lead to tyranny. So too, the music therapist who says listen to my work as a work of art alone, without concerns for its clinical relevance, imposes an individual tyranny apart from indulging in solipsism [...] We are saying that what we do is not psychology and not science but artistic, and that the terms that we use have their own legitimacy. Our task then is to negotiate those terms amongst ourselves. While we may differentially express creativity, improvisation, form, structure, dynamic, time and space within our own therapeutic modalities, we do need to learn a language based on these concepts such that we can maintain a unified discourse about what we do.

(Aldridge 1996: 17)

Though Aldridge writes both about 'language' and 'discourse', he does not differentiate between them. Pavlicevic (1997) is more explicit, approaching a discussion of the theories of music therapy with an introductory section entitled 'Music Therapists Speak: Choosing a Discourse':

In examining the different ways that music therapists 'speak about' their work, we find a range of discourses, and each discourse frames the work within a particular set of meanings. Throughout this book, the word 'discourse' is used loosely to describe a set of meanings conveyed by language, as well as the relationship between language and the event. This relationship may be very close or very obtuse. Language may explain the event, describe it; language may construct the way that we see the event, and it may begin to operate independently of the event,

becoming a discourse that is self-perpetuating, and that may be analysed as a 'social text' through 'discourse analysis'.

(Pavlicevic 1997: 7)

Pavlicevic mostly identifies these 'discourses' as entities associated with other disciplines such as musicology, psychotherapy or music psychology. They are seen as 'theoretical lenses' to help focus on the music therapy 'objects' under consideration. It could be argued that discourses rarely function in so neat a way, but then the purpose of her use of the concept of 'discourse' is itself a tool to focus discussion of music therapy on a theoretical and meta-theoretical level - a perspective that is very recent in music therapy writing. Indeed she makes the disciplinary and professional function of talk about music therapy very clear:

Music therapy exists in the world that includes psychologists, psychiatrists, psychotherapists, doctors, parents and teachers of disabled children, speech therapists, social workers and neurologists, some of whom share underlying premises about the role and meaning of music therapy. In talking 'about', we can make no assumptions about how others hear what we say. In dialogues with those who are theoretically distanced from music therapy, part of the dialogue itself consists of tackling words and grappling with concepts, in order to develop meaning about the work that both parties can share. This negotiation of meaning needs to take place at the descriptive level, as well as the level of inference and interpretation.

(Pavlicevic 1997: 15)

Lastly in this survey, Even Ruud has appealed in his paper *Music Therapy: Health Profession or Cultural Movement?* for '...a new reading of the music therapy situation, a semiotic approach which deconstructs the cultural/morphological meaning constructed in the situation as a point of departure for the understanding of music (in music therapy)' (Ruud 1988: 36). He goes on to present a 'constructionist' argument of music and music therapy, based on the nature of our discursive

representations of it. In contrast to an 'essentialist' stance⁸, he argues:

The opposing world view would agree that reality is 'more than what is given' but would argue that we do not have any direct access to this reality except through language. Each time we try to say something about this world, or about music, we are constituting the world. We are constructing the world through representing our sensations through our culturally-derived language system. This means that we do not have any way of knowing what music really is. All we have are dominant aesthetic outlooks, that is data about views *about* music. (Ruud 1988: 34)

In a later publication Ruud writes:

As researchers, we always have to deal with the underlying values of our activity, our ways of conceptualising and narrating our perceptions. This, in the end, will reveal the arbitrary nature of our choice of communicative form, of our ways of telling others the story of our work. (Ruud 1998: 116)

This survey of attitudes towards the 'language problem' in some of the key music therapy texts is reflected in the remainder of the literature. The relatively small number of articles to deal with this area can be summarised as representing a common recognition of the problems of:

- Finding an adequate descriptive language for music therapists to be able to discuss the music therapy process (Bunt 1986, Moreno 1988, Aigen, 1991).
- Being able to use a common descriptive base to communicate treatment aims and results, teaching methods and research findings

⁸ These arguments are clarified and debated in later chapters.

(Aldridge 1992 and 1993b, Bunt and Hoskyns 1988, Lee 1989).

- The wider verifiability of descriptive and interpretative statements made about the music therapy process. (Aldridge 1990, 1992 and 1993b; Bunt 1986; Lee 1989)

Seen as a whole, this body of comment about 'music therapist's dilemma' in the music therapy literature (covering nearly thirty years) shows a progression from concerns which are limited to the problems of verbal *descriptions* of clinical work (closely tied to praxis concerns) to later writing which looks from a meta theoretical angle at the construction of music therapy as an independent discipline *through* language. The question then becomes: To what extent can music therapy itself be seen as a discourse? and, How does it interact with other disciplinary discourses?

This perspective puts 'music therapist's dilemma' within the context of music therapy as an evolving discipline and profession, and gives it angles which are not just practical, but philosophical and political as well. In this way there are similarities between the current situation of music therapy and the situation of earlier music healing traditions (outlined in section 1.2), where there were complex relationships between practice, theory and modes of representation. In our time the dominant discourse of this theme is no longer the "music of the spheres"⁹. What the dominant contemporary discourse of music therapy is (or indeed whether there is a singular discourse) is a interesting question.

⁹ Though many current New Age versions of music healing do indeed utilise this discourse. It is significant that the 'disciplining' of professional music therapy tends to exclude such approaches (see Summer 1996)

PART TWO : INTRODUCING THE DATA

1.6 Three occasions of 'talking about' music therapy: *commentary, talk & text.*

Music therapists need a metalanguage as soon as they are required to be more than practitioners. The occasions for needing to talk or write about the work may be intra professional or inter-professional. Within these modes 'talk' might be:

- *informal* - e.g. sharing perceptions of a session with a music therapist colleague; listening to a tape of a session and writing notes about it.
- *semi-formal* - e.g. talking about the work with a client or to a supervisor; teaching trainee music therapists about the work; presenting work of clients to other members of a clinical team or at a case conference.
- *formal* - e.g. giving lectures about the work; writing books or articles about music therapy, either for fellow professionals or the public.

In each of these contexts there is a need to variously describe, explain, justify, defend and debate clinical work. It is now very much seen as part of the professional skills of a music therapist to be able to represent the work and to negotiate its principles and processes alongside other disciplines.

To investigate how a group of music therapists went about these various processes of 'talking about' music therapy I examined three separate occasions where Nordoff Robbins music therapists needed to use a metalanguage (and where I hypothesised that 'music therapist's dilemma' would come into play). These

occasions form the three data units (presented in full in Chapters 6, 7 and 8).

Though two of the types of data consist of initially spoken material and the third written, all can be classed as 'texts' in the sense this term is used within the social sciences and the qualitative methodology of this study (Silverman 1993; Henwood & Nicolson 1995). Texts are seen as the tangible evidence of how people make verbal representations and constructions of the world they experience and perceive. Analytic readings of such texts can in turn reveal the verbal and conceptual strategies the speakers use to assemble and convey their meanings. As Pavlicevic (1997) comments, what we need to pay attention to when looking at how music therapists talk about music therapy is how close the relationship between language and event is: at the varieties of descriptions, explanations and constructions offered; at how discourse 'frames' the work itself within a set of meanings.

The overall interest of my study is to examine the relationship between: the ways of talking about music therapy; the occasions of such talk; and the 'objects' of talk, and to ask in what ways this can be seen as 'discourse' (see Fig.1 1).

The three different 'occasions' (Data Units 1 3) show talk 'focusing' on music therapy at different levels and consequently involving different ways of talking and different 'objects' of talk. The 'occasions' range from a 'close focus' directly on clinical work as therapists *comment* on a tape recording of an excerpt of work from a music therapy session, through to an increasingly wide focus of more generalised *talk* concerning issues in the work, and finally to how music therapists write *texts* about music therapy¹ .

¹⁰ Consistent with the idiographic orientation of this study, these different levels of talk are taken from only one school of music therapy practice

These three 'foci' of the data can be represented as in Fig.1-2:

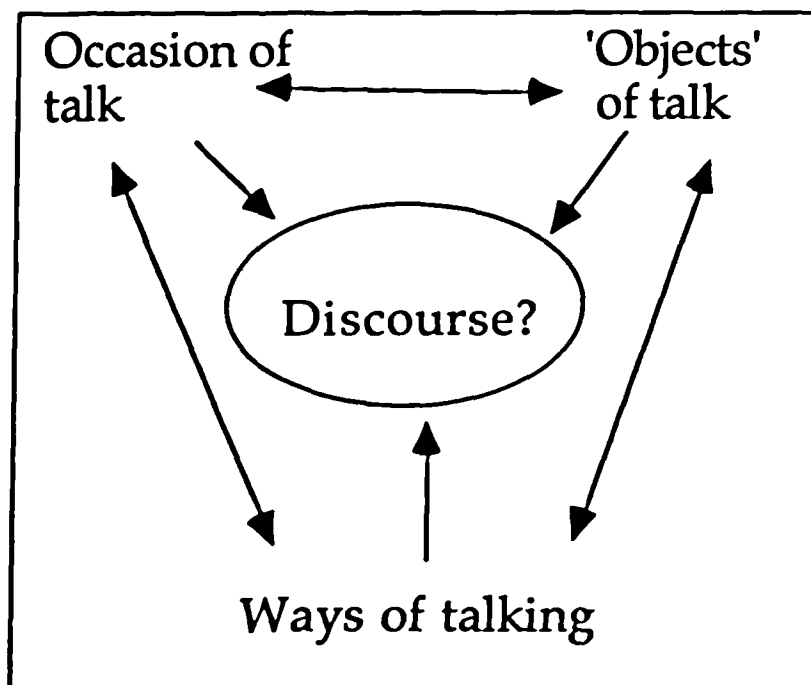


Fig 1 1 Talk & Discourse in music therapy

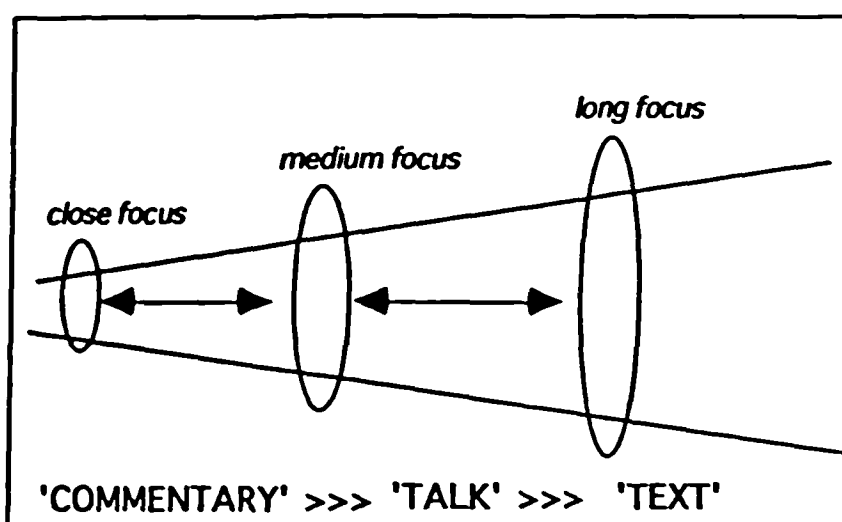


Fig. 1 2 The 'three foci' of data.

rather than the possible alternative of taking only one of these levels and making a comparative study of this across different approaches. The present study is thus a 'vertical' rather than a 'horizontal' study of the material, attempting to examine a limited body of data in some depth.

The remainder of this section outlines and gives brief excerpts from these three types of data in the study and the research questions which developed from the focus on each of the areas.

1.7 *Commentary : Pilot Study & Data Unit 1*

The present study grew out of a pilot project which investigated the spontaneous verbal commentary of a group of listeners on an excerpt from a music therapy session played to them on tape (Ansdell 1996) ¹. For this first 'listening and description' test I selected five people to represent both musical and music therapy experience: a person neither a musician nor a music therapist; an amateur musician who knew nothing about music therapy; an amateur musician who did know something about it; a non musician who was well informed about music therapy; and finally an experienced Nordoff Robbins trained music therapist ².

These people listened to the excerpt, having been told only that it came from a music therapy session. After hearing it for the first time I asked them to tell me anything that immediately occurred to them. They were then asked to listen a second time with their finger on the pause-button, and to stop whenever they heard something they wanted to comment about and to make their way through the tape like this until they got to the end. Finally, I asked them to listen to the excerpt once more complete - so they could put back into a musical context the details of the 'stop hearing'.

Their commentaries were taped and transcribed, and the music was also notated, so that a correlation could be made on the score of where the different

¹¹ See Appendix A for complete article, published in the British Journal of Music Therapy 1 1 1996

¹² In Fig 1.3 these five listeners are indicated by the legend I, II, III, IV, V

listeners had chosen to stop in order to make a comment. The client in the excerpt was a middle-aged woman with an advanced chronic illness. She plays the treble of the piano - having been asked only to play the black notes, whilst the therapist plays the lower half of the keyboard. Fig. 1-3 gives an example of one of the 'stop-points' (the five listeners are indicated by the legend I, II, III, IV, V).

At this stage of my research I was interested in investigating two issues through these tests: firstly to see *what* kinds of things and events people identified as significant and tried to describe. And, secondly, *how* they made such descriptions and constructed inferences and interpretations about what was happening in the excerpt.

All of the listeners had interesting things to say about the excerpt and managed in some way to negotiate the problems of describing the excerpt as both a musical object *and* as a musical and an interpersonal process 'in' the music. However, not surprisingly, the two listeners involved in music therapy made twice the number of stops as the others, and some people complained that a problem with vocabulary sometimes prevented them from saying exactly what they meant - including the music therapist!

My analysis of the comments showed several points in the excerpt where the same musical event was commented on by different listeners (the melodic leap in Fig.1 3 is a good example of this), suggesting a base-line of observational agreement.

108 # 12 13. 14 15. 17. 18 19.

cresc.

(V) That's *highly* significant - it's the whole idea of a leap in music - it does something for you - it makes you leap! ...she actually wallows in that note - makes it sound...not like she's been playing before. It sounds like she recognises the relevance of that and didn't want to come away from it...

(III) That's suddenly a complete shift in tone - well, almost in the mood of it. It's been fairly repetitive up to there and then there's a total shift to something different...

(IV) That's very nice... a sudden spring then... it's almost as if they've built a base (that nice aesthetic bit), and then from that springboard there's another leap forward. It's very satisfying to hear that.

(IV) And there you hear the tentativeness - having made the leap into something that makes absolute sense...the second note comes and you think - what's going to follow? and somehow you hear the tentativeness and not knowing what to do...

(II) I'm wondering whether the person on the top part is playing with one finger - it's very staccato, and jumping around from one note to the next...

(III) The top line sort of syncopates one note, which is then picked up as a syncopation by the bottom line - which again sort of builds it in somehow - so that it doesn't just become a note which, to a musician's ear, sounds as if it's been played slightly late - it's actually integrated into the fabric of it.

(V) I think the reason she's losing it now is that she's starting to rubato, and perhaps you weren't ready to accommodate that. It sounds like rubato rather than wrong placing.

Fig. 1-3 'Stop-point analysis' example from the pilot project ('listening and description test' no. 1).

At the same time, the comments were varied and quite complex in their attempts to describe not just a musical object, but one instigated by musical subjects who have actions and intentions. There are *inferences* about not just *what* is happening, but also *why* the 'people-in-music' might be doing what they do. There are also comments which are straightforwardly appreciative of the excerpt as an aesthetic object in its own right.

The second aspect of the analysis investigated *how* the listeners' descriptions are constructed. A closer study of the language of the comments showed a common pattern of various levels of descriptive and interpretative statements¹³.

It was important at this stage to be clear about the implications of this pilot project. Were I to claim this inter subjective agreement amongst the listeners as a validation of music therapy (that it demonstrated what 'really happened' in the clinical process) there could be serious objection. After all, the listeners were told from the beginning that they were hearing something from a music therapy session. It would not be surprising, then, to find them framing their accounts from this perspective. It was, however, precisely this contextual description that interested me, and which the rest of this study explores further. The 'listening and description' tests enabled me to study the kind of talk about music therapy which keeps a 'close focus' on the clinical work itself; which must negotiate ways of talking about music and therapy together. The following research questions evolved from the first 'listening & description' test:

¹³ These aspect of the study will be pursued in more detail (along with the further two listening and description tests) in Chapter 6. The present comments are only intended as an introduction to the questions raised by the pilot.

-
- 1 How do the listeners negotiate the description of the excerpt as (i) a musical object in its own right and (ii) as representative of the 'people in music', their inter personal and inter musical relationship, and any therapeutic process which may be happening?
 - 2 What do listeners' comments attempt to do? Describe? Account for? Explain? Interpret? the material.
 - 3 What are the problems (and the possibilities) of music therapy metalanguage at this 'close focus'?

I used the format of this 'listening and description test' and the research questions it generated as the basis for two further tests which are presented in 'Commentary': Data Unit 1 (Chapter 6). The two further 'listening & description' tests used only music therapists this time, and present two excerpts which are both musically and therapeutically contrasting.

Whilst I suspected this direct, spontaneous commentary on music therapy material revealed 'music therapist's dilemma' in a particularly acute fashion, clearly there were other occasions when a music therapy metalanguage was required. The research questions which arose from the pilot project led me to target two further areas where music therapists 'talk about' music therapy - in dialogue with others (as discussion) or in dialogue with themselves (writing texts).

1.8 *Talk* : Data Unit 2

The data for this second investigation of 'talk about' music therapy came from a series of five two-hour 'Forums' held in 1994 at the Nordoff Robbins Music

Therapy Centre in London¹⁴. These Forums¹⁵ were designed as an opportunity for open and informal discussions between therapists working at the Centre, based around issues of current clinical and theoretical concern that had emerged from a previous questionnaire. The titles of the Forums were:

Forums I & II: 'Working with self-referred adult clients'

Forum III: 'Words and Music'

Forum IV: 'Speculating on Music'

Forum V: 'Is working with disability disabling?'

The Forums were part of professional development for those therapists involved, but for the purposes of my study they provided naturally-occurring data of the kind common to many ethnomethodological and qualitative studies. As Coffey and Atkinson (1996) write:

The narratives of everyday life are used to construct and share cultural values, meanings and personal experiences. They also express - and indeed enact - the social conditions of power and influence in everyday talk. Talk - and stories form part of everyday talk - is selected and performed to an audience. As such, talk can be contextualised in terms of it being an aural performance.
(Coffey and Atkinson 1996: 75)

The five Forums were taped, transcribed, coded and progressively analysed as 'social texts'. The questions I asked about the 'talk' were similar to those the 'listening and description tests' had suggested : *What* is the talk about? (the domains it covers - and does not cover) and *How* do people talk about such material? The Forums yielded rich and diverse data which represented .

¹⁴ The Nordoff Robbins Music Therapy Centre, London, is the largest single music therapy institution in the UK, comprising of a centre for therapy and housing a training course.

¹⁵ These Forums were initiated by the then Research Facilitator at the Nordoff robbins Music Therapy Centre, Dr Mercedes Pavlicevic.

a 'medium focus' music therapy metalanguage. By this I mean that the 'talk' involved a group of similarly-trained professional music therapists in discussion of professional concerns - without, however, being focused directly on musical material (as were the listeners in the 'close focus' tests). The Forums also show 'talk' within a single *institutional* setting. There is also therefore the possibility of studying aspects of 'institutional talk' - of talk in context.

As an example of this type of data, the following is an excerpt from Forum III, where the the debate concerns whether words and music are compatible within the clinical practice of music therapy, or are instead different media which interfere with each other and with the music-therapeutic process. The text is a direct transcript, with bullet-points indicating a change of speaker:

- I used to think along the lines that music sort of takes over when words stop or when words fail... but I don't necessarily believe that any more. I actually think that the two things are completely separate parts of someone's inner life really. I mean, of course you can't describe the relationship that has just occurred in music improvisation in words! Whereas you couldn't take a psychotherapy session and try and translate it into music. I mean, I think that music doesn't take over where words fail - they are both different things.
- It's keeping it going *for* someone, isn't it? Just before coming here tonight I was in one of the most difficult situations I think I've been in...with an adult client...a new person I was seeing. He came in and we chatted for a while and then he looked round the instruments and started playing the conga, and I started playing the piano. And after two minutes of playing he turned round and said 'What is the fucking point of me doing this - I'm going to die!' And I sat there (I still had my hands on the piano) - and I just had no idea what to do. My instinct was not to say anything. I just sat - and he started playing again, and we had a bit more playing....and he said 'I feel really stupid' - and I sat in silence again and played a few chords. And after a few minutes of that I actually started to sing (God knows why I started to sing!) -

and he started singing these gospel choir songs. And it grew into this amazing thing! It was almost like having the faith to *wait* ...

- He didn't necessarily want an answer...just to be heard and to be held...
- And yet at sometime, probably a couple of years ago, I would have responded verbally to that...and the fact that you can have the faith not to do that - I mean, I was really quite scared by it - I just sat there thinking 'What can I do?'

In the analysis of the transcripts I used the methodology and analytic perspective of 'discourse analysis', in which, as Potter & Wetherell explain:

We are not interested in dictionary definitions of words, or abstract notions of meaning, but in distinctions participants actually make in their interactions and which have important implications for their practice.
(Potter and Wetherell 1987: 168)

A close, critical reading of the texts involved coding and categorising the data in order to structure the analysis and compare aspects of a large body of material. The detailed analysis of this data in Chapter 7 ('Talk': Data Unit 2) focuses on two sets of research questions:

- *What* is the 'talk' about? How are the speakers able to represent these things in speech?
- *How* does the 'talk' function to do certain things? (for individual speakers, and more generally, for music therapy as a discipline and profession).

1.9 Text: Data Unit 3

The third Data Unit (Chapter 8) examines a series of texts written about Creative Music Therapy which were published over a period of thirty years. These represent a 'wide focus' of 'talk about' music therapy, in

that they can place detailed treatment of clinical material within wider contexts of discussion and reference. I characterised three 'generations' of texts (forming somewhat of a 'lineage') and analyse these in a similar way to the other two forms of data - using semiological and discourse-analytic perspectives to show both what the texts were concerned with, and how language is used (and the problems of such language use).

As an example of this form of data, here below are quotations from texts from each of the three 'generations' of writing about Creative Music Therapy¹⁶, each of the writers attempting to represent a music-therapeutic process in written language:

Drum-cymbal waltz: Logan listens through the first phrase, then begins beating cymbal-drum-drum (right-left-left) exactly on the first beat of the second phrase. In the repeat of the waltz, his 3/4 beating controlled and even, he makes a perfect accelerando-crescendo with the piano through the first six measures and a ritard in the last two.. (Nordoff and Robbins 1977: 84)

'Second Generation'

Nicole's musical activities were securely based on her sense of the basic beat, the pulse of the music. Moreover she felt how the pulse was organised into metre. This enabled her to repeat her rhythmic phrases accurately within the measure structure. In turn this dependable sense of rhythmic structure was forming the basis for her exploration of melodic phrases. In following one melodic phrase with another, she was exploring melodic development.

(Robbins and Robbins 1993: 13)

'Third Generation'

The improvisation illustrated, I felt, a clearer depiction of Francis' character. Coinciding with this clarity came a dramatic change of style that was both shocking and disturbing. He plunged into music that was tumultuous and violent, developing toward a peak of

¹⁶ I characterised these as: 1st generation texts: those written by Paul Nordoff and Clive Robbins; 2nd generation: those written by Clive Robbins and with others (after Paul Nordoff's death); 3rd generation: those written by therapists trained in the Nordoff-Robbins approach.

overwhelmingly powerful chords. I felt uncomfortable with what appeared to be this expression of chaos. After the climax his music became harmonically simpler, easing toward a passage that was melodically and pianistically simple. The improvisation closed with a coda that was quiet and evocative. Francis left the room in silence.

Reflecting on this improvisation, I felt his later expression of beauty and calm provided a balance with the bold opening. The depiction of opposites, which I have termed 'antithetical expression' could be seen as being crucial in allowing the contradictory sides of his personality to find expression. The distinction between the open nature of the semitone and the established major-key progressions was clear and balanced.

(Lee 1996: 54)

The sixteen texts selected for analysis presented rich but complex data. The analysis of the texts was guided by research questions which followed on from the 'Commentary' and 'Talk' data:

- 1 Do textual representations of music therapy differ from those in spontaneous speech?
- 2 Can 'music therapist's dilemma' be identified in the texts?
- 3 What representations of music therapy do these texts construct? How?
- 4 Do the texts have a function on a disciplinary or professional level of music therapy?

1.10 Conclusion and Prospect

The brief historical survey of the roots of music therapy showed that whilst there has clearly always been a relationship between music and healing, the situation often seemed to be that of a theory in search of a praxis. My review of current music therapy literature (and my own experience) led me to ask to what extent contemporary music therapy follows on from these historical precedents: firstly, in terms of a continuing uncomfortable relationship between theory and praxis (though the situation now is more of a praxis in search of a theory), and, secondly, in the difficulty in verbally representing music therapy and its processes.

The issue of an appropriate and effective metalanguage for music therapy seems especially problematic to therapists working in a 'music-centred' approach such as Creative Music Therapy (though perhaps most music therapists meet the problem in some form. Finding parallels in Seeger's work in ethnomusicology led me to characterise the problem of representing the music-therapeutic process in words as 'music therapist's dilemma'. Current music therapy literature confirmed this 'dilemma' to be a common one, although formulations of the 'language problem' have been subtly different at the different stages of music therapy's current development - ranging from the simple statement that a 'purely musical' metalanguage is not enough to talk about music therapy, through to calls for a 'common language' or a 'unified theory' for music therapy. It is sometimes presented as simply a matter of time before a suitable metalanguage evolves to provide a solution for 'music therapist's dilemma'. Additionally, some writers have begun talking about music therapy as a discourse. I asked myself what factors lie behind these different formulations, and whether the problem could be studied in a more systematic fashion.

The pilot project helped to clarify some aspects of the problem, if not to suggest ready-made answers! Following on from this I designed the current study, with the aim of examining a wider spectrum of 'talking about' music therapy within the tradition in which I work, and formulated the overall aim of my thesis as investigating in more detail this perceived 'language problem' in music therapy by using the 'hypothesis' of 'music therapist's dilemma'. I ask whether, and how, the 'dilemma' shows itself in the different forms of 'talking about' music therapy presented in the three data units, and through this try to understand something of its 'nature'. From this general aim the following research questions developed:

- 1 Why is talking about music therapy problematic?
Is 'music therapist's dilemma' a genuine one?
- 2 Is the current metalanguage of Creative Music Therapy (or any comparable 'music centred' approach) adequate to represent its processes? If not, why?
- 3 What are the implications of considering music therapy as a discourse?
- 4 How is a 'discourse of music therapy' related to questions of music therapy as a (i) praxis (ii) discipline (iii) profession?

In developing my thought about these questions (and in formulating analytic approaches to the data) I was influenced by several related academic fields - musicology, 'discourse theory' and Nattiez's 'musical semiology' (a theory which spans both the former). The following chapters in Parts I & II investigate these areas in more detail: Chapter 2 ('Music, Words and 'Seeger's Dilemma') reviews the musicological literature on the question: Can 'music therapist's dilemma' be explained by the more fundamental problem of talking about music

itself? Secondly, the review in Chapter 4 of the interdisciplinary work on the interactions between language, theory and disciplines - variously called 'discourse theory', 'semiotics' or 'social constructionism' - was important in thinking about the implications of 'music therapist's dilemma' as a dilemma of *discourse* - problematising any over-simple formulation of the 'dilemma', and placing 'talking about music' within an ethnographic context.

Finally, as I worked more on this subject it became clear that although the 'language problem' has always been to some extent a concern in music therapy, interest in this has increased substantially in recent years as more therapists have undertaken research, and as the style of research has turned to qualitative studies and an accompanying critical-reflexive perspective. Chapter 3 places my study within the context of the historical development of music therapy research and suggests that the question of whether, and how, music therapy is a discourse tackles a key aspect of current debate on the subject.

Chapter 2

Music, Words & 'Seeger's Dilemma' - The roots of 'music therapist's dilemma'

While during the last 150 years linguists have developed a superb discipline of speech about speech, musicologists have done nothing at all about a discipline of speech about music. And there is still no indication that there is any general concern about the necessity of such a discipline.

(Seeger 1977: 38)

2.1 Words and Music

Roland Barthes asks in his essay 'The Grain of the Voice' (1985: 267): 'How then does language manage when it must interpret music?', and he answers himself, 'Alas badly, very badly it seems'. Barthes' attitude can be taken as representative of the frustration of generations of performers, commentators, musicologists, teachers and ethnomusicologists who have found words used as a musical metalanguage to be inexact, inefficient and often intrusive. But despite this, the fact is that music and words seem at the same time both incommensurable and yet *inseparable*; as though one often defines the other. In this way, Adorno begins his essay 'Music and Language: a Fragment' with the authoritative statement: 'Music resembles a language ... in our day the relationship between music and language has become critical' (1998:1). This opening statement is juxtaposed, however, with the intriguing final sentence of the essay: 'It is by distancing itself from language that its [music's] resemblance to language finds fulfilment' (1998: 6).

In contrast to Adorno's ellipticism, other musicologists make a clearer distinction between music and language:

Music and language are profoundly different phenomena. In the end music is identical only with itself; it is essentially music precisely because it is not (among other things) language.
(Clarke 1996: 5)

2.2 'Seeger's Dilemma'

The pioneering American ethnomusicologist Charles Seeger made one of the most systematic and original investigations of the problem of representing music in words, in recognition of which musicologists have dubbed it 'Seeger's Dilemma' (Kerman 1985; Cook 1990). Seeger wrote of the 'musicological juncture' between speech and music, and how we become trapped in a 'linguocentric predicament' when using speech as an analytic tool to understand musical process (Seeger 1977:19). He developed a useful terminology for representing this situation: referring to the essential difference between our *music knowledge* that operates 'within' musical practice, as opposed to our *speech knowledge* which is 'outside' of it and *about* it (as an object of our 'musicological' attention)¹. This is the starting point of the dilemma:

The speech knowledge of a music event is not the same as the music knowledge of it, nor are the two mutually exclusive. The moot question is the extent of the overlapping and in what respect.
(Seeger 1977: 37)

The problem, whether we are musicologists or music therapists, is that the knowledge inherent in each of the modes, and the tools for their articulation and

¹ This is interestingly paralleled in Daniel Stern's distinction between 'word knowledge' and 'world knowledge' (Stern 1985:182).

communication, do not always neatly cohere. Consequently, comments Seeger:

The immediate aim of musicology is (a) to integrate music knowledge and feeling in music and the speech knowledge and feeling about them to the extent this is possible in speech presentation, and (b) to indicate as clearly as possible the extent to which this is not possible. (Seeger 1977: 47-8)

This overlap hinges around the 'musicological juncture', where:

To talk about music we have to use the full armament of verbiage ... replete with universals and particulars, concepts and percepts, abstractness and concreteness, feeling and imagination, and so forth; yet to know that there is no evidence whatever that the music compositional process, whether pre-composed or composed in the act of singing or of playing an instrument, operates in any such terms. It is almost obligatory to speak of music knowledge, music thought, music feeling, music imagination, and so forth, for there are no other words available. (Seeger 1977: 41)

More specifically (and of key significance for subsequent developments in musicology) Seeger claimed that speech accounts of music were ontologically imprecise: that, as Steven Feld comments in a summary of Seeger's argument:

Speech about music overemphasised musical space while underemphasising musical time, that speech about music ultimately valued event over process, product over tradition, and static over dynamic understanding. (Keil and Feld 1994: 77)

Perhaps Seeger's clearest and most aphoristic comment on his 'dilemma' is that:

Gaps found in our speech thinking about music may be suspected of being areas of music thinking. (Seeger 1977: 48)

Though his 'dilemma' introduces many problems, these 'require the musicologist to proceed by dealing with them all or else quit', writes Seeger with a characteristic lack of compromise.

2.3 After Seeger: The work of the 'New Musicology'

In the breadth and optimism of his many projects Seeger was a typical modernist. He set out to solve his dilemma, not to consider it as innately problematic, as many of his successors were often to do. But in another sense he was pointing towards the 'post-modern' revolution in musicology (and other academic disciplines) where scholars began to feel uncomfortable with 'armchair research' and began seeking both new material to study and, with this, new methodologies².

Joseph Kerman's widely-read critique of 'positivist' musicology (Kerman 1985) articulated, as Cook writes, 'a widely shared perception that the interface between musicology and music, between the academic discipline and the human experience, was not everything it could be' (1998: 96). The term 'New Musicology' was coined by Lawrence Kramer in 1990, but this represents the fruit of at least ten years development in different fields. Cook gives the clearest account of the agenda of the 'New Musicology':

Central to it is the rejection of music's claim to be autonomous of the world around it, and in particular to provide direct, unmediated access to absolute values of truth and beauty. This is on two grounds: first, that there are no such things as absolute values (all values are socially constructed), and second that there can be no such thing as unmediated access; our concepts, beliefs and prior experiences are implicated in all our perceptions. The

² For a more detailed account of how the 'New Musicology' related to music therapy see Ansdell (1997): *Musical Elaborations: What has the 'New Musicology' to say to music therapy?*

claim that there are absolute values which can be directly known is therefore an ideological one, with music being enlisted to its service. A musicology that is 'critical' in the sense of critical theory, that aims above all to expose ideology, must then demonstrate that music is replete with social and political meaning - that it is irreducibly 'worldly', to use one of Kramer's favourite terms. (Cook 1998: 117).

One of the key factors in this change of agenda was the confrontation of the settled academic discipline of musicology with 'others': cultural others (different musics being studied by ethnomusicologists); musical others (popular musics; experimental musics with new notational systems) and - later - 'others' as defined by socio-political affiliations (feminists, gays, the disabled). Additionally, academic musicology has gradually come into association with other disciplines: psychology, sociology and other humanities.

In most of these developments of musicology the music-language issue has loomed large (and with it the even more problematic issue of music and meaning). Moreover, Seeger's work has often remained a reference point for subsequent discussions of the music-language debate, in particular for Feld (Keil & Feld 1994), Blacking (1995) and Cook (1990; 1998).

The anthropologist Steven Feld, for example, uses Seeger as the starting-point of his seminal article 'Communication, Music and Speech about Music' (Keil & Feld 1994), which is representative of subsequent attempts to re-draw 'Seeger's Dilemma' within a social-constructionist framework. Regarding talk about music as an inevitable fact of life (and moreover seemingly culturally ubiquitous) Feld considers the study of just *how* people talk about music to be both interesting and important (to study, that is, both music and speech about music as interacting communicative systems). Because, as Feld explains:

...the ways people talk about music can be a significant datum of musical concepts, theory and experience, and can be studied systematically... any discourse about music is a window opening to metaphoric processes and synaesthesia and therefore a potential way to explore - through the verbal mode - certain complexities of the musical mode stressed by Seeger's notion of music as the communication of 'world view as the feeling of reality'.
(Feld in Keil & Feld 1994: 92)

Feld's approach to the 'dilemma' is not to search for an ideal musicological lexicon, but to further study the actual 'mechanics' of any musical metalanguage. He makes (in his study of the Kaluli and others) an ethnography of musical communication, of how people find music meaningful, and communicate this meaning to others. He writes of how the various 'interpretive moves' made in listening to music, and talking about it involve personal, social, historical and cultural 'framings'. Talk about music becomes a social text.

The emphasis given to listening in this paper is common to many post-Seeger commentators:

I have tried to explicate the role of listening as symbolic engagement in order to redress the imbalance common in analytic perspectives that equate musical communication with the extent to which a listener receives a composer's or performer's intentions, or receives what a music analyst can uncover in the score.
(Feld in Keil & Feld 1994: 94)

This issue of listening, and its relationship to analysis, is also Nicholas Cook's entry-point into the argument. As a musicologist specialising in analysis he gives in *Music, Imagination & Culture* (1990) an honest account of his mounting doubts about how the purported goals of structural analysis (which suggested, after Schenker, how people *should* listen to works) clashed with everyday accounts about how they *did* in fact seem to listen. Informal experiments with his students

suggested that they did not *naturally* listen structurally, but when 'just listening' to music for enjoyment seemed to listen to (or rather simply experienced) the phenomenological 'surface' of the music.

This led Cook to two interesting formulations, which are important to the music-speech issue. Firstly, he makes a useful distinction between 'musical listening' - where we 'just' listen in order to experience the music - and 'musicological listening' where we consciously attend to the music as a perceptual 'object', and with a focused task in mind - to recognise the structural relationships in the work. The latter inevitably calls upon the panoply of vocabulary associated with 'structural analysis' and is, as Cook suggests, a particular way of hearing music, not necessarily a natural one.

Cook's two 'modes' of listening also inform a distinction he makes between 'productional' and 'receptional' strategies and values in music. The Western classical tradition (and its vocabulary) has reified the productional aspects of music (notations for composers, instructions for performers) at the expense of giving much attention to the receptional side - which accounts for the increasingly large sector of music 'consumers'. Cook uses the analogy of a carpet, which has two very different sides. From the 'working-side' you can see the structure (the productional strategy) but the buyer of the carpet is foremost interested in the other side (unless studying carpet-making!). Applied to music, this analogy suggests how the 'two sides of the musical fabric' lead to different listening strategies (to 'musical' or 'musicological' listening) and to an emphasis on either the production or reception of music. Intentional study of the 'productional' values is designed to lead to so-called 'understanding' of the music, whilst appreciation of the 'surface' seems to involve an entirely different agenda; emotional response, extra-musical associations access to

the 'livingness' of the music - in short, the more general *experience* of the music. Talking about music (whether within the classical tradition or not) is likely to involve all of these aspects - yet these are just what are excluded from the 'official' academic metalanguage.

These issues are also central to the work of Nattiez, another musicologist (and ethnomusicologist) directly influenced by Seeger and the agenda he set (Nattiez 1990). Nattiez' 'musical semiology' will be the subject of more detailed exposition in Chapters 4 and 5 - suffice to say now that he takes a very similar position to Feld and Cook in equating the study of meta-musical discourse with a larger canvas of investigating meaning, interpretation and theories of music. Nattiez also regards it essential to study any musical material from several simultaneous viewpoints and that the native's way of talking and representing their music (in any form) is as important data as any 'external' analysis of the sound-trace.

A way of summing-up the agenda of the post-Seeger generation of musicology would be that their attention was moving away from the older analytic (structuralist) question *How does music work?* towards the newer *How does music mean?* This emphasis developed not just from the confrontation with distant musical cultures, but also from studying 'musical others' nearer to home: that is, the un-notated music of folk and popular music.

Both Richard Middleton (1990) and Simon Frith (1996) write extensively about the problems of discussing and analysing these repertoires, and the problems (not surprisingly) are almost identical to those found by ethnomusicologists:

-
- If, and how, to transcribe
 - How to choose what aspects to analyse
 - How to find analytic tools adequate to the phenomena
 - How to relate 'text' and context

Middleton marks out the limits of traditional (and not so traditional) musical analysis, showing that the problem remains similar whether it's Elgar, Elvis or Eskimo; namely, the question: What is actually 'in' the 'music itself' and what is provided by context, culture and function? Middleton summarises this as the 'structuralist versus culturalist' argument - one which also hovers around the problem of what forms an adequate commentary or analysis of any given music. And as for the 'accepted terminology' of classical music analysis, this, writes Middleton:

...acts like a sieve, letting anything foreign to its sphere of competence escape, and, moreover, setting its own observations within a powerful ideological context.. (Middleton 1990: 112)

As Rose Subotnik argues in her essay 'Towards a deconstruction of structural listening' (1996), traditional 'structural analysis' regarded music as an object, a 'text without a context'. Consequently, to 'understand' music was to reduce it analytically to its internal relationships (its structure). If music has any meaning then this is it: music is an 'empty sign', and the ideal listener is the 'structural listener' who listens to the music 'from within', as an autonomous form. This was, as Subotnik comments, classic modernist thinking (with an intellectual pedigree in Kant, Hanslick, Schenker and Schoenberg), where the search for the knowledge of the 'truth' and 'beauty' of music was not contaminated by

subjective or contextual factors. But, as Subotnik comments:

Whereas it [structural listening] purports to examine music in terms of an intrinsic and potentially universal musical condition - structural autonomy - the notion itself of this condition is foreign to much, if not all, music. (Subotnik 1996: 158)

Not only is this notion foreign to most common beliefs about music but (as can be seen from Cook's remarks quoted earlier) the philosophical line of structural analysis is also anathema to the New Musicology's social constructionist agenda. And this in turn came about as musicology came more into contact with other humanist disciplines.

2.4 The impact of other disciplines on musicology

The impact on musical studies from sociological and critical theory can be seen in the work of Simon Frith, a sociologist who studies pop and rock. He summarises his perspective as follows:

My argument...rests on a simple enough premise. As a sociologist I'm happy to assume that 'meaning' can only be defined institutionally...to grasp the meaning of a piece of music is to hear something not simply present to the ear. It is to understand a musical culture, to have a 'scheme of interpretation'... the 'meaning' of music describes, in short, not just an interpretive but a social process; musical meaning is not inherent (however 'ambiguously') in the text. (Frith 1996: 250)

According to Frith one must study the discourses which 'surround' music (especially popular music) in order to know what the music 'means', how people are listening to it, and what kind of values they assign to it. Along with other thinkers already quoted above, he believes that the 'musical object' which conventional

musical analysis constructs is simply not that which people actually listen to (or at least not in most popular music). From this viewpoint, then, the accompanying 'talk about music' is neither a nuisance or a problem - the messiness of it is a natural part of social talk, of what music is and how it functions for people. A conception of music that gives equal regard to 'music-takers' as it does 'music-makers' consequently treats 'music-talk' as part of musical culture, as a constructive agent - musical metalanguage becoming *discourse* on music. Such discourse is not just a passive attempt to form a verbal analogue of the music, but is an active rhetorical device in which people characterise, explain, interpret and elaborate the available 'meanings' of any musical event. Frith understands music as an inherently *social process*, and equally talking about music is a social 'speech-act' - a necessary virtue rather than a necessary evil.

This understanding of the relationship between musical perception, musical discourse and social process is common to many of the latest approaches to musical scholarship, but with an inevitable change of emphasis between analysts, ethnomusicologists and music psychologists. In the last of these the music-language debate is often central (Aiello 1994; Clarke 1989; Sloboda 1985), though in comparison to the main theme of the musicological work - how language can serve as a commentary on music - music psychology has concentrated on making analogies between speech and music in order to help model musical construction and perception.

The issue of how music 'contains' and communicates meaning seems to bring back the diverse theoretical approaches to its active, reciprocal relationship with speech. For, as Cook comments, 'words function...as music's midwife. Words transform latent meaning into actual meaning; they form the link between

work and world' (1998: 125). What look like the latest investigations of music (within music psychology or sociological accounts), bring us back to the original problematic relationship between music and words: having, that is, to acknowledge that music does not stand as an isolated, autonomous object, but is a complex communicative system often mediated by words. Eric Clarke acknowledges this by seeming to endorse a broadly semiotic approach to music, writing that:

It seems more fruitful to regard music as a network of relations embodying musical functions that are both structural and signifying, and which extend not only throughout the various levels of musical discourse, but also beyond to the mediating networks of human culture. (Clarke 1989: 21)

2.5 From 'Seeger's Dilemma' to 'Music Therapist's Dilemma'

Seeger developed many of his ideas out of the problems of early ethnomusicology. 'Music therapist's dilemma' has likewise emerged from the fact that music therapists also face the challenge of working with a musical process (and with the resulting musical material) which crosses conventional boundaries of musical culture. The music therapist is attempting to reconcile the practice of music therapy (which arguably operates largely within Seeger's 'music knowledge') with the need for a coherent system of verbal representation (a 'speech knowledge') in order to explain practice, teach or research the work - or simply to feel articulate within everyday clinical communication.

It is not surprising that the issues around which 'music therapist's dilemma' revolves seem in many ways to mirror the debates which have taken place in mainstream musicology in recent times, and which have been outlined in this chapter. At its most abstract level the

binary opposition that Seeger's 'music knowledge'/'speech knowledge' categories set up represent in turn further oppositions which run through talk about music therapy: between feeling and form; dynamic and static elements; subjective and objective factors. But as Seeger states, his two categories are not mutually exclusive, and in music therapy too it is the 'gaps' (between speech and music) which are both the interesting areas and which cause many of the problems.

An earlier section in Chapter 1 (1.5: 'Music therapist's dilemma' in the music therapy literature) outlined how a change can be seen in the way music therapists write about the 'language problem' in music therapy. Earlier writers characterise it as a problem of vocabulary, the need being for a way of talking and writing about music therapy which will be adequate to its essential nature. This mirrors to an extent earlier musicological writing (including Seeger), where the music-speech issue was seen as a solvable problem which merely needed more 'scientific' application. In recent years, however, the music therapy literature has shown a growing awareness of perspectives which suggest any talk of solving 'music therapist's dilemma' is decidedly optimistic. Both Aldridge (1996) and Ruud (1998) use a loosely constructionist model of music such as has been explored by many of the musicologists outlined in this chapter.

The progression of the argument in music therapy is similar to one that the musicologists have made: from talking about the music-language issue as a problem of vocabulary to seeing it as a phenomenon of *discourse*. Pavlicevic (1997) makes this clear when she writes about musical meaning (from several theoretical standpoints) and how this is related to how they 'frame' their accounts of music therapy within a variety of available discourses.

This view demonstrates how any investigation of 'music therapist's dilemma' must take into account this contemporary musicological debate of how music (though it seems a quintessentially natural phenomenon) is actually, as Nicholas Cook comments, 'a human construction... it is *par excellence* the artifice which disguises itself as nature' (1998: 131). In consequence, music and words on music must be understood within a larger social and ideological context.

PART II : RESEARCH & THEORETICAL PERSPECTIVES

This part presents 'music therapist's dilemma' within the context of the continuing development of the music therapy research tradition, and develops a suitable analytical model (using critical theory, semiology and discourse analysis) to examine music therapy discourse.

Chapter 3 - Music Therapy Research Perspectives aims to locate both the concerns and methodological perspective of the thesis within the theoretical and research tradition of music therapy. It examines the context of the continuing quantitative/qualitative dilemma in music therapy research and how this has led to the more critical-reflexive turn which characterises this thesis.

Chapter 4 - Theoretical Perspectives examines the 'critical-reflexive' perspective taken in this thesis. It also presents particular critical methodologies which focus on how discourse, theory and practice relate. These are (i) critical theory (ii) discourse theory (and discourse analysis) (iii) musical semiology.

Chapter 5 - A Semiological Model of Music Therapy takes one of the theoretical perspectives outlined in Chapter 4 - Nattiez' 'musical semiology' - and uses an elaboration of the 'tripartition' concept to model the music therapy situation in terms of the relationships between practice, metalanguage, theory and metatheory. This is designed to prepare the reader for the data units, and for the perspective of analysis taken in these.

Chapter 3

Music Therapy Research Perspectives

How do we create knowledge, then? The question lies at the centre of many modern scientific debates, and is a question of methodology... It is this struggle with an appropriate methodology that we find in the current creative arts therapy literature, and one that has been hotly debated during the last decade within other fields of applied therapeutic practice.
(Aldridge 1996: 278)

3.1 The music therapy research tradition and the context of the study

This chapter places the concerns of this thesis within the theoretical and research tradition of music therapy, outlining the main trends and arguments of this literature through its relatively short development. This provides the necessary background to characterising the qualitative research perspective taken by this study¹.

3.2 Quantitative or Qualitative: is this the question? The dilemma of researching music therapy

One way of looking at the development of the research tradition in music therapy is to see it as an increasingly polarised dilemma framed by the seeming dichotomy 'quantitative' or 'qualitative'?² This, at least,

¹ More specific methodological issues are outlined at the beginning of each of the data chapters.

² Hereafter 'QN/QL' in this chapter.

is how the argument has been recently presented - as is clear in two recent texts: *Music Therapy Research: Quantitative and Qualitative Perspectives* (Wheeler 1995), *Qualitative Music Therapy Research* (Langenberg, Aigen et al. 1996) or Penny Roger's article in the *British Journal of Music Therapy* 'Music therapy research in Europe: a context for the qualitative/quantitative debate' (1995). These can stand for a whole trend of current debate. Increasingly, however, music therapist authors and researchers have come to challenge whether this polarity is either useful, or indeed, representative of contemporary practice. David Aldridge (1996) gives a background to the debate:

One of the difficulties facing music therapists is that although they have no established research tradition, they often know what kind of research they do not want to do. This rebuttal of formal clinical research is based on a rejection of methodologies psychologists or medical practitioners have previously attempted to impose on music therapy practice. However, what some therapists appear to have learned is a litany of rejection toward structured studies, some of which appear to be based on the argument stemming from qualitative researchers in their rejection of quantitative work. This argument has historically a political base where professional music therapy organisations have struggled to establish their credibility. In establishing their credibility, it has been necessary to discredit the work of others as being too deterministic or, contrarily, too vague. What few therapists have done is actually to complete any research themselves.

(Aldridge 1996: 10)

Mercedes Pavlicevic outlines how the demand for more rigorous thinking in music therapy has tended to fall between two stools: '...at one end of the spectrum highly personal and unsystematic accounts of music therapy that do little to enhance the profession's status; and, at the other extreme, glamorous number-crunching and attempts at standardised and 'objective' truth that seems to have little bearing on the dynamic, live and idiographic experience in the music therapy room' (1997:

52). From this perspective 'art' and 'science' appear mutually exclusive categories, with other polarities in research following from this:

I am increasingly dissatisfied with what appears to be an emerging dichotomy between 'qualitative' and 'quantitative' research approaches (Wheeler 1995) ... there is an undertow that suggests, tacitly, that qualitative research may have closer links with music therapy as an 'art', and quantitative research with music therapy as a 'science'.

(Pavlicevic 1997: 52)

We may suspect that this argument - whether over the 'art' or 'science' of music therapy, or its correlative of research in music therapy being either 'quantitative' or 'qualitative' - may well have historical roots. This chapter will attempt to trace these, and to see how the relatively short history of music therapy research can be seen as a re-write of some classic philosophical dilemmas. I will also look at the implications of the research debate for the theory and practice of current music therapy research.

3.3 Substance or Form? the roots of the QN/QL dilemma

It is of course not just music therapists who find their methodological debates polarised on the horns of the QN/QL dilemma. The sociologist David Silverman writes with equal weariness:

It is inaccurate to assume that quantitative and qualitative research are polar opposites ... there are no principled grounds to be either qualitative or quantitative in approach. It all depends on what you are trying to do... we should learn from the now empty debate about 'positivism' that such analytical differences cannot be resolved by choosing sides from spurious polarities (for example, structure and meaning; quality and quantity). (Silverman 1997: 14)

Silverman's last comment gives us a clue as to the Classical origins of this debate. As A.N.Whitehead quipped, all philosophy is footnotes to Plato, and it is in the formulations of Plato, Aristotle and later Galileo and Descartes that we find the roots of the dilemma: no less, that is, than a basic contest within Western rationalist science (Capra 1997). There has been a tension, from Pythagoras onwards, between viewing the world as *substance* (matter, structure, quantity - which is *measurable*) as against *form* (pattern, order, quality - which is only *experienceable*). In short, the history of Western science represents the increasing domination of the latter mode - the banning of quality from the world of science, which has increasingly restricted itself to the study of phenomena which can be quantified. Capra quotes R.D. Laing's verdict on this situation:

Galileo's program offers us a dead world: out go sight, sound, taste, touch and smell, and along with them have since gone esthetic and ethical sensibility, values, quality, soul, consciousness, spirit. Experience as such is cast out of the realm of scientific discourse.
(Laing in Capra 1997: 19)

Despite resistance by maverick thinkers such as Goethe, the march of 'positivist' science³ has largely progressed unabated until recent decades. At first a model and foundation for the classic physical sciences (physics, chemistry, astronomy, medicine) it also led the development of the 'human sciences' which developed in their wake - psychology, sociology and economics.

At this point music therapy and its research tradition re-enters the picture - for it was in the shadow of the mid-century human sciences in which the arts

³ 'Positivism' is often referred to as the philosophical paradigm which underlies the science of the Western rationalist, reductionist and quantitative tradition. It refers to the collection of objective *facts* about the phenomena under study. The collection of these facts leads (ideally) to the formulation of *laws* which provide causal explanations for phenomena or behaviours. See Bruscia (1995: 66) for an interpretation of this within music therapy research.

therapies came into the world. And it was initially within this world that they were often forced to define and justify themselves.

3.4 Music therapy & the 'human sciences' - the American research tradition.

The early developments of music therapy as a twentieth century profession (both in practice and research) took place in the United States in the mid-1940's (Maranto 1993; Bunt 1994). It is significant for these developments that music therapy found itself placed in medical settings and with the pioneering training courses housed within universities - often psychology departments working within behavioural science traditions (Gfeller 1995). It is hardly surprising that much of the inaugural research in music therapy within this American tradition took a quantitative and narrowly empirical perspective. As one of the pioneers of American music therapy, E.T.Gaston, wrote, the job of research is one of 'establishing professional credibility and recognition' within the medical community (in Gfeller 1995).

Gfeller's survey of research approaches in the *American Journal of Music Therapy* (published by the main professional association, the 'National Association for Music Therapy') calculates that 89% of studies in the period 1981-93 were experimental (that is, quantitative). She then compares this to the style of material published in the journal *Music Therapy*, the organ of a new professional association (the 'American Association for Music Therapy') which was set up in the late 1970's in philosophical opposition to the then dominant behaviourist trends of music therapy. In the latter journal almost half of articles in the period 1981-93 use the qualitative method of the case study. In contrast to the attempts at justification by 'proof' pursued by the

experimental articles of the *JMT* much of the material in *MT* attempts to *show* the work, its process and philosophical rationale as evidence of professional credibility - which is not necessarily defined against the criteria of medical science or the increasingly outdated norms of behavioural psychology.

Another key argument developed within the American debate concerns the *usefulness* of the research to practitioners. In the rush to adopt the methodologies of other (non-therapeutic) disciplines in order to gain credibility from powerful institutional 'parents' of the emerging music therapy profession, it seemed that in many ways experimental research studied everything except what was of central importance to the clinician - the *music-therapeutic process* itself.

We arrive here at yet another dichotomy: *process/outcome*. Experimental-quantitative studies of music therapy concerned themselves with measuring possible outcomes of a music therapy intervention in a variety of increasingly sophisticated ways. The efficacy of music therapy can be investigated by professionals of other disciplines - medical researchers, psychologists, etc - who look at the influence of music therapy on physical, psychological or behavioural parameters. The approach is necessarily reductionist in approach and at least attempts to conform to the norms of scientific investigation: objectivity, generalisability, repeatability and reliability. This, however, leads to quite serious conflicts of interest. For example, in an article entitled 'Measurement problems in applied music therapy research' Adams (1987), a clinical psychologist, advises that the music therapist ignore what happens in the therapeutic process itself and concentrate on finding ways of measuring what happens outside it - that is, in whatever aspect of physiological or psychological behaviour the music therapist wishes to change.

This kind of advice, and the trend of research it represents, had practical, theoretical and ethical consequences. Practically, it has been reported that many music therapists simply do not read most of this research, or find it useful to their own professional development. It was also questionable how convincing the supposed 'targets' of the research within the medical world found it - given studies often gave so little information about *what* the music therapy intervention consisted of - 'music therapy was done...' being a stock phrase (Robbins & Robbins 1993). Apart from the fact that music therapists were not finding the research useful⁴ they also found that the research was not helping to develop music therapy (and its theory) as a unique discipline in its own right - rather than as an adjunct to other interventions. It seemed that music therapists were not spending effort thinking about the music-therapeutic process itself, if this automatically became 'black-boxed' by experimental studies. 'Music therapy lacks a model for conceptualising the therapeutic process' wrote Gilbert in 1981 (in Gfeller 1995). Lastly, many therapists were not happy with the ethical implications of the agenda projected by quantitative-experimental research: in particular the implication that music therapy was merely a tool for behavioural manipulation, or that the client as 'subject' could be artificially separated from the therapeutic relationship. Many therapists, from the 1970's onwards, were outlining an alternative philosophical and clinical framework for their work - one more based on humanistic, psychotherapeutic and spiritual models, which were in many ways incompatible with the theoretical assumptions underlying most experimental (quantitative) studies.

⁴ Interestingly, an informal study done by Pavlicevic (1997) suggested that UK music therapists still seem to find this true - that research is not helpful to their practice.

The impact of the work published in *MusicTherapy* and the influence of major critiques of the American music therapy research tradition such as Aigen's (1991) study have led to a significant swing to a qualitative paradigm being both respected and adopted. Aigen campaigns for an 'indigenous' research tradition for music therapy - one which grows out of what is unique to its practice and which helps its practitioners develop this uniqueness. It is also significant that the two professional associations in America have recently merged, and in the new journal a first issue was dedicated to legitimising qualitative research as an instrument of inquiry within the profession⁵.

3.5 The European tradition of music therapy research.

Though the European tradition of music therapy is younger than its American counterpart, it has shown more diversity (Rogers 1995). Traditions of praxis have emerged within the varied cultural, political and intellectual contexts of Europe, with the research tradition mirroring this variety. The dominance of the biomedical model has been complemented by musical and philosophical traditions of enquiry.

An additional factor is that the training courses for music therapy in Britain have been more allied to music education than to university psychology, and consequently research has generally developed along 'softer' lines than in America - beginning with the anecdotal and descriptive and gradually finding increasingly appropriate models suited to individual projects rather than political-institutional styles (Bunt 1994; Rogers 1995). The trend of European research in general can be traced through the 'European Research Register' (Smeijsters 1995), which outlines current

⁵ Journal of Music Therapy (Fall 1998 - Vol.XXXV No.3)

postgraduate work in the field. This shows a diversity of clinical, theoretical and research perspectives, which in turn mirror training and intellectual styles within each of the countries. Experimental, psychotherapeutic, phenomenological and musicological perspectives co-exist.

As the research tradition of music therapy has developed on both sides of the Atlantic there is an increasing congruence in the debate - which has settled on the QN/QL methodology issue (Rogers 1995; Aldridge 1996b). Aldridge asks whether, in both Europe and America now, the grounds of the dilemma may often be more political than pragmatic:

All too often this debate has been at the foreground of research initiatives, and has masked the underlying political debate about which group should hold political sway within the profession. We could just as easily translate this debate into the intolerance of varying music therapy schools for one another. Such arguments are superfluous at a time when the profession is ripe to develop; and, in its maturity, it should be ready to extend the tolerance necessary for knowing together.
(Aldridge 1996b: 278)

An interesting comparison can be made with the other arts therapies and their research traditions. A recent research text juxtaposing these, and edited by a music therapist and an art therapist (Gilroy & Lee 1995), showed how music therapists had made more effort to legitimate their practice through 'outcome' studies than had art therapists - who had largely done 'process' research on the artistic work itself or had investigated professional or contextual issues surrounding clinical work. Both authors agree, however, that:

...the question 'Does art therapy/music therapy work?' can lead to research that is meaningless in terms of clinical practice. It is an impossibly imprecise *research* question. Unfortunately, it is one which we are increasingly asked, and to fall victim to it is to collude with

misunderstandings about both research and therapeutic practice.
(Gilroy and Lee 1995: 8)

Most authors writing within the European music therapy research tradition seem to agree that the central polarities are at present little different to the American ones: whether to research *process* or *outcome* - and subsequently whether to use a quantitative or qualitative methodology. On one side, economic pressures on health-care delivery have led to demands for 'evidence based' research into the efficacy of music therapy (and the requirement that such evidence be quantitative). There is also, however, an increasingly sophisticated music therapy profession, with its own research needs. Central here is the detailed study of the artistic and therapeutic processes which form the backbone of music therapy (and which are the central interest of most therapists). Many recent researchers have looked at more sophisticated ways of analysing and theorising clinical material in music therapy by using a diversity of theoretical and methodological perspectives including musicology, single case studies, psychodynamic theory, personal construct theory or newer psychological perspectives such as 'early interaction' theory (Lee 1989; Aldridge 1996; Ansdell 1996; Bunt 1994; Bunt 1995; Lee 1989; Lee 1996). It is, however, noticeable how many of these studies still feel the need to locate themselves within one of the current methodology 'camps' (mostly the qualitative one in these cases). The next section examines this situation in more detail - how music therapy research has been framed by the QN/QL dichotomy.

3.6 Quantitative and Qualitative paradigms - the theory.

Nearly every writer on the QN/QL dichotomy ends up presenting their relative characteristics in two

oppositional columns (Rogers 1995; Silverman 1997): the quantitative side listing the terms 'objective, context free, truth, effect, number, nomothetic' whilst the qualitative side has the terms 'subjective, context bound, relative truth, process, non-linear, idiographic'. But behind the lists there is obviously a fundamental divergence in philosophical, aesthetic and even ethical stance. Here the term 'paradigm' comes in: indicating not just a difference of *method* but one of *epistemology* - the ideological level of what one can know, and how such knowledge is obtained. Bruscia (1995: 65) characterises a paradigm (after Lincoln & Guba) as an *a priori* starting-point from which the activities of thinking proceed. As competing claims about ways of knowing, paradigms are thus debateable but not testable! Bruscia characterises the two paradigms which underlie the QN/QL dilemma as the *positivist* and *non-positivist*. Longer characterisations might include the terms 'scientific, reductionist, rationalist, empirical, experimental' for quantitative, and 'naturalistic, constructivist/constructionalist, intuitive, ethnographic...' for qualitative paradigms.

The philosophical *a priori* beliefs which separate positivists and non-positivists seem, when baldly stated, very divergent. Firstly, the tenets of 'logical positivist science' as outlined by Polkinghorne:

- 1 All metaphysics should be rejected and knowledge confined to what has been experienced or can be experienced.
 - 2 The adequacy of knowledge increases as it approximates the forms of explanation achieved by the most advanced sciences.
 - 3 Scientific explanation is limited to only functional and directional laws or to only mathematically functional laws.
- (Polkinghorne 1983: 6)

Compare this to Bannister's characterisation of qualitative research:

Qualitative research does not make claims to be 'objective', but it does offer a different way of working through the relationship between objectivity and subjectivity. Objectivity and subjectivity are always defined in relation to one another, and the mistake that positivists make is to assume that the relationship is like a conceptual zero-sum game in which a diminution of one, the erasure of subjectivity, will lead to an increase in the other, the production of a fully objective account.

For qualitative research, on the other hand, we arrive at the closest we can get to an objective account of the phenomena in question through an exploration of the ways in which the subjectivity of the researcher has structured the way in which it is defined in the first place. Subjectivity is a resource, not a problem, for a theoretically and pragmatically sufficient explanation.

(Bannister 1994: 13)

At a practical level the *a priori* divergences between 'positivists' and 'non-positivists' can have an important effect on the choice of research area, methodology, attitude to research ethics and the legitimacy of findings to different groups. In terms of music therapy research we could make the following statements about the two groups (adapted from Bruscia 1995):

'Postivists' understand that:

- reality is singular and immutable; is accessible to objective enquiry through which 'working mechanisms' of phenomena can be investigated and the cause-effect laws of their behaviour found. Finding 'truth' is possible.
- research findings are largely time and context-free.
- generalisations can be made, and are more valuable and reliable than idiographic examples. Results from different research studies add up to a more comprehensive understanding of a given phenomenon.

-
- researcher and 'subject' are independent entities
- methodology is an attempt to guarantee objectivity and reduce bias. Research must be value-free.

In contrast to this **non-positivists** understand that:

- 'truth' and 'reality' are multiple, contestible, time and context-dependent. Reality is constructed by humans rather than given by nature.
- idiographic investigations yield both more meaningful and more useful information than generalised conclusions.
- It is almost impossible in complex human interactions to isolate cause and effect. What is important is to see how things are meaningful from different angles. Knowledge adds complexity to our constructions of reality - it does not add up to a more 'true' picture. The idea of 'truth-in-a-situation'.
- research cannot be done independently of context or the mutual interactions of subjects on each other. The context must be part of the study, not 'controlled away'. All research is value-bound.

These kinds of contrasts tend to lead to parodies of each position, and also to what Aldridge (1996: 278) calls 'methodolatry', where more effort goes into debate on the politics of method than on the research itself! To some researchers the two paradigms are unbridgeable. Aigen writes:

..my own belief is that qualitative and quantitative approaches have fundamental and incommensurable differences - the rationales behind them are contradictory rather than complementary. (Aigen 1995b: 285)

He goes on to justify his preference for qualitative research for music therapy on the basis of the limitations of quantitative methods for dealing with an area where 'creativity, non-verbal expression and human relationships play an important role' (1995b: 286).

Other music therapist researchers take a more pragmatic line on the matter (Aldridge 1996; Bunt 1994; Bunt 1995; Pavlicevic 1997), declaring it to be a matter of choosing the method to fit the task - quantitative and qualitative varieties of which need not necessarily be incompatible. And Bruscia, though of the line that the two perspectives cannot be mixed, nevertheless offers the following comfort:

The positivist and nonpositivist paradigms are not two ends or directions on the same road, they are different roads altogether. Once this is acknowledged, it becomes possible to look for those places where the roads may have converging directions, share the same scenery, road signs and rest stops, or have the same rules. One road is not necessarily better than the other; it all depends on where one is going and how one wants to get there.
(Bruscia 1995: 73)

Bruscia also offers the following check-list of questions as to what might constitute criteria for the music therapy researcher deciding on 'where one is going and how one want to get there' (1995: 75):

- What is the nature of the phenomenon to be studied?
- What is the nature of the research question?
- What is the nature of the research setting?
- What kind of relationship is needed between researcher and subject to achieve the objective?
- What are the specific informational needs of the researcher and his or her audience?

3.7 Quantitative and Qualitative paradigms - the practice.

The current situation in regard to music therapy research in both America and Europe would seem to indicate that both paradigms are alive and well. In America, where music therapy is more typically used in medical and para-medical contexts, quantitative studies are still used to evaluate the effects of musical interventions. Bunt (1997) refers to Standley's 1995 statistical meta-analysis of this research literature, which gives a comparative 'effect size' of musical intervention in the studies reviewed. In contrast to this, qualitative studies from America have turned almost exclusively to hermeneutical and phenomenological methods in studying therapeutic process in music - using detailed verbal and musical analysis and client-reporting on experience (Aigen 1997; Amir 1992; Bruscia 1995)

Within the European tradition in the last fifteen years most positions within the QN/QL spectrum can be traced in research projects. British studies done in the early 1980's (but published later) used quantitative devices to measure pre-determined non-musical factors as 'effects' of the music therapy intervention (Bunt 1994; Odell 1995; Oldfield & Adams 1995). For example, Odell's study used time-based measures of clients' eye directions, use of materials and verbalisation to indicate levels of 'engagement' in the music therapy process. Similarly, Bunt used video footage of work with children with special needs to investigate how music therapy interventions could influence factors such as vocalisation, 'looking behaviour', imitation and initiation of ideas and turn-taking. From this approach Bunt was able to conclude that 'music therapy positively influenced all these [factors] as compared to no music therapy or playing with a well-known adult' (Bunt 1997: 263) . Pavlicevic (1989; 1991), in a study of music therapy in the rehabilitation of chronic schizophrenics, used assessment

scales based on qualitative hearings of patients' playing, shaping the project with a conceptual notion of 'Dynamic Form' derived from psychological research into early interaction between mothers and infants. It is unlikely, however, that Odell, Bunt and Pavlicevic would call their projects 'quantitative' in any strict sense, since many subjective evaluations of material were involved.

British projects in the late 1980's followed the trend both towards a more explicitly qualitative paradigm and to researching music therapy process rather than outcome. Lee (1995; 1996) used music-analytical procedures to examine in detail the musical content of improvised music therapy, placing this study within the methodological tenets of 'new paradigm research', which stress the importance of 'collaborative enquiry' between the researcher and 'subjects' (re-named 'co-researchers'). Other music therapist researchers (Rogers 1992; Bunt 1995; Hoskyns 1995) have integrated various qualitative methods into their studies - such as interviewing techniques or 'personal construct repertory grids'.

Several research groups in Europe have identified themselves explicitly within the qualitative paradigm and used textual analysis and subjective data in investigations of therapeutic process and meaning (Weymann 1989; Langenberg 1992). Others have taken a pragmatic approach to methodology as necessitated by the focus and needs of the study (Aldridge & Neugebauer 1998; G. Aldridge 1996; Gustorff 1990). For example, Neugebauer and Aldridge investigate what is happening when two people improvise music together by correlating subjective evaluations of points of significance in a musical interaction with objective physiological measures of heart-rate.

3.8 Beyond the Quantitative/Qualitative dichotomy?

We can understand the research process, metaphorically, as a series of dialogues; with the data, with ideas, with informants, with colleagues and with oneself. All of those interactions should lead to reflections and decisions. The qualitative research process unfolds and develops through these various transactions with and about the social world.

(Coffey & Atkinson 1996: 191)

It seems that the QN-QL argument in music therapy research resembles what the sociologist Michael Billig calls an 'ideological dilemma' (1988). In this, thinking takes on a two-sided, seemingly irreconcilable form, governed in turn by underlying ideologies of the time. Ideological dilemmas, however, have a positive aspect, often forming the backbone of emergent thinking. This perhaps also accounts for the political dimension of the methodology debate in music therapy research, and the passion it engenders. Could it be that what is needed to get us out of the impasse of the methodological dilemma is actually a more inclusive view, a meta-critique of how music therapy and its research fits in with larger ideological trends of our contemporary intellectual and popular culture?

Here the basic self-questioning stance of qualitative research has pointed the way to a new *reflexive research* current in the discipline - which involves both an investigation and a critique of the unexamined aspects of key issues. For qualitative research, as we saw earlier, has its origins in a 'non-positivist' epistemology - which is in turn partly a critique of modernism itself. This current has also influenced the development of the New Musicology and the analytic stance musicologists take (Ansdell 1997). Music therapy, however, has been relatively late in turning its attention to metatheory and reflexive research. Both psychoanalysis and art therapy have already examined how the nature, history, and

cultural context of theory within the discipline in turn determines how practice and research are envisioned (Mitchell 1993; Henzell 1995). Recently, music therapists such as Ruud (1988; 1996; 1998) , Aldridge (1996) and Pavlicevic (1997) have begun to write 'critically' about the foundations of music therapy theory and research. As Ruud writes:

I want to underline the importance of establishing some way of talking about and discussing music therapy as a profession, as a field of theory and practice, or as a kind of metadiscourse. This meta-discourse, or rather meta-critique should hopefully enable us to maintain a rational dialogue concerning our way of thinking about ourselves. (Ruud 1998: 6)

Examining the contexts from which the 'texts' of music therapy theory and practice emerge and are articulated may help us to move beyond the 'ideological dilemmas' of current research enquiry, which seem to polarise all efforts in the profession at present. My thesis tackles just this territory.

3.9 An outline of the 'research stance' and methodological perspective of this thesis

This chapter has aimed to contextualise my study within the developing tradition of music therapy research, and to justify its focus and means of inquiry. This last section outlines the more specific methodological choices made, bearing in mind the general questions Bruscia (1995: 75) suggests: (i) What is the nature of the phenomenon to be studied? (ii) What is the nature of the research question? (iii) What is the nature of the research setting? (iv) What kind of relationship is needed between researcher and subject to achieve the objective? (v) What are the specific informational needs of the researcher and his or her audience?

In terms of these questions and the more general arguments and categories outlined in this chapter, my study could be characterised as follows:

The study takes a qualitative (non-positivist) research stance on an aspect of music therapy process which concerns praxis and professional dimensions (a research area emerging from my own experience as a practitioner - forming research questions of a theoretical nature). The emphasis on the use of language and theory, and the relation of these to practice, places it within the recently-developed sub-category of qualitative research in music therapy termed 'reflexive research' (related to 'philosophical inquiry'⁶). It also takes an ethnographic perspective, in that its data is mostly naturally-occurring and based on the study of a single case (one 'school' of music therapy). The substance of its data comprises of words-in-context, the context being crucial. The collection of the data did not disturb clinical process, the only ethical dimension involved being to reassure participants that their contributions would be handled sensitively. Analysis of the data is interpretative and 'critical' - the analytic methodology deriving from a variety of metatheoretical approaches (semiology, critical theory, discourse theory/discourse analysis). The 'target audience' of the research is professional music therapists, aiming to inform them and generate further discussion about aspects of music therapy process at a metatheoretical level in order that they can make more informed choices about practising, theorising, teaching and researching music therapy.

Some specific methodological decisions concerned the following aspects:

- The design of the project was 'emergent' - deriving from the needs of the research questions, rather

⁶ Aigen (1995c: 447).

than 'pre-setting' the development of the study. There is consequently a difference of style between the first data unit (Chap 6), which presents a structured 'test' and Units 2 & 3 (Chapters 7 & 8) which analyse naturally occurring data.

- The empirical data consists of a single case: analysing the discourse of only one 'school' of music therapy (the Nordoff-Robbins approach). This was a conscious decision from an early stage in the study, given my interest was in analysing forms of discourse of varying complexity in different mediums (spoken/written). Limiting the study to one 'school' enabled a detailed 'internal' analysis, rather than choosing only one medium and tracking this comparatively across several approaches (a possibility for another study). This is consistent with a single-case approach as well as standard ethnographic perspectives. In considering the implication of the findings (Chapter 10, section 10) I discuss potential limitations ensuing from this choice.

- The analytic perspectives and procedures used in analysing the data emerged from several sources. The overall perspective of 'critical theory' is outlined in the next chapter (Chapter 4), whilst the specific analytical procedures (and the methodological issues relating to these - data selection, reduction, presentation and analysis) are discussed at the beginning of each of the data units (Chapters 6, 7 & 8).

- The analytic stance on the data is necessarily interpretative and subjective, based on contextual and comparative readings of verbal material. I take, however, Bannister's (1994) attitude that subjectivity can be a resource rather than a problem - enabling my readings of the data to be context-sensitive and informed. The flip-side of this is of course the possibility of bias, and this thesis aims for a 'controlled subjectivity'

in its analysis. The 'controls' are: (i) my explicit acknowledgement of my personal 'stance' (training, present situation, publications etc), in order that the reader may be informed of my perspective, and (ii) the availability of as much 'raw data' as possible, in order that my selection, organisation and analysis of the data can be checked against original sources.

- In place of the criterion for evaluating quantitative studies, a number of writers on qualitative methodology suggest *credibility, transferability, dependability, confirmability* as suitable categories of discussion (Robson 1993: 403). Chapter 10, section 10 evaluates my study according to these.

Chapter 4

Theoretical Perspectives

The multiple methodologies of qualitative research may be viewed as a *bricolage* and the researcher as *bricoleur*.
(Denzin and Lincoln 1994: 2)

4.1 Introduction

As Denzin and Lincoln (1994) suggest, there is seldom a single method used in the analysis of qualitative data - as equally there is often no single type of data or research focus. Coffey & Atkinson (1996: 24) argue, however, that this diversity of analytic strategy is a strength, a variety of Geertz' famous 'thick description' - where close attention to the material naturally leads to theorising. The data analyst is the *bricoleur*, searching for appropriate tools to work on the material. But as we saw in Chapter 3, there is in addition often an overarching epistemological or theoretical perspective from which research questions are generated, observations made, and theory constructed. Any reflexive piece of research must be explicit about this level of the 'research stance' in addition to more specific analytic strategies.

This chapter outlines both the overall theoretical perspective of *critical theory* taken in my study (Part 1), as well as two additional theory-methodologies which have influenced the analysis of the data: discourse theory (and its applied 'technique' of discourse analysis) and musical semiology (Parts 2 & 3).

PART 1: CRITICAL THEORY

Critical Theory has to do with how a theory relates to its object, and how it deals with the contradictions of its object.

(Paddison 1996: 14)

4.2 Qualitative research, reflexivity & critical theory.

I suggested in Chapter 3 that perhaps the latest evolution within music therapy research was a *reflexive* turn, which can be seen as a logical outcome of the qualitative paradigm (Ruud 1998). Reflexivity, as a theoretical and research endeavour, is a more detailed response to the 'non-positivist' agenda which Bruscia (1995) characterised as the philosophical ground of qualitative music therapy research.

It will be useful here to re-cap aspects of Bruscia's summary of the 'non-positivist' perspective, which understands:

- 'Truth' and 'reality' as multiple, contestible, time and context-dependent. Reality is constructed by humans rather than given by nature.
- Idiographic investigations yield both more meaningful and more useful information than generalised conclusions.
- It is almost impossible in complex human interactions to isolate cause and effect. What is important is to see how things are meaningful from different angles. Knowledge adds complexity to our constructions of reality - it does not add up to a more 'true' picture. The idea of 'truth-in-a-situation'.
- Research cannot be done independently of context or the mutual interactions of subjects on

each other. The context must be part of the study, not 'controlled away'. All research is value-bound.

Reflexive or metatheoretical inquiry could be seen to address the full implications of the 'non-positivist' agenda, taking 'qualitative inquiry' to its logical conclusion by also questioning the nature of music therapy itself - as a practice, discourse and ideology. This involves taking a *critical* angle both to the objects of its concern, and on its own epistemological stance vis-a-vis these objects - refusing to accept as 'givens' even the basic beliefs and values of music therapy itself as an assumedly 'natural' discipline.

The philosophical agenda which Bruscia calls 'non-positivist' could equally be called 'constructionist' or 'critical', a similar stance being identifiable in these various contemporary disciplines (Green & LeBihan 1996). 'Critical theory' is probably the best umbrella term to describe this particular perspective, and the remainder of this section will attempt to characterise this - with the caveat that over-simplification is perhaps inevitable, given the multiple forms of a similar set of ideas.

An initial distinction needs to be made between Critical Theory and 'critical theory', the former being the 'original' version deriving from the sociological work of Adorno and the Frankfurt School earlier this century; the latter characterising the subsequent diverse uses of this style of thinking. 'Critical theory' and the '-isms' associated with it (social constructionism, postmodernism, deconstruction) are now ubiquitous in many humanistic disciplines - especially literary theory, social psychology, cultural studies and (more recently) musicology. Though these have bred diversity, the basic tenets of 'critical theory' could be seen as a central 'spine' which supports a (relatively) cohesive perspective which unites one wing of contemporary intellectual culture.

4.3 Theory and Critical Theory

A useful prelude to discussions of critical theory itself would be to differentiate it from everyday uses of the word 'theory'. Paddison (1996) makes a useful typology in his book on Critical Theory and music *Adorno, Modernism & Mass Culture*. He suggests that the term 'theory' has several different but interconnected meanings - all of which stem, however, from the everyday idea of theory as 'systematically ordered knowledge' (1996: 20). He extends this to cover three cumulative 'functions' of theory: as codification; as legitimation; as critical reflection. It is worth looking at each of these in detail, for though Paddison is concentrating on music, his exposition applies to any use of 'critical theory':

- **Mode 1: Theory as codification:** theory is prescriptive, even doctrinal, 'concerned largely with the codification of conventions', norms, developing technical skills. In a 'theory-in-practice' values are 'naturalised' and the emphasis is normative - it 'does not need to be conscious of itself or its terms of reference'. An example would be the so-called 'theory of harmony' in music.
- **Mode 2: Theory as legitimation:** usually descriptive, offering explanations and justifications for particular traditions of practice. It constitutes a 'body of knowledge' and tells the story of why things are the way they are. It often involves 'mythological' explanations, eg the 'theory' of the music of the spheres, or a 'theory' of the physiological effects of music. Theory in this sense functions to legitimate practices and canons. The underlying

assumptions of the 'stories' are seldom examined.

- **Mode 3: Theory as critical reflection:** 'The concern of theory in this sense is to study how meaning is produced and reproduced within a culture, and to see music as a larger 'context of meaning', as a series of discourses characterised by discontinuity. Theory in this mode - essentially inter-disciplinary and reflexive - is *critical*, in that it sets out to reveal underlying assumptions and values as ideology, and to re-contextualise areas of theory and practice otherwise seen as autonomous and 'natural'. Although drawing on approaches which may include philosophy, sociology, psychoanalysis and linguistics, it also has to be understood as a level of metatheory in relation to the kinds of approaches which characterise 'mode 2' and the conventions underlying 'mode 1'. Theory of this kind seeks to be aware of its own terms of reference as well as of its object. It contextualises itself, and situates music (as both theory and practice) within the sign systems, the discourses - 'contexts of meaning' - which constitute 'culture'.

(adapted from Paddison 1996: 20-1)

This characterisation of 'mode 3' gives a very clear definition of 'critical theory' and its agenda. Paddison further explains the relationship between the '3 modes':

...the relationship between them could be defined more precisely as cumulative. 'Mode 2' theory legitimates and describes what 'Mode 1' theory codifies and prescribes, providing various explanatory schemes to set changing practice in the context of some overarching (usually historical and canonical) narrative. 'Mode 3' theory provides critiques of 'Mode 2' theory, questioning underlying assumptions and uncovering contradictions

and discontinuities at a level of meta-theory, and also of 'Mode 1' theory, particularly as it is embodied and encoded in socio-cultural values and attitudes, and materialised within social structures and cultural artefacts. 'Mode 3' theory is critical specifically in the sense that it is ideology critique.
(Paddison 1996: 21)

In summary, Paddison writes that 'Critical Theory has to do with how a theory relates to its object, and how it deals with the contradictions of its object' (1996:14). This statement, and the characterisation of 'mode 3', suggest how the perspective of 'critical theory' is relevant to my examination of 'music therapist's dilemma'. Namely because it:

- 1 Examines how meaning is produced and reproduced in culture: in 'music itself' and in speech on music.
- 2 Examines how discourses (as 'contexts of meaning') and theories mediate music by carrying underlying assumptions as values and ideology.
- 3 Examines the relationship between objects, discourses and theories, and how these all live dialectically within the sign-systems constituting 'culture'.
- 4 Places its own investigation also within a 'critical' framework - acknowledging its situated and subjective nature.

I want now to look at how 'critical theory' has influenced musicology, and how musicologists have investigated areas close to the concerns of this thesis from the perspective of 'critical theory'.

4.4 Critical theory and musicology

As I outlined in Chapter 2, the sea-change that has occurred in musicology in the last ten years can be seen partly as a response to Kerman's (1985) call for a more 'critical' approach to the discipline (in contrast to the prevailing 'positivist' orientation)¹. Moreover, Cook (1998) characterises the conscious adoption of Critical Theory (he cites the original Frankfurt School version) as an essential feature of the 'New Musicology'. Critical theory, he states, aims:

...to expose the workings of ideology in everyday life, revealing 'uncritically' accepted beliefs and so returning to individuals the power to decide for themselves what they will believe - for by presenting themselves as simply the 'way things are', ideologies suppress the very existence of alternatives... Critical theory is in essence a theory of power, and it sees power largely in terms of the institutions through which it is channelled...A musicology that is 'critical' in the sense of critical theory, that aims above all to expose ideology, must then demonstrate that music is replete with social and political meaning - that it is irreducibly 'worldly'...
(Cook 1998: 105)

In his general survey Cook uses the lens of critical theory to scrutinise musical institutions and canons in order to 'expose' aspects of class, gender and power that are structured in them, and which in turn determine what we take music to be, and which of its 'uses' are deemed legitimate.

An example of a more detailed study which takes a 'critical' perspective is Georgina Born's *Rationalizing Culture* (1995). Though she describes her perspective as 'social semiotics' the agenda is similar to that described above; to present a socio-cultural analysis of music within a particular context. In her study this context is a

¹ It is notable that Kerman actually used the words 'critical' and 'positivist' - his critique linking with the current traditions of qualitative research and 'critical theory'.

high-culture musical institution (IRCAM) which gives rise to specialised musical practices (composition and performance of electro-acoustic music) and discourses (both aesthetic and technological). Her simultaneous analytic attention to the people, the music and their words about the music examines how various mediating structures (music, language and technology) function within such a sub-culture. Essentially her study has the classic aim of 'critical theory', attempting to 'expose' how music is functioning to encode other 'non-musical' dimensions of meaning as ideology:

It is, then, the forms of talk, text and theory that surround music - the metaphors, representations and rhetoric explaining it and constructing it - that may be liable to analysis as ideological.
(Born 1995: 19)

Her analysis of this ideological level takes Foucault's perspective, which has similar aims to the critical theorist's: 'to question their [the dominant discourse's] readings of history, their self-evidence and self-legitimation' (Born 1995: 32). As a result of her study Born reflects on the '...sense of the arbitrary and mystifying relation between theory and practice'. Her analysis challenges the uncritically accepted connections between practice, discourse and theory and renders them problematic.

The same trend of thinking can be seen in the work of several other musicologists and writers on music (Said 1991; Keil and Feld 1994; Frith 1996; Subotnik 1996; Shepherd and Wicke 1997). Though they come from various academic disciplines and are often writing about different types of music, what unites these texts is a 'critical' concern with:

-
- Music as a situated (rather than autonomous) activity
 - Music being essentially (if problematically) connected to speech, with speech on music being a necessary object of study.
 - A concern with meta-theory as the relation between the 'musical object(s)' and the theories surrounding them.

Music therapy, as I have emphasised, attempts a sometimes precarious balance between two different disciplines. If musicology has been late to take on the agenda of critical theory, what of *therapy*?

4.5 Critical theory, therapy & music therapy.

A good place to start on this question may be to ask what a critical approach to therapy would involve. To follow the lead of the other critical disciplines it would need to:

- use external theories as critical lenses on practices, not as legitimating devices.
- show a concern with forms of representation (verbal and non-verbal) and with metalanguage and discourse.
- take a meta-theoretical view on practices and disciplines.

It is significant that critiques of psychoanalysis by some of the key thinkers of the century such as Wittgenstein, Foucault and Habermas could be seen to have initiated the 'critical' approach - interrogating as they do the legitimating structures of Paddison's 'Mode 2' theory in psychoanalysis (Webster 1995). Yet contemporary psychoanalysis has to an extent moved

with the times, often incorporating the critiques and neatly re-aligning both its practice and theory. Take for example the psychoanalyst Adam Phillips who writes:

Psychoanalysis as the understanding game, rather than a redescription game, is always threatened by its spurious profundity, 'deep' being the word psychoanalysts often use when they want to indicate that they think that something is Very Important. There is the thrill of hermetic, separatist idioms, and the extensive repertoire of ways of dealing with dissenting voices. And then there is also, of course, the thorny question of what it is that psychoanalysts can claim to know.
(Phillips 1994: 80)

Here is a writer whose subtext is filled out with an awareness of the 'critical' perspective, his last statement in the passage quoted above defining the anxiety (or put another way, the 'critical awareness') over the epistemological status of psychoanalytic theory. Another analyst, Stephen Mitchell (1993) reviews the contemporary status of psychoanalysis and makes a telling division in the headings of two sections of his book: firstly, 'What does the patient need? A Revolution in theory' and secondly, 'What does the analyst know? A Revolution in metatheory'. The themes of the critical perspective are again epistemology, language and theory.

Whilst psychotherapy has to an extent already accommodated a critical perspective, the arts therapies which followed in the wake of the verbal therapies have only recently begun to address these ideas. Byrne (1995) in art therapy, and Atkinson (1995) within art education describe the 'discursive practices' which actively construct their respective disciplines. Their concerns are (as with the musicologists) the relationship between the material ground of the art-form (the image-making of people in a particular medium) and the way language constructs and legitimates certain practices. Both writers

are 'critical' of the epistemological certainties of their disciplines - for as Byrne writes:

By excavating and analyzing the numerous overlapping discourses that have made and are still making our practice, we will see that the history of art therapy is a history of increasingly useful metaphors rather than the story of an increasing understanding or how things are. (Byrne 1995: 239)

Music therapy has caught up only recently with this latest 'plot' in intellectual fashion, but recent writings by Aldridge (1996), Ansdell (1996; 1997), Kenny (1989; 1996; 1998), Ruud (1996; 1996b; 1998), Pavlicevic (1997) and Stige (1998) have shown that a critical orientation is now in the market-place. As with the musicologists and art therapists, there are several shared concerns which enable us to group together sometimes diverse approaches under the category 'critical': (i) an awareness of a level of metatheory in music therapy, and (ii) a concern with epistemology, metalanguage and discourse.

The Norwegian musicologist and music therapist Even Ruud has been instrumental in promoting reflexive thinking in music therapy. From his earlier book *Music therapy and its relationship to current treatment theories* (1980), Ruud's interest has been in placing music therapy practice and theory in context; in seeing how it 'positions' itself by virtue of its practices, theories and discourses within cultural and intellectual worlds. As a later paper asked explicitly in its title: *Music Therapy: Health Profession or Cultural Movement?* (Ruud 1988). Ruud acknowledges the influence of Frankfurt School Critical Theory in seeing theories in music therapy as based on competing claims of knowledge and values - and of it being the job of a meta-critique of music therapy to 'expose' some of their hidden assumptions:

It is one of the basic tenets of the critical school in the philosophy of science that there is a correspondence between values, interests and how we perceive the world

... In order to maintain a rational dialogue within the field of music therapy we have to make explicit our concepts of music and man which lie at the bottom of our theories about the therapeutic application of music.
(Ruud 1996: 19)

This equates with Paddison's model of the relationship between theory in Modes 1, 2 & 3. But Ruud is also interested in the part language itself plays in all of this, and he follows the 'critical' theme of regarding theory as essentially mediated by language, with 'truth' seen as a form of 'local knowledge'. As such, writes Ruud in another paper:

...the best we can do is to give good interpretations and descriptions of what happened then and there...Our interpretations and descriptions are always communicated through language. This means a choice of metaphors and a narrative structure which is enforced upon our descriptions of reality. (Ruud 1996b: 10)

Ruud, Aldridge and, most recently, Brynjulf Stige have all given attention to how various uses of language construct music therapy in different ways. Stige (1998) turns to Wittgenstein's theory of language to examine how it is possible that two very different theories of music therapy (Priestley and Ansdell) are constructed around different versions of musical and extra-musical meaning. Stige asks two primary questions: 'What is the relationship between music and language?', and 'When discussing meaning, what is the relationship between music and context?'

These 'critical' questions show how the necessary background to any examination of 'music therapist's dilemma' involves questions concerning the nature of language itself. Consequently I want to turn now to the theory of *discourse* and the methodology of *discourse analysis*. This represents the second major theoretical perspective influencing my study and the analysis of the data.

PART 2: THE TURN TO LANGUAGE - DISCOURSE THEORY & DISCOURSE ANALYSIS

And to imagine a language is to imagine a form of life.
(Wittgenstein 1953: §19)

4.6 Language and Life

Bertrand Russell is said to have acknowledged half way through his philosophical career that language was not just a transparent carrier of thought but that it mediated it in an essential way. This thought could have stemmed from his contact with Wittgenstein, whose influence can be seen on many subsequent aspects of the 'turn to language' which has dominated twentieth century thought (Shotter 1993). The key to the issue hinges on the difference between Wittgenstein's earlier and later theories of how language works (though in both cases he saw language as the real centre of philosophising).

In his earlier theory (the so-called 'picture theory'), Wittgenstein saw the purpose of language as depicting the things and states of the world - the purpose of philosophy being to clean up (with logic) the messiness of such depiction. Wittgenstein subsequently repudiated this theory and replaced it with the idea of the 'language game', where meaning was re-defined as *use*: 'if we had to name anything which is the life of the sign, we should have to say that it was its *use*' (Wittgenstein 1958: 5). Language is no longer seen as an abstract system, but as a *form of life*, a *practice*. Therefore, as Wittgenstein stated, 'to imagine a language is to imagine a form of life'. Consequently, the task of the philosopher, within this second theory, is not to clear up the messiness of language, but to study its *uses* - which can be idiosyncratic, context-dependent and local. To understand a 'language game' is therefore to understand

a 'form of life'. As Stige comments: 'This is probably one of Wittgenstein's major points: to understand, we must understand the particular game and the form of life of which it is a part... in short, this means that knowledge is local knowledge' (Stige 1998:24).

Studies by anthropologists and linguists of non-Western forms of language functioning within culture have reinforced Wittgenstein's theory. What has become known as the 'Sapir-Whorf' hypothesis² encapsulates this approach, which Burr explains as that:

...which states that language determines thought and that if there is no way to express a particular concept in a language, then the concept just cannot be used by people who speak that language. This is what is meant by the phrase, frequently used by writers in social constructionism, that 'language is not transparent' ie, we should guard against the (common-sense) assumption that language is nothing more than a clear, pure medium through which our thoughts and feelings can be made available to others, rather like a good telephone line or a window which has no irregularities in the glass which could distort one's view.
(Burr 1995: 34)

Taking this hypothesis together with Wittgenstein's 'language-game' analogy leads us to the idea of *discourse*. This synthesises the view that the function of language is neither to depict the world nor just to 'express ourselves', but that it actively *constructs* that world - and, more radically, constructs ourselves (Burr 1995; Harré & Gillett 1995; Harré 1998).

² Harré (1998: 23) claims that there is a common misreading of the Sapir-Whorf hypothesis, which states that language forms 'determine' rather than just 'influence' the possibilities of thought. Sapir wrote: 'We see and hear and otherwise experience very largely as we do because the language habits of our community predispose certain choices of interpretation' (1949: 162).

4.7 Discourse

The term 'discourse' is now seemingly ubiquitous in contemporary intellectual circles. As a result it too has (ironically) taken on a range of meanings. Ironically, that is, because 'range of meanings' is what the concept of discourse is concerned with. At its simplest 'discourse' simply means 'language in *use*' (as opposed to language as an abstract system)³. 'Discourse' is not synonymous with 'language' - but rather discourses both live and work 'in' or 'through' language - the classic 'units' of discourse being *texts* (and not the phonemes, words and sentences of 'structural' language). The 'weak' definition of discourse would be 'language in use' whilst the more radical 'strong' version of the theory would claim, as Parker writes (following Lacan): '*...discourses use us ...when we speak we are often "spoken" by discourses*' (1992: 8). The most famous definition probably comes from Foucault, who stated that discourses are 'practices which form the objects of which they speak' (1979: 49).

A discourse is essentially a system of talk, a relatively coherent 'portfolio' of terms, meanings, metaphors, images, stories and statements which together produce a particular version of events in, and states of, the world. We recognise a medical, legal, political or psychological discourse both by a particular terminology (which names and/or constructs certain kinds of things) and by the ways language is used. At a surface level a discourse can seem little more than a professional or specialist vocabulary, but below this 'skin' we see that many of the things such discourses seemingly 'refer' to are not in fact things or states of the world, but products of the discourse itself. Think, for example, of the use of 'soul' within a religious discourse, as opposed to

³ Paddison (1996) claims that the concept of discourse has itself become as reified as the terms it was designed to replace, and substitutes the phrase 'context of meaning' for discourse.

'mind' within a medical one - clearly not simply different names for the same thing.

So a discourse builds a 'frame' around things, which in turn determines the 'context of meaning' against which these things and events will be interpreted. As Burr (1995) comments, there is a two-way traffic between available discourses and the things people actually can say or write (or even perhaps think). Certain discourses 'show up' in what people speak, but equally this speech often depends on the discursive context (the 'frame') for its meaning.

Arguably, a discourse as a 'portfolio' of possibilities for talking or writing about things comes not from the person's private world but from its existence within a specific cultural or professional context. As Wittgenstein said, a totally private language is impossible, and a discourse is therefore a socially shared linguistic tool which we use for all kinds of complex purposes ('picturing' things in the world being the least of these). Burr explains that:

...numerous discourses surround any object and each strives to represent or 'construct' it in a different way. Each discourse brings different aspects into focus, raises different issues for consideration, and has different implications for what we should do. So discourse, through what is said, written or otherwise represented, serves to construct the phenomena of our world for us, and different discourses construct these things in different ways, each discourse portraying the object as having a very different 'nature' from the next. Each discourse claims to say what the object really is, that is, claims to be the truth. And claims to truth and knowledge are important issues, and lie at the heart of discussions of identity, power and change.
(Burr 1995: 49)

Rather than being something passive like a vocabulary, discourse is seen as an *active* agent which constructs how things are seen, known and legitimated

(as Foucault was to investigate). So from discourse we come to the idea of *discursive practices* as forms of social life. As Harre and Gillett write: 'We all share and negotiate conceptualisations and significations according to the discourses in which we are adept' (1995: 26).

Perhaps the reason that the concept of discourse has become so potent in late twentieth century thought is because it focuses the 'critical' investigation on the relationships between language, theory and ideology within social contexts. I will now look briefly at aspects of two systems of thought which have taken the implications of discourse in this way: Foucault's work and the tradition of 'social constructionism'.

4.8 Discursive practices: Foucault & *social constructionism*

From the idea of discourse, we move on to how it is seen to operate in social contexts, and here Foucault's work on the relationship between discourse and contemporary disciplines is particularly relevant. His studies of psychiatry, medicine, social science and penology⁴ demonstrate how discourses form schemes of classification which represent the world in particular ways, and, consequently, allow certain things to be said, and other things *not* to be said (Palmer 1997: 91). Foucault goes on to show how these 'disciplinary discourses' construct their 'regimes of truth' which legitimate certain practices and views of the world. Thus at the same time a discourse constructs a form of knowledge and an exercise of power (operating largely above the personal level). Foucault conceptualised 'disciplinary power' - which binds together knowledge, 'truth' and power within discourse. For, as Burr writes:

⁴ The works are: 'Madness & Civilisation' (1962); 'Birth of the Clinic' (1963); 'The Order of Things' (1966)& 'Discipline & Punishment' (1975). See The Foucault Reader (ed Rabinow 1986) for extracts from all of these.

'We can exercise power by drawing upon discourses which allow our actions to be represented in an acceptable light' :

When there are always a number of discourses surrounding an event, each offering an alternative view, each bringing with it different possibilities for action, it follows that the dominant or prevailing discourse ('knowledge' or 'common sense') is continually subject to contestation and resistance. For Foucault, power and resistance are two sides of the same coin. The power implicit in one discourse is only apparent from the resistance implicit in another...
(Burr 1995: 64)

This brings us to Foucault's famous 'power/knowledge' equation, where forms of knowledge as possible accounts of events which receives the stamp of 'truth' (and thus legitimate certain actions) necessarily have a political dimension. As Burr states, 'for Foucault, then, knowledge and power always go together as a pair. Where there is knowledge there is power' (Burr 1995:70).

Another tradition which has focused on discourse is *social constructionism* (Potter & Wetherell 1987; Parker 1992; Shotter 1993; Burr 1995; Harre & Gillett 1995). Originating in social psychology, it has used the concept of discourse to mount a critique of earlier psychological research which gave little attention to language in theory building. As Bannister (1994) suggests, this earlier tradition thought of the social world as a jigsaw, to be understood by re-assembling the picture (from an 'outside' perspective). In contrast, the new psychologists and sociologists used 'the world as text' as the central metaphor for their thinking. Texts - spoken or written - are seen to contain discourses which actively construct psychological and social worlds (hence the movement's name - 'social constructionism'). Potter & Wetherell use another analogy to explain its agenda:

The ship is in the bottle, it looks like it must always have been there, it is impossible to think how it could be otherwise, the finished product is all that is visible. Those who marvel at ships in bottles, of course, have never observed the elaborate and detailed process of construction, as the ship is re-created with small pulleys, match-sticks and so on. The process of manufacture is left obscure. In the same way discourse analysts argue that the constructive process used to furnish the world 'out there' and the dichotomies which result remain obscure. The world and its objects appear ready-completed. There seems no alternative but to accept it as it appears. Discourse analysis aims to explicate the constructive activity involved in the creation of the world 'out there', and for this reason is reluctant to take any dichotomy for granted, without researching why problems should be formulated this way.

(Potter & Wetherell 1987: 181)

This passage introduces the concept of 'discourse analysis'. Unlike Foucault, who generally presents only the fruits of his investigation, discourse analysts also show their methodology⁵. Though, as Potter & Wetherell remark, the idea of discourse analysis as a skill is more like learning to ride a bike, rather than baking a cake to a recipe! Burr (1995) insists that discourse analysis is 'an approach to research' and not a technique or method. It is a 'reading' of textual material - with all the implications of subjectivity this connotes. However, beyond these caveats, it can be seen that there is in general a similarity in approach to textual material: whether one is a Foucauldian historian, a 'discursive psychologist', a social researcher (even perhaps a therapist); namely, to 'de-construct' what are seen to be the constructions in (of) the text (whether this be spontaneous speech or written text). As Burr explains:

⁵ To clarify, 'social constructionism' is a larger term - a theoretical 'umbrella' under which a group of thinkers might collect who centre their investigations on the concept of discourse. In turn, many of these thinkers will use some form of 'discourse analysis' as part of their methodology. However, I don't want to suggest more cohesion here than there actually is (see Burr 1995).

Deconstruction refers to attempts to take apart texts and see how they are constructed in such a way as to present particular images of people and their actions...We can therefore deconstruct any text, from an ordinary conversation to a scientific report, and expose the way that the particular view of life that it contains is rhetorically constructed.

(Burr 1995: 166)

This passage emphasises that texts are seen partly as *rhetorical* constructions, attempting to persuade you of a certain version of events. Discourse analysts therefore look at how texts function within the contexts of their speaking or writing. As Bannister writes:

Discourse analysis is concerned with the way in which meaning is reproduced and transformed in texts, and when such reproduction and transformation concerns institutions and power relations we are led inevitably to a consideration of the role of ideology.

(Bannister 1994: 103)

This takes us back full circle to the original tradition of critical theory as 'ideology critique'. However, subsequent developments of 'discourse theory' and 'discourse analysis' have begun to see this perspective not just as a theory, but as a something open to empirical investigation. Discourse analysts work on an enormously wide variety of areas: with cultural groups, professional disciplines, institutions, health and therapy practices. Anywhere, in fact, where it might be interesting or valuable to begin to tease out the complex relationships between texts and contexts, so that linguistic representations of the world are seen as just that.

4.9 Discourse analysis and the therapies

Whilst the 'deconstructive' method has become *de rigueur* in many areas of cultural and intellectual life, the therapies (in particular the arts therapies) have been late to assess its use for their purposes - though (as with the

critiques of psychoanalysis mentioned earlier) it is usually 'outsiders' who initiate such scrutiny. The reticence is perhaps not surprising in the light of comments such as those by the sociologist Ian Parker who comments '...in this postmodern strand of work psychoanalysis is unwittingly being unravelled from the inside...' (Parker 1998: 10). Is it possible that therapists and theorists within their respective disciplines might be a little nervous of what may be found? For example, both Atkinson (1995) in terms of art education, and Byrne (1995) in art therapy, both use a discourse perspective to challenge the presumed certainties of their respective disciplines.

Very little work has been done in music therapy yet along such lines. As mentioned previously, the nearest work to this has been by Aldridge, Ruud and Stige, though none of these have made detailed textual analyses along the lines of discourse analysis.

PART 3: SEMIOTICS AND MUSICAL SEMIOLOGY

4.10 Saussure's challenge: from linguistics to semiotics

Semiotics is, like the other theories in this chapter, far from a unified field. All the variants, however, have a common reference point in their relationship to the concerns and methodology of linguistics (Green & LeBihan 1996). The linguist Saussure posed a challenge at the beginning of the century to which thinkers in many disciplines have responded: to analyse human cultural forms as sign-systems; to treat them, that is, as if they were languages. Structuralist projects in literature and anthropology began to approach their material in this way, looking at social and cultural phenomena as meaningful structures of difference and similarity, finding analogies to the linguistic categories of phonology, syntax and semantics (Sturrock 1993; Palmer 1997). In theory, anything was open to this approach: verbal and non-verbal languages, human behaviour, art - even fashion. Ironically, the closer thinkers such as Levi-Strauss looked at certain phenomena such as myth the more they recognised that they were structured not like a language but like music (Shepherd & Wicke 1997).

Charles Seeger expressed for musicologists the 'method-envy' which many humanistic disciplines showed for linguistics, writing that '...while during the last 150 years linguists have developed a superb discipline of speech about speech, musicologists have done nothing at all about a discipline of speech about music' (Seeger 1977: 38). Seeger expected that a structuralist or semiotic approach might solve the problem of an adequate analytic metalanguage for musicology, and offer music theory a way out of the perceived stalemate of nineteenth century critical traditions.

The dawn, however, proved somewhat false. Direct theoretical borrowings from linguistics resulted in as many problems as promises in that music demonstrated that its *differences* from verbal language were possibly more significant than its similarities. As the semiotician Umberto Eco (1977) pointed out, music, if it is a semiotic system, is one without a semantic plane. On this point foundered the basic distinction in semiotics between the *signifier* and the *signified* which theorised a model of "message>>code>>receiver". But this came up against the age-old perception that music was both *more* than a code as well as more than a structure. Early semiotic analyses of music ran into both practical and philosophical problems in attempting a linguistics-style rigour (Dunsby 1982), and, arguably, it was only with a looser style of 'post-structuralist' semiotics that the theory could be workable.

The later work of Jean-Jacques Nattiez is most representative of this more flexible phase of applying semiotic theory to music. Nattiez calls his approach 'musical semiology', and the remainder of this section will concentrate on his perspective.

4.11 Nattiez' 'musical semiology'

Nattiez' work has shown a gradual evolution from structuralist origins to a post-structuralist phase represented by his major text *Music and Discourse* (1990). Anthony Pryer (1996) comments that this work is valuable for being probably the first cultural theory of music analysis to have been written, an appreciation which highlights the usefulness of Nattiez' perspective. He takes a wide view of music as part of an interrelating complex of sign-systems involving both musical structures *and* extra-musical meanings. Consequently, he regards musical practices, discourses on music and formal analyses to be equally significant and interesting

phenomena - which, however, share the same semiotic structure.

The lineage of Nattiez' semiotics lies more in Peirce and Molino than in Saussure (Ayrey 1990). Nattiez' own work as an ethnomusicologist has influenced how his semiological theory sees music primarily as *communication*, not just as structure or artefact (Nattiez 1989), and he borrows from Molino (1990) the inclusive anthropological notion of the 'total musical fact'. Music for Nattiez is firmly (in Middleton's phrase) 'on the grapevine of culture', and as such his interest lies in the interaction of musical and other symbolic forms.

Underlying Nattiez' musical semiology are Charles Peirce's concept of the dynamic sign, and the 'infinite interpretant' (Nattiez 1989; 1990):

A sign, or collection of signs, to which an infinite complex of interpretants are linked, can be called a *symbolic form*... Semiology is the study of the specificity of the function of symbolic forms, and the phenomenon of referring to which they give rise.
(Nattiez 1990: 9)

In contrast to semiotic theories which emphasise communication as a coding mechanism, Peirce and Nattiez re-define a symbolic form backwards, as it were. That is, a form is symbolic not because it communicates a given message through a set code, but because, in Nattiez' colourful phrase it 'incites narratives of interpretation' (1990: 128) - because, that is, people find meanings in it. There are, therefore, an infinity of possible responses to a symbolic form⁶, and it is the fact that we *can* find (or impute) meaning in a form that makes it symbolic. This argument forms a direct

⁶ In the jargon of this form of semiotics, 'interpretant' is an interpretive response to a symbolic form (and not the interpreter). There are in theory an infinity of possible interpretants - though these might be 'controlled' by interpretive traditions and other factors. Nattiez' project is much concerned with these 'controls'.

challenge to the idea of language simply as the unmediated transmission of information, and the working-out of the implications of this insight forms Nattiez' main theoretical tool for a musical semiology - what he calls the *tripartition* - which he outlines immediately in the opening paragraph of *Music and Discourse*:

This book is based upon a hypothesis that I shall immediately state: the musical work is not merely what we used to call the 'text'; it is not merely a whole composed of 'structures'... Rather, the work is also constituted by the procedures that have engendered it (acts of composition), and the procedures to which it gives rise: acts of interpretation.
(Nattiez 1990: ix)

4.12 Nattiez' *tripartition*

Nattiez designed the 'tripartition' to challenge the common-sense notion about musical communication which is seen to take the form:

Producer >>> Message >>> Receiver

Whilst everyday forms of verbal communication seem to conform to this⁷, within music the situation is more problematic. The model would imply that a 'musical message' is sent by a 'producer', via a 'musical code' and the 'meaning' understood by the receiver who 'de-codes' it. Nattiez makes a simple reversal of one of these arrows in his 'tripartition' model and conveys a quite different idea:

Producer >>> Trace <<< Receiver
<i>poietic process</i> >>> <<< <i>esthetic process</i>

⁷ Molino and Nattiez present a critique of the 'information transmission' model for all symbolic forms - but it is most clear when everyday verbal communication is contrasted with more complex symbolic forms.

This time, rather than there being a 'one-way' and unambiguous communication, there are instead two different *processes* working separately towards the central material 'trace' (or 'footprint'). Nattiez called these the *poietics* (the productional process) and the *esthetics* (the receptional process) of music - the 'trace' (or 'neutral' level)⁸ in the middle being the structure which can be preserved or analysed. Any symbolic form can be modelled with this tripartite perspective, and each site of the tripartition can be a separate site for investigation. The next diagram (Fig.4-1) shows *poietics* (P) and *esthetics* (E) represented as independent sites which converge on the trace (T) from independent directions. This emphasises that each is an independently *constructive* process, rather than an aspect of a traditional coding/ de-coding system.

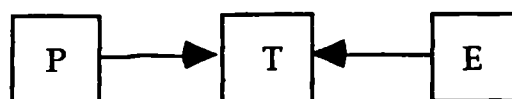


Fig. 4-1 A model of Nattiez' *tripartition*

This model implies that not everything the producer intended (and 'structured into' the trace) is received - or, on the other hand, that any of the 'intepretations' made by the receiver would be recognised as meaningful by the producer. 'Meaning' writes Nattiez 'is only a hypothesis of reception'.

What is perhaps unusual about Nattiez' view is that he looks for a reconciliation between the structural and symbolic levels of musical works. For Nattiez the central site of the tripartition, the *trace*, has a quasi-objective material reality, being composed of structures in a given

⁸ Nattiez developed these ideas over many years, and they (and the terminology) changed in response to subsequent critiques and elaborations. For a history of all of this see Nattiez (1989). For my purposes I present a simplified account of Nattiez' model.

medium. These structures, Nattiez argues, can be analysed in a variety of ways quite independently of questions of authorial intent or of perceptibility. As an example Nattiez cites Boulez' comment on his analysis of *Le Sacre* - that he is neither concerned whether his analytic 'findings' were intended by Stravinsky or are perceptible by the listener.

Essentially Nattiez intends the tripartition model to present a more complex and flexible view of musical meaning. He wants to encourage a view of symbolic phenomena which shows how it may be possible to 'reconcile formal and hermeneutic interrogation, the analysis of a neutral level and a material trace, with a web of interpretants' (1990: 28)⁹. Though approached within the semiotics tradition, this project of attending to the analytic significance of musical *reception* is similar to the agenda of the 'New Musicology' presented in Chapter 2 (particularly that of Cook, Frith and Kramer).

Nattiez also uses the tripartition to model musical metalanguage, *Music and Discourse* having equal sections on 'The Semiology of the Musical Fact' and 'The Semiology of Discourse on Music'. Nattiez' intention is to use the tripartition to 'situate' verbal commentary and analysis in relationship to musical practices. According to the logic of the tripartition, metamusical levels (as commentary or formal analysis) can equally be seen to have a *poietics*, (commentary is produced within a context), a material trace (a spoken or written text) and an *esthetics* (interpretive readings of such material). Nattiez intends the modelling of the different levels to lead to comparative study in the 'critical' sense presented in this chapter (conforming to Paddison's Level 3¹⁰).

⁹ Other aspects of Nattiez' musical semiology will be presented in the following chapter. The survey in the present chapter is designed to give an overall perspective.

¹⁰ See pp 90-1

4.13 Musical semiology & 'music therapist's dilemma'

In its emphasis on musical and metamusical *processes* (productional and receptional) and how these relate to 'musical objects', Nattiez' model is especially appropriate for investigating 'music therapist's dilemma'. He himself writes that the model needs adapting to different practices:¹¹

The tripartition model, universal though it claims to be, remains valid only so long as it can be adapted to the natural articulations of the phenomena it studies, and can embrace the respective hierarchic weights of each phenomenon's component parts.
(Nattiez 1990: 90)

One characteristic of Nattiez' 'musical semiology' which would set him apart from the other theorists presented in this chapter is his tendency to waiver between a quasi-structuralist and a post-structuralist position. He seems not entirely comfortable in either camp, commenting on the one hand that 'pure structuralism has proved unworkable' (1990: 28), but also that his semiological project is a 'control to interpretation':

Must we appeal to that epistemological monster 'relative truth'? Do we have to fall into the vertigo of absolute relativism, into what the partisans of deconstruction would draw us?
(Nattiez 1990: 236)

Additionally, it is clear from this that Nattiez is not using the term 'discourse' in the 'radical' version presented earlier in this chapter. Puzzlingly, he never actually defines the term in his book, and does not explicitly link it to those post-structuralist theories outlined in Part 2 of this chapter. At one level 'discourse'

¹¹ The next chapter presents an adaptation of the tripartition according to the specific characteristics of music therapy practice.

seems no more than a synonym for varieties of 'talk' on music - within Nattiez' basic thesis that both operate as interacting (and similar) symbolic systems. However, the way he presents musical metalanguage (including theory and analysis) is clearly 'constructionist' in the sense of language and theory being seen as *constituting*, and not simply reflecting reality. This is clear in Chapter 8 of *Music and Discourse* where Nattiez examines the relationship between native informants' talk on music and 'ethnotheories'. The job of the musicologist, he states, is not simply a case of 'reconstructing' the theory but of *constructing* it - a hermeneutic act with interpretive risks:

This is why, rather than supposing that the theory is somehow hidden behind the discourse, we must take it as axiomatic that the theory is produced by the musicologist *out of* the discourse. The musicologist's work must begin with recognising, with observing particular modes of organisation for thinking about music *as mediated by discourse*.

(Nattiez 1990: 187)

As Pryer (1996) has suggested, Nattiez' work is foremost a cultural theory of music analysis. He develops an assortment of theoretical concepts with which to examine the relationship between music and its metalanguages in a critical fashion. In addition to the 'tripartition' these include 'analytical situations', 'analytical criteria', 'transcendent principle' and 'plot' - all of which will be examined in more detail in the next chapter in relation to the music therapy situation.

4.14 Conclusion

The three theoretical perspectives outlined in this chapter - critical theory, discourse theory and musical semiology - share many similarities, though were raised in quite different intellectual stables. Overall they take a common 'critical' perspective; that is, they see their

fundamental function, as intellectual tools, being to 'look behind the curtain' of language and theory in order to see how these phenomena are themselves actively *constructive*, rather than simply reflective of things in, and states of, the world. They aim to examine the relationship of texts to contexts, to examine hidden assumptions and to 'expose' uncritically accepted 'truths' which cling to (and perhaps limit) practices and disciplines.

My aim, as the epigraph at the beginning of this chapter suggests, is to regard these theoretical perspectives as *bricolage* for the purpose of building a flexible analytic approach to the data: one which will fit music therapy and which can facilitate closer scrutiny of the particular issue which I have identified as 'music therapist's dilemma'.

The next chapter functions as a preparation for the main data analysis of the thesis, by using Nattiez' theory as a tool to model the overall situation of music therapy, where both clinical practices and discursive practices inter-relate in a more complex way than is normal in contemporary musical culture. This will prepare the ground for a more detailed examination of the relationships between practice, discourse and theory in music therapy in the main Data Units of Chapters 6, 7 & 8.

Chapter 5

A Semiological Model of Music Therapy

Tripartitional semiology must be adopted if we are to account for different kinds of symbolic forms... The tripartitional model, *universal though it claims to be*, remains valid only so long as it can be adapted to the natural articulations of the phenomena it studies, and can embrace the respective hierarchic weights of each phenomenon's component parts.

(Nattiez 1990: 89)

5.1 The 'total musical fact' & music therapy.

Nattiez regarded the tripartition as appropriate to examining musical and metamusical practices in any situation or culture. He described the three dimensions of the tripartition as comprising the 'total musical fact', his argument being directed against the tendency to reduce music to just one of these dimensions. 'The essence of a musical work', he writes, 'is at once its genesis, its organisation, and the way it is perceived' (1990: ix). This attitude (and the specific analytic methodology which Nattiez developed to illustrate it) is particularly appropriate to investigating a form such as music therapy. Using the tripartition and some of Nattiez' other concepts as analytic tools allow us to model music therapy in relation to more mainstream musical practices in order to tease out similarities and differences and hopefully to clarify aspects of how music therapy, and talk on music therapy, functions.

I attempt in this chapter to 'map' in terms of the tripartition what could be called the 'total music therapy

fact' - which consists of doing it, talking about it, analysing and theorising about it - and finally examining it from a meta-theoretical level. The resulting model informs the analysis of the data in Chapters 6, 7 and 8.

5.2 'Weighting' the *tripartition*

The tripartition proposes three possible sites in any symbolic system (*poietic*, *trace*, *esthesis*) which are engendered by two related processes, the *poietic process* and the *esthesis process* (Fig. 5-1):

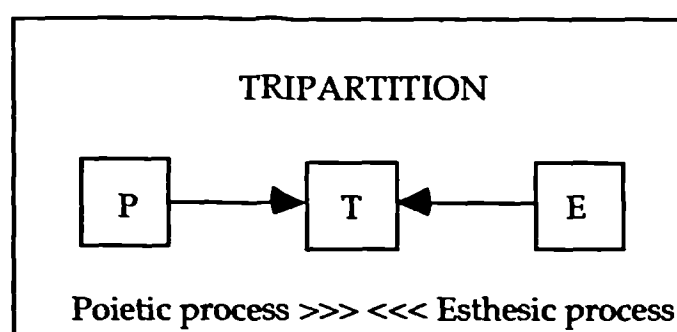


Fig. 5-1: A model of Nattiez' *tripartition*

Semiotics in music developed primarily in reference to Western art music and its concepts of 'composer', 'score', 'performance' and 'interpretation'. However, as John Blacking writes in his paper 'The Problems of "Ethnic" Perceptions in the Semiotics of Music':

The study of music for which there is no written score, and in which the structure emerges only in performance, raises special problems for the semiotics of music. (Blacking 1981: 184)

As an ethnomusicologist himself, however, Nattiez is well aware of the differing cultural conditions of production, preservation and perception of musical phenomena. He considers in his later writings the problems of applying the *tripartition* to 'ethnic' musics and to improvisation, where issues of cultural process and transcription of performances must be addressed. But still, he states, the main principle stands - that even in

'process musics' all dimensions of analysis (as presented in the tripartition) are valid:

We should focus on the fact that, in all musico-symbolic forms, *process* coexists with stabler aspects....symbolic forms give rise to interventions by poietic and esthetic processes....Neutral analysis of improvised music, while necessary as a prelude to esthetic analysis, is also legitimate in its own right... Analysis of process requires, in short, an alternation between analysis of the neutral level, which is relatively static, and poietic analysis, which is unquestionably dynamic.
(Nattiez 1990: 88)

Musical semiology thus acknowledges that different cultural contexts, mediums and styles of music-making influence the 'weighting' of the *tripartition*: '..their culture gives each a specific weight; the anthropological aspect of the semiological approach enables us to acknowledge this 'weighting' (1990: 57).

5.3 The *tripartition* and music therapy

Application of the *tripartition* to the situation of music therapy involves similar problems to those of 'process' and non-Western musics. Additionally, music therapy is by definition not just an aesthetic pursuit: its process also involves a therapeutic agenda and consequently its products are not intended as art objects. Here the tripartition is useful in showing up the similarities and differences between music therapy and other musical activities - as Nattiez does for the problems 'ethnic' musics pose for categorisation and analysis. The remainder of this chapter attempts to do this; to regard music therapy praxis and its related activities in relation to the *tripartition*.

There can be seen to be three levels of the 'total music therapy fact' - each of which has its own tripartition structure of *poietic* and *esthetic* processes 'converging' on a material *trace*.

- **I Praxis level** at which music therapy is practised and directly experienced and perceived in real-time.
- **II Discourse level** at which music therapy as praxis is the subject of an informal or formal metalanguage.
- **III Critical level** at which music therapy as praxis and discourse is the subject of critical (reflexive) inquiry and research.

These three levels stack on top of each other, each with the same basic semiological structure in terms of the *tripartition*. Subsequent sections of this chapter will examine each level in turn (and the relationships between them) along with the characteristics of each of the tripartitional sites:

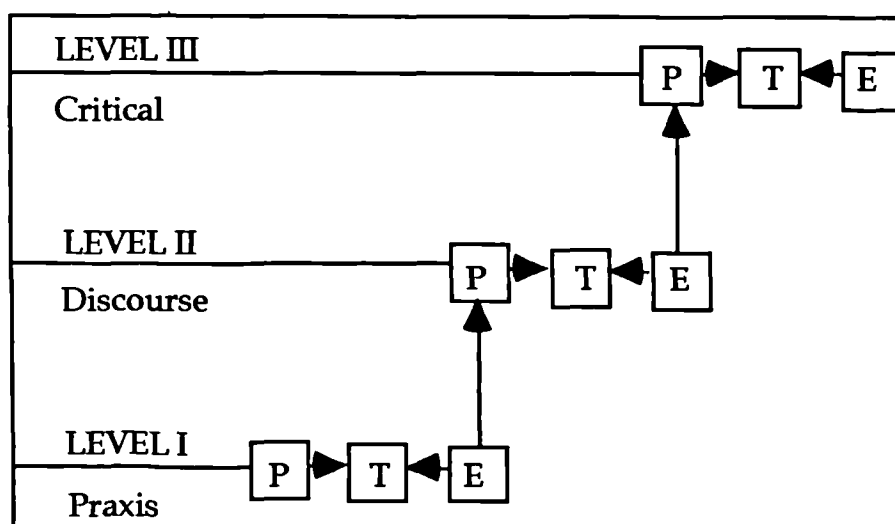


Fig. 5-2 The three levels of the 'total music therapy fact'

5.4 Level I: Praxis

The Praxis Level is where the activity of music therapy happens - in real-time in the music therapy room. This level can be seen in terms of the three sites of the tripartition, which will be discussed in turn, prefaced

with Nattiez' definitions (from *Music and Discourse*) of each of the sites.

Site 1: *Poietic*

By poietic I understand describing the link among the composer's intentions, his creative procedures, his mental schemas, and the result of this collection of strategies; that is, the components that go into the work's material embodiment.

(Nattiez 1990: 92)

Nattiez divides the *poietic* dimension into two aspects: the *intentions* of the composer and the embodiment of those intentional strategies within the *components* of the work. In the case of Western art-music a large part of the poietic process typically happens within the solitary splendour of the composer's head. This process is then externalised as a material 'text' (the score) which in turn communicates the composer's intentions as musical structures (located at the 'trace' level of the *tripartition*). From this the 're-creation' of the text takes place in performance, and analysis starts from the score.

In non-Western and improvised musics, however, this schema must be modified, with an increased weighting and significance given overall to the *poietic* process. For here the musical product is more merged with the act of performing; the process *is* the product. In music therapy, the *raison d'être* is the *poietic process*, which happens in real time between two or more people, as a fused communicative and musically creative activity.

Here Nattiez' distinction between 'intentions' and 'components' becomes in improvisation more part of an external process in 'performance time'- where the music-makers negotiate their intentions; where the 'components' become structures in a more spontaneous way, representing in turn the nature of the social-musical interactions taking place. These do not get naturally

formed into a text for further performance: in many process and improvisational forms of music (music therapy included) the real-time *poietic* experience is the whole point of the activity.

It is also worth bearing in mind that a poietic process *need* not be intentional; a chance procedure of composition or improvisation can also be a poietic condition of creation. In the music therapy situation some of the 'intention' may be confined to one party (the therapist), with the client's 'accidental' gestures being given musical meaning by the therapist's musical reactions to them¹.

In these terms, the *poietics* of improvisational music therapy consists of the following:

Intentions

Therapist's theoretical orientation in regard to music, therapy and music therapy. As Aigen (1991) remarks, however, this need not mean that the therapeutic process is rule-governed as such.

Learned techniques and procedure: intentional strategies, both musical and therapeutic. This could also include the influences on the client from previous musical and/or therapeutic experience.

Components

The real-time musical behaviour between therapist and client which constitutes the interactive and creative process. Not yet a structure, it is the 'structuring' process deriving

¹ This is paralleled, as many recent music therapist writers have noted, with the situation of mother-infant vocal communications. See Pavlicevic (1997), Chapters 8 & 9.

from the physical interaction of the players' expressive intentions and the musical material.

An aspect still missing from this characterisation of the poietics of music therapy (as well as those of many non-Western musics) is the *effect* of the music-making - which occurs within the real-time of the poietic process. In the case of traditional musics this aspect is often expressed as ritual involvement or social harmony (Blacking 1995). In the case of music therapy there is explicit expectation of some relationship between the musical process and a therapeutic effect. Given this is central to why music therapy is practiced it must also be explicit in any semiological model of music therapy. Therapeutic efficacy is more than an epiphenomenon of *poietics*; it is a parallel and dynamic feature which could be represented symbolically as in Fig. 5-3, where there is a reciprocal (and sometimes immediate) relationship between musical process ('m') and therapeutic effect ('e'):

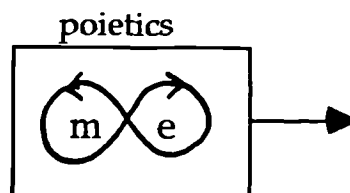


Fig. 5-3 The *poietics* of music therapy: the interaction of musical process (m) and therapeutic effect (e).

This relationship can be seen as essential at each of the 'levels' of the 'total music therapy fact': at the 'discourse level' (Level II of Fig. 5-2) people talk about what is happening in terms of music *and* therapy. Researchers then attempt to demonstrate evidence for relationships between 'm' and 'e'. Theorists model such relationships and meta-theorists in turn examine the grounds for such modelling.

Consequently, in music therapy, *poietics* as ['m'/'e'] is the central weighted site, given this is where unique

events of music-therapeutic significance take place for the client(s). As a result of the *poietics* of music therapy, however, the other two potential sites of the tripartition are automatically activated (though are not essential as they are in Western art-music). These have to do with how the events of *poiesis* are preserved and reconstructed through descriptive and interpretative commentary.

Site 2: *Trace*

The symbolic form is embodied physically and materially in the form of a trace accessible to the five senses. We employ the word 'trace' because the poietic process cannot immediately be read without its lineaments, since the esthetic process (if it is in part determined by the trace) is heavily dependent upon the lived experience of the 'receiver'... An objective description of the neutral level can always be proposed - in other words, an analysis of its immanent and recurrent properties.

(Nattiez 1990: 12)

Improvisational music therapy has no work, score or performance situation that compares to Western art-music. Some music therapists, however, do create a material trace when they make an audio or videotape of the session. The purpose of this is for the therapist to rehear and assess their work (or possibly, at a presentation, to show 'what happens in music therapy'). Paul Nordoff remarked that Creative Music Therapy would not have been possible before the invention of the tape-recorder - so important did he consider the discipline of listening back to sessions.

Though carrying a different emphasis, the music therapy 'trace' nevertheless matches Nattiez' definition, as a material embodiment of the *poietic* process - one, moreover, which is empirically accessible and consists of (at the least) formal configurations.

It could be argued that some versions of the 'trace' in music therapy are artificial ones, constructing a musical object from a transient process. A transcription of music therapy material, for example, produces an artefact which is only a ghost or fossil of the original situation. The epistemological status of *post hoc* analyses therefore perhaps needs questioning; a familiar issue to musicologists dealing with unwritten musics (Middleton 1990; Blacking 1995). This debate questions whether *transcription* misrepresents poietic acts, and is therefore not a suitable starting-point for the analysis of improvisational or process musics. These questions, however, are properly issues of the next ('discourse') level of the tripartitional scheme and will be addressed in a later section of this chapter. Suffice at this stage to re-state that, in the case of music therapy, the existence and the status of the 'trace' (and consequently of any analysis of it as an empirical structure) is innately problematic.

Site 3: *Esthetics*

By esthetic I understand not merely the artificially attentive hearing of a musicologist, but the description of perceptive behaviours within a given population of listeners; that is, how this or that aspect of sonorous reality is captured by their perceptive strategies.
(Nattiez 1990: 92)

...the esthetic process reconstructs the message: it encounters the poietic, it does not "receive" it.
(Nattiez 1990: FN30)

Perceptive behaviours to music therapy are wide-ranging. Initially, both music therapist and client(s) are in the session both creators and receivers of the musical process in real time. Additionally, reception (as direct observation) could take place by researchers or students watching the therapy behind a one-way mirror. Later the music therapist may listen back to, or watch, the 'trace' in the form of an audio or video recording in order to

monitor the therapy. Later still, excerpts from the tape may be presented to other music therapists to illustrate a case to music therapy students for teaching purposes; to researchers of music therapy; to other professionals as part of a case conference on a client; to non music therapists at a conference. These different groups will all have their individual *esthetic* stance on the material 'trace' and its relationship to the original poietic process.

It could be argued that in real-time there is a special form of 'poietic listening' which is distinct from listening to the 'trace' in any form. Such a 'poietic listening' would characterise the reciprocal listening response which client and therapist make within the improvisation - the constant creative feedback between 'intentions' and 'components' which is the hallmark of improvisation, and a key aspect of the music-therapeutic relationship. Is this an esthetic process, but one different from other receptional forms? Or is it essentially a creative procedure, that is properly part of poietics? Nattiez (1990) tackles a similar issue in relation to his discussion of Schaeffer's 'concentrated hearing' which isolates 'sound-objects' for compositional use. Likewise, composers commonly work through a process by which they listen (either internally or externally) to the dialogue between sound and imagination (Cook 1990). Nattiez moves this level towards the *poietic*, and it may usefully be asked whether the situation in music therapy, where this dialogue between music, action and imagination is externalised and enacted in real time, is also best represented by a poietic emphasis.

Another possibility for characterising this problematic aspect of esthetics is in terms of Seeger's differentiation between *music knowledge* and *speech knowledge* (Seeger 1977). In these terms, 'poietic listening' involves a dynamic perception and creative feedback *within* 'music knowledge', and as such is (as in Nattiez' 'verdict'), a special case of *poiesis*. It remains,

however, firmly at the Level I (Praxis), and is not always accessible to 'speech knowledge' of the musical phenomenon, which occurs at Level II (Discourse). It is, in other words, an example of Nicholas Cook's (1990) 'musical listening' (as opposed to 'musicological listening').

Though each form of 'esthetic' process moves away from the 'source' of the real-time activity in music therapy, enough information seems to remain for the *poietic* process to be (re)constructed from the 'trace'. *How* it will be constructed is another matter, and it is a central emphasis of Nattiez' musical semiology that the interpretive play initiated by a symbolic form from the esthetic standpoint forms *hypotheses of reception* rather than accounts of 'what really happened'. As Nattiez writes:

Here we encounter one of the most tenacious myths purveyed not only by musicology, but also by semiology and human sciences in general; in human intercourse (whether artistic, linguistic or social), strategies of perception will correspond to strategies of production. (Nattiez 1990: 212)

In other words, we come back to the territory of 'Seeger's Dilemma' and the 'gap' between music and commentary on it. Speech on music is a second system, not a direct image of the music. This brings us to Level II of the 'total music therapy fact' - Discourse.

5.5 Level II: Discourse

Analysis exists because it deals with another object - the musical fact being analysed. In other words, discourse about music is a *metalanguage*. (Nattiez 1990: 133)

Talking about or analysing music therapy starts from an 'esthetic' standpoint, but one which 'steps up' from the 'praxis' level to one of *discourse*. The

organisation of this second level is equally amenable to the *tripartition*, if discourse is seen in Nattiez' term as 'surrogate symbolic behaviour' (1990: 133). It can immediately be seen that discourse has both similarities with the semiological features of Level I (it is also produced, preserved and perceived) and differences - in Seeger's terms it creates a 'musicological juncture', where one language system confronts another unlike itself ('speech knowledge' confronts 'music knowledge'). Discussing Level II semiologically involves concentrating on the problems of the relationship between Level I and Level II (Fig. 5-4).

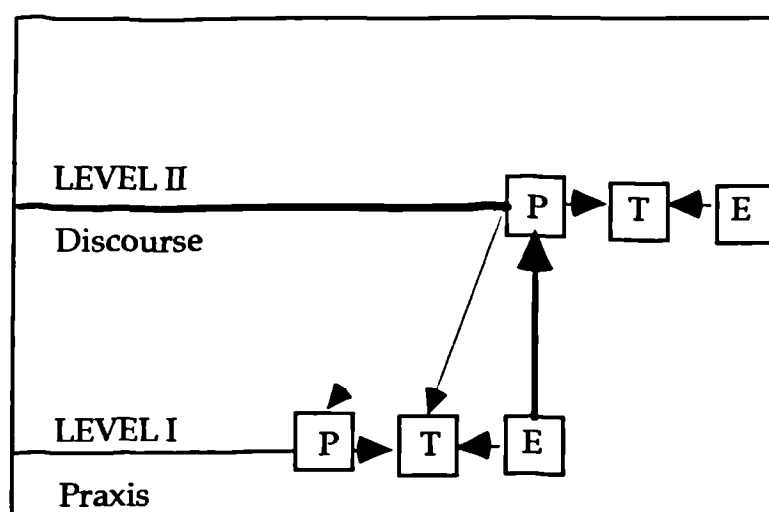


Fig. 5-4 Moving from music therapy praxis to discourse

A discourse on music therapy is a complex symbolic form, its occasions ranging from informal talk to systematic analysis. In common with any discourse based on musical phenomena there are three main elements of a 'discourse level' which I will outline in turn:

(i) : The object(s) of music therapy discourse.

As we see from Fig.5-4, discourse on music therapy at Level II emerges from the *esthetic* site of Level I, but then takes an elevated perspective at a new Level II. The possible objects of this perspective are the *poietic* and

trace sites of Level I. In Western art-music the weighting of analytical discourse typically rests primarily on the trace, representing as it does both the end-point of poietic strategies and the starting point for performance interpretations and *esthetic* commentary and analysis.

But in the music therapy situation the dominant site of Level I is 'poietics' and not the trace, as we saw in the last section. This means that the main issues in regard to music therapy discourse are: How can it reconcile the difference between the trace as a structure and 'poietics' as a multi-faceted process, and how can it negotiate the relationship between these two sites?

(ii) : The perspective of music therapy discourse.

The different weighting of the tripartition also affects what Nattiez calls the *analytical situation* of discourse. He meant by this the way in which an analysis take a particular perspective within the tripartitional model and consequently emphasises some aspect of the symbolic form - negotiating, in effect, a relationship between the material 'trace' and the two processes, *poiesis* and *esthesis*².

The simplest analytical situation would be what Nattiez calls 'immanent analysis' which orientates almost exclusively towards the trace, and consists of structural analysis of the score of a work - little attention being given either to poietic or esthetic dimensions. In contrast, music therapists do not typically study the 'trace' as a structure in itself (amongst other reasons because the only trace is often a tape, and detailed analysis would involve transcription).

² "All description, all analysis considers its object from a certain standpoint. Characteristic standpoints determine how the object is articulated by the observer. I will call this collection of standpoints the observer's *analytical situation*" (Nattiez 1990: 133).

An exception here is the work of Colin Lee (1995; 1996), one of the few music therapist-researchers to give detailed attention to the structural analysis of the musical process within music therapy, transcribing improvisations from a 'trace' on tape to a notated score. Whilst unusual in making such a transcription, his analysis was nevertheless not strictly an 'immanent analysis' but worked instead from the most common 'analytical situation' for music therapists, *inductive poietics*. That is, as Nattiez writes: 'One can proceed from an analysis of the neutral level to drawing conclusions about the poietic... This, it seems to me, is one of the most frequently encountered situations in music analysis' (Nattiez 1990: 140). However, in comparison to the conventional music analyst, Lee is not just trying to ascertain the composer's poietic strategies, but is examining the structures of the trace for 'evidence' of the whole enhanced poietic process of music therapy - in short, he is looking for hints in the trace as to how the complex music-therapeutic process might be working (especially the relationship between 'musical activity' and 'therapeutic effect').

Two further categories of Nattiez' analytical situations might occur in analyses of music therapy material: (i) *external poietics* : comprising of any reporting from external sources - perhaps clinical reports or information from the client, and (ii) *external esthetics* : receptional information from people external to the process (e.g. listening experiments or formal assessments) may be used to build up an analytic picture of the music therapy process.

Different levels of discourse serve different needs within music therapy practice. Everyday (non-formalised) discourse in music therapy may have a roving reference between the poietics and the trace, whereas a more formalised discourse may intentionally examine one site at a time, as did Lee. Another writer on musical

semiology, Raymond Monelle (1992), suggests a two-level split here between 'informal' and 'formal' discourses on music. 'Informal' here would comprise of metalanguage ranging from the layman's comment to involved hermeneutic exegesis - but remaining essentially descriptive and expressed in prose. In contrast, a 'formal' metalanguage attempts to model the musical process in order to explain it - to simulate (formally and usually graphically) aspects of the trace or poietic process. Music therapy discourse largely restricts itself to varieties of the 'informal' mode (though again Lee's work is the exception to this).

This concludes an outline of the poietics of Level II which determine the perspective it takes on Level I. But there is a further important aspect of the Discourse Level II - its own 'trace' - being the components and structures of language which can be preserved and analysed in order to find out more about the process of constructing a metalanguage on music therapy.

(iii): The elements & structures of the metalanguage.

Juxtaposing definitions...raises the question of analytic criteria. In practice, the subtlety of the metalanguage depends, obviously, on the analytic criteria which support it.

(Nattiez 1990: 159)

Aspects of interest concerning the 'trace' site of Level II are:

- What are the *types of discourse* used to describe, analyse, explain or interpret 'objects' on Level 1?
- What *vocabulary/terminology* makes up this discourse?

For Nattiez terminological words are semiological units, and as such form the *analytical criteria* on which

discourse and analysis is based. Choice of terminology influences what can be referred to, and at what level of detail. For example, in the chapter 'The Semiology of Musical Analysis' Nattiez takes the musicological terminology for melody and examines the uses of the terms 'cell', 'motif' and 'figure' in analytical accounts. An investigation of the analytic criteria of music therapy would equally examine the available terminology for its ability to represent 'objects' and processes.

A second possible question to ask of the trace site of Level II is whether the discourse is *descriptive*, *explicative*, or *normative*. To an extent this takes us back to the poietics of the discourse and the historical, personal and pragmatic conditions of its production. However, as with Level I, it is nevertheless still possible to *describe* the forms of discourse on music independently of a knowledge of the speaker's intentions. Apart from the overall distinction between informal (prose) and formal (graphic) analyses, Nattiez also suggests three styles of musical metalanguage within the informal category: 'impressionistic', 'paraphrase' and 'hermeneutic'. These cover the range from the most florid descriptive prose which avoids technical language, through to 'blow-by-blow' commentary on musical components, and finally to interpretative extra-musical readings of works. The analysis of the discourse of music therapists in Part III will examine the trace site of music therapy discourse in terms of these areas of terminology, style and intended 'purpose'.

Finally, Level II as a functioning symbolic system in its own right also has an *esthetic* site. Whether the discourse of Level II comprises of a formal analysis or commentary which can be read, a paper listened to, a commentary as part of a teaching procedure, or simply an informal remark - all these forms can be received by someone. They can be understood, misunderstood, interpreted or misinterpreted according to circumstance.

In the way that Level I represents music therapy practice, Level II represents 'discursive practices' within music therapy - the activities of producing, preserving and receiving a discourse of music therapy. The difference between the two Levels, however, is that Level II is a *meta*-level and as such can quickly be 'naturalised' and regarded as normative, when it is in fact a level of independent symbolic construction relating to Level I; a fact which the tripartitional model emphasises. A consequence of this is that one form of the esthetic site of Level II is a *critical reception* to the discourse - which takes us to the final semiological level.

5.6 Level III: Critical

Because it is a critical framework ... musical semiology examines what other musicologists select from their musical material, how they make their selection, how they discuss it, and what principles form the basis for the discussion.

(Nattiez 1990: 178)

The *critical* level III begins (as did Level II from Level I) from an esthetic origin in Level II, but rising to a new perspective.

The sense in which Nattiez characterises musical semiology as a *critical* activity links it to the perspective of 'critical theory' that I outlined in Chapter 4. This is perhaps best summed up by Paddison's statement that "critical theory has to do with how a theory relates to its object, and how it deals with the contradictions of its object" (1996: 14).

In Fig. 5-5 it can be seen that Level III once again has the same semiological structure as the previous two. But the poietic activity of the Critical level is essentially removed from praxis concerns, having instead a metatheoretical function. Its activities are represented by the two arrow lines marked (a) and (b): (a) examines the

trace of music therapy discourse - its terminology, structures and style, whilst (b) critically examines how this discourse relates to Level I (its processes [P] and structures [T]).

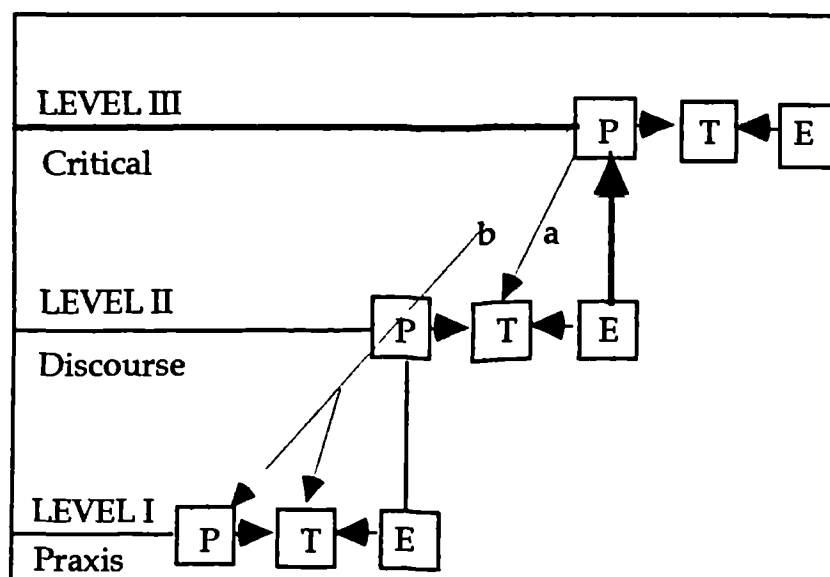


Fig. 5-5 Moving from Discourse to the Critical Level

In other words, Level III examines Paddison's critical area of how a discourse deals with its musical objects and the natural contradictions of such objects (those which earlier sections of this chapter have shown to be very much part of the 'total music therapy fact').

A critical perspective on the poietics of the Discourse Level would be interested in teasing out its *poietic space* - that is, the conditions of creation in terms of the context and function of the discourse. Here, several more of Nattiez' semiological concepts (outlined in *Music and Discourse*) will be useful: *poietic space*, *transcendent principles* and *analytic plots*.

(i) 'Poietic space' & 'ethnotheory'

From a historical angle, semiological work undertakes to reconstruct what I have called the *poietic space* of the text; that is, the web of scientific paradigms that existed prior to ... [the given analytic project] ... because the project

implicitly or explicitly situates itself in relation to those paradigms. (Nattiez 1990: 169)

The Critical Level attempts to tease out the relationships between theory, epistemology and traditions of language use. Nattiez suggest an ethnographic approach here, in particular the concept of *ethnotheory*. 'Analysis of discourse begins with an ethnographic hermeneutics', writes Nattiez (1990: 192), and he suggests we describe discourses by making an ethnography which has as its objective the reconstruction and understanding of the relationship between a musical corpus, indigenous comments on musical praxis and any underlying cultural-philosophical model of the nature and use of music:

This ethnography is necessary in evaluating the distance between discourse and what it discusses; in other words, the ethnography allows us to judge how far the discourse of the composer, of the native musician 'adheres' to the musical fact, to judge at what point it becomes unreliable.. (Nattiez 1990: 190)

Nattiez illustrates the procedures of such an ethnography in the following diagram:

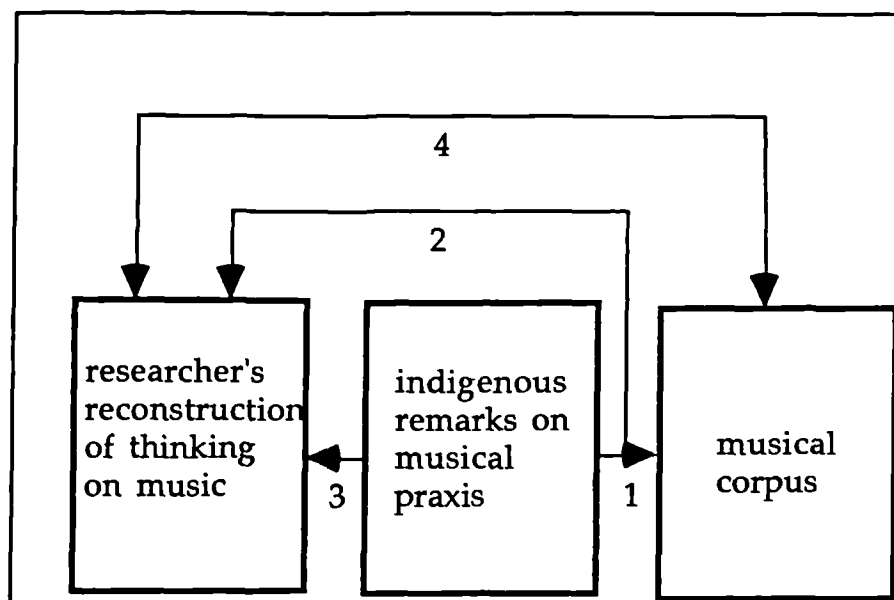


Fig. 5-6 Nattiez' model for investigating ethnotheory

Nattiez explains that:

..the words, as much as the musical corpus, constitute *data*: they have their own symbolic configurations whose specific articulations must be respected. The indigenous discourse bears on the corpus (1). Our job is to examine the nature of the relation between this ethnotheory and music (2). From the study of this relationship (2) , of the words themselves (3), from analysis of the musical corpus (4) one can deduce something like a 'thinking about music', but this is a reconstruction whose connection to the data that allows its elaboration must be established with great care.

(Nattiez 1990: 188)

These aspects to take care of may include the following: that discourse may well be out of step with current praxis; that there may be glaring discontinuous 'gaps' in a discourse; that the 'etic' data of, for example, musical analysis of the trace level may conflict with the 'emic' account of the indigenous practitioner.

This ethnographic approach represents a basic critical attitude to musical discourse: that it must be respected as having a relative, though not an absolute, truth value. Nattiez pleads for a 'middle way' in approaching such complex symbolic material, for a dialogue between the researcher's and the indigenous discourse. "It is a question of dialogue, and dialogue alone, for there can be no purely emic or purely etic analysis" (Nattiez 1990: 196).

(ii) 'Analytic plots' & 'transcendent principles'

Two of the conceptual tools that Nattiez outlines for making this dialogue between the material of the discourse and the 'poietic space' are those of *analytic plots* and *transcendent principles*. Beginning with the former, Nattiez writes:

On the basis of his or her baggage, ideology, philosophical points of reference, and knowledge, the musicologist is

effectuating a particular selection of traits *that he or she arranges according to a plot.*
(Nattiez 1990: 176)

In the sense in which a narrative plot guides the reader through a novel, presenting a certain version of events, it is suggested that so too does any analysis of music. The analyst selects a certain number of traits and variables according to the *analytic plot* he or she is trying to follow. But unlike the analogy to the novel, any analysis will inevitably have another dimension to it: the 'story' is not for its own sake, but represents part of an explanatory agenda - it (consciously or unconsciously) attempts to convince the reader of its way of seeing things. So the plot is in turn arranged by what Nattiez calls the *transcendent principle(s)* of an analysis:

Semiological criticism of an analysis must...in establishing the presence of certain categories of interpretants, attempt to arrive at what I suggest we call the *transcendent principles* of an analysis.
(Nattiez 1990: 173)

Nattiez includes in this category the ontological, philosophical and sometimes metaphysical premises which underlie the theoretical perspective taken. In discussing the roots of Liebowitz' analysis of 'Pelleas' Nattiez speaks of his 'lurking philosophical project'. And this is essentially what a critical perspective detects as the transcendent principles of a discourse or analysis³. Nattiez suggests analysis of these in terms of *themata* :

...it is a matter of observing what types of interpretants intervene in the analysis of the musical fact - and, moreover, observing all the (more or less) conscious assumptions that are orienting the analytical operation.
(Nattiez 1990: 173)

³ In a further footnote on the subject Nattiez adds that the transcendent principle(s) are 'reconstituted by the epistemologist...and thus relate to a hermeneutic approach'. This is consistent with the perspective of critical theory presented in Chapter 4.

In that a music therapy discourse also comments analytically (be it in complex ways) on musical material, we would expect this to be 'plotted' in some sense. And the 'plot' we would expect to be in keeping with the 'philosophical project' being followed - intentionally or unintentionally.

This takes us to the 'critical' or 'reflexive' area of music therapy research (outlined earlier in Chapters 3 & 4). There has been an increasing awareness in recent years that, in Even Ruud's words: '...the field of music therapy can never establish theories and procedures separated from those within the field of psychology and philosophy' (Ruud 1980). Equally Aigen (1996) has shown how the Nordoff-Robbins approach (which typically claims not to work to a non-indigenous theory of therapy) does however reveal on closer inspection its ground in basic world views, values and underlying theories - be these implicit or explicit.

Analysis of music therapy at a critical level focuses in this way on how discourse relates to the objects and processes of praxis (at Level I), whilst also communicating tacitly-held cultural, philosophical and historical themes as a 'lurking philosophical project'. Spoken in the rather harsher language of Critical Theory the project of studying discourse is one of 'exposing the workings of ideology' in music therapy. A start to this might involve giving close attention to the way in which music therapist's talk constructs the discursive objects 'music', 'therapy' and 'music therapy'.

As a discipline and profession music therapy contains both a diversity of practice and of theoretical orientation to which such practice is related (psychodynamic, humanistic, behavioural or phenomenological understandings, to name just four). The interesting question is how such divergence influences the dynamic relationships between the three

levels of the tripartition which represent the 'total music therapy fact'. To put it another way, how clinical, discursive and critical practices construct the discipline of music therapy.

5.7 Conclusion

This chapter has presented a relatively formal model of what I have called the 'total music therapy fact'. It could be argued that the seeming analytic clarity of the model is also its problem - that the reality of any 'real-life' situation is less conceptually neat, with a far more dynamic inter-relationship between praxis and discourse than my structural model suggests. Nattiez has described the tripartition as a 'methodological artefact'⁴, and has emphasised that dynamic aspects of symbolic systems always co-exist with stabler, material ones. It is the latter to which we can give initial analytic attention, following in turn the hints such analyses may give towards possible underlying processes and inter-relationships.

In this way each of the 'stacked' tripartition models in this chapter could be thought of as a 'conceptual concertina' - serving to 'stretch out' for analytic attention a complex and fundamentally indivisible process happening in real time. Though necessarily artificial the models help to 'freeze' the dynamic situation so that it can be examined. Despite its limitations, the semiological modelling brings attention to the factors and conditions underlying 'music therapist's dilemma' - whilst also providing a map of the territory of music therapy in its many dimensions. This chapter is consequently positioned in the thesis to serve as a bridge between Part I (which presents 'music therapist's dilemma' in theory) and Part III (which presents three varying empirical investigations into how music therapists represent music therapy in verbal practices). The semiological model locates the

⁴ In a public lecture at the Department of Music, City University, January 1995.

overall perspective of my study; its origin being at the Critical Level (III) examining the discourse of music therapy (Level II) and its dynamic relationship to Level I Praxis. The model is not intended as a grid which the data is put up against, but as an orientation to further analysis (which also utilises other methodologies such as 'discourse analysis').

A semiological perspective has shown up the intricacies of the 'total music therapy fact'. It has shown how music therapy as a clinical and discursive practice both relates to the norms of musical culture but also has shifts of emphasis within the 'weightings' of the tripartition. Whilst we might conjecture at this stage that 'music therapist's dilemma' takes its origin from the complexities of this situation, the model also suggests how the problem has been obscured by traditional music theory which privileges (and therefore concentrates analysis on) a different site than does improvisational music or a form such as music therapy.

The semiological model has also located where a 'critical-reflexive' perspective on music therapy operates from, and what the 'sites' of its examination must be.

PART III : Representing Music Therapy

This section presents the data of the thesis, which comprises of three studies of Nordoff-Robbins music therapists representing music therapy in words (as commentary, talk or text). Methodological issues are discussed within each study.

Chapter 6 - Commentary : Data Unit 1 presents an analysis of Nordoff-Robbins music therapists commenting on a taped excerpt of music therapy.

Chapter 7 - Talk : Data Unit 2 presents an analysis of Nordoff-Robbins music therapists talking about music therapy within an informal discussion group.

Chapter 8 - Text : Data Unit 3 analyses a selection of written texts by music therapists trained in the Nordoff-Robbins approach, published over a period of thirty years.

Chapter 6

Commentary: Data Unit 1

Human beings are symbolic animals; confronted by a trace they will seek to interpret it, to give it meaning. We ascribe meaning by grasping the traces we find, artworks that ensue from a creative act. This is exactly what happens in music. Music is not a narrative, but an incitement to make a narrative, to comment, to analyse. We could never overemphasise the difference between music, and music as the object of the metalanguage to which it gives rise. Only thus can we start to outline its symbolic functioning.
(Nattiez 1990: 128)

PART 1: INTRODUCTION

6.1 Developing the pilot project

The first data unit of this study presents two 'listening and description tests'¹ which give music therapists an opportunity to comment directly upon taped material from music therapy sessions. I characterise this level of discourse as 'commentary', as representing the 'close focus' perspective of Fig. 1-2 (p.37) - where the 'talk about' music therapy is closest to clinical praxis, and where we are perhaps most likely to encounter 'music therapist's dilemma' in its clearest form.

¹ Hereafter 'L&D tests'.

I developed the L&D tests in the pilot project for this study (Ansdell 1996)². The format of these tests and a summary of the main findings of the pilot project was outlined earlier in Chapter 1 (pp 38-42). The current chapter presents two further tests which, though based on the format and implications of the pilot project, were also different in several ways.

6.2 Data rationale & collection process.

The rationale of the L&D tests was to elicit verbal commentary at a 'close focus' level on an example of music therapy praxis, presented as a musical trace on tape. In the pilot project the five listeners were chosen to represent a broad range of experience at both musical and music-therapeutic levels (again, see Chapter 1 for a discussion of this). The two further L&D tests presented in this chapter were shaped by the implications of the pilot project. The refined research questions are:

- 1 How do listeners describe the excerpt as (i) a musical object in its own right and (ii) as representative of the 'people-in-music', their inter-personal and inter-musical relationship, and any therapeutic process which may be happening?
- 2 What do listeners' comments attempt to do? Describe, account for, explain or interpret the material?
- 3 How does the commentary show the 'slippage' between what is description, 'inference'³ and interpretation of the material heard?

² See Appendix A for the pilot project published as an article ('Talking about Music Therapy: A Dilemma and a Qualitative Experiment') in the *British Journal of Music Therapy* 10(1) 1996.

³ I developed the concept of the 'musically-grounded inference' in the analysis of L&D test 1 (Ansdell 1996). It was intended to convey the sense in which the listeners' comments could be seen to infer *why* the 'people-in-music' might be

-
- 4 How 'close' is the relationship between the language used and the phenomenon being commented on? Is it accurate at a descriptive level?
 - 5 What does the commentary 'function' as? - does it 'construct' or 'frame' how the listener wants the material to be understood? What are these constructs/'frames'?

These can be summarised as: *How do listeners use a verbal metalanguage to comment on music therapy praxis at this 'close focus' level?*

In refining the pilot study for the two further L&D tests I shifted the focus of the listeners from a broad spectrum of musical experience to this time testing only music therapists. This is the only major difference between the tests in the pilot project and those outlined in this chapter.

Five experienced Nordoff-Robbins music therapists took part in each further L&D test⁴. The two excerpts I presented to these listeners were designed to give a contrast both in musical and music-therapeutic terms. As with the pilot project a simple procedure was followed to elicit the commentaries:

- Listeners were told only that the excerpt came from a music therapy session.

doing what they do. I avoided the term 'interpretation' because of its associations with more elaborate hermeneutic readings of the material (which the comments did not largely show).

⁴ There is one exception to this statement. The data for this chapter was collected at an early point in the study, where some attempt at comparing commentaries from music therapists from different 'schools' of work was intended (an idea later abandoned). One of the listeners is therefore not a Nordoff-Robbins trained therapist, but is nonetheless firmly within a 'music-centred' tradition of theory and praxis. The quality of this data made it worthwhile keeping this within the study, as its inclusion did not impact on or contradict any of the criteria for analysis.

-
- They were asked to listen once through to the excerpt complete, and then to say anything which occurred to them about it.
 - Their comments were recorded (and later transcribed).
 - They were then asked to listen to the excerpt a second time, with their finger on the pause button of the tape recorder, and to stop the tape at any time they wanted to say something. They were asked to repeat this procedure until they reached the end of the excerpt. The stop-points were noted on the musical transcription of the excerpt.
 - Listeners were asked to listen to the excerpt a final time complete, and then to make any further comments they wanted.

6.3 Data organisation and presentation.

As with much qualitative data, the complexity and volume of the commentaries from the tests make any accessible presentation of it a challenge. However, I consider it important that the reader can have a sense of the 'raw' data before further analysis of it. Therefore the following procedures attempt to enable both a pre-analytic and an interpretative presentation of the material:

- 1 The commentaries of the five listeners for each of the two 'tests' were recorded and transcribed verbatim.
- 2 For the first and second hearings - a relatively continuous narrative from the listeners - the data is presented below in terms of 'descriptive summaries' which I have compiled. These

data is presented below in terms of 'descriptive summaries' which I have compiled. These summarise the listeners' accounts - aiming to give an overview of their perspective, but using as much direct quotation as possible (indicated by italics). This also enables comparison between listeners' accounts, leading to more analytic treatment of the data. The reader wanting to check the full text can do so by referring to the transcriptions on the floppy-disk.

- 3 I made a musical transcription of the taped excerpt, which was checked for accuracy by a musician. For the second, 'stop-hearing' the approximate points where the listeners stopped the tape in order to make a comment were noted on the score. Plates 1 - 16 give these transcriptions along with the stop points and the listeners' comments below the score. On the facing page are my 'first level' analytic notes on the listener's comments. These do not attempt to comment on every aspect of the data, but pinpoint aspects I considered notable (they form a bridge between the data itself and my subsequent coding of this in section 6.16).

The two L&D tests are presented next in accordance with this procedure. The L&D test described in the pilot project will be called 'Test no.1' to facilitate later analytic comparisons, making the first test using only music therapists as 'Test no.2'

PART 2: DATA PRESENTATION

6.4 Listening & Description Test No.2

Test description

Listeners: five experienced music therapists trained in a 'music-centred' tradition of music therapy.

Excerpt: For transcription see Plates 1-7.

Description of Excerpt: From a music therapy session forming part of a short-term therapy with an adult client with a chronic illness - the researcher as therapist. Both client and therapist sing, accompanied by the therapist on piano. Musically, it has a slow tempo throughout, a simple harmonic structure in a tonal idiom, and a slow pace of change. It is formally cohesive and relatively predictable in its musical events.

Musically the excerpt is relatively easy for the listeners to describe - it gives time for descriptions of melody, harmony, rhythm and formal elements. The differentiation of voices and piano enables listeners to attempt distinctions in terms of reciprocal influence (except, that is, when the merging of voices causes a problem!).

Listeners' Process : None of the listeners found a problem commenting in the three separate hearings. In terms of the central 'stop-hearing' several remarked that towards the end of the excerpt they had felt a marked reluctance to stop the tape, even if they had wanted to say something - because the music seemed to flow and they didn't want to interrupt their own musical experience. This is a comment worth noting - that the hearing of the music therapy excerpt is also, by implication, an aesthetic experience for the listeners.

hearing of the music therapy excerpt is also, by implication, an aesthetic experience for the listeners.

The two kinds of stop made were similar to those found in the pilot project, namely:

- In immediate response to an event (though less so in this excerpt).
- At the end of a musical phrase/period they want to describe, characterise or account for.

6.5 First Hearing - descriptive summaries & 'first level' comparative analysis.

I⁷ begins by stating *I found that very moving*. He characterises the excerpt as a whole: *waves of sound.... It felt poignant , but also very supportive and strong as well*. He also describes musical components and their development within the piece: *a movement on through the phrase. I found it very interesting that it seemed that the phrases would get longer and more extended...* This description of qualities includes some phrases which perhaps refer to well-known psychotherapy concepts sometimes used in music therapy (indicated by bold type): *how the whole thing had a sort of contained feel about it - it felt very held in the music... and it was like a meeting in the music...between two voices and piano*. He then describes the physiological effect of the excerpt on him: *I also noticed my breathing becoming different - it had a sort of physiological effect on me - I was actually breathing... like I said about breaths of sound, waves of sound... and as the singing got more extended so I was able to breathe in a deeper way*. The final comments he makes concern the relationship between the two voices: *It was very hard to know who was leading who...It felt very equal - it felt like there was a meeting in the music. When the two voices were singing - the lower voice was*

⁷ Roman numerals indicate the five listeners (also on Plates 1-7).

often below the higher voice, and it felt as if the lower voice was giving the support to go higher... and it felt sort of held - harmonically, and melodically, to be free... to express other sounds....

II, in contrast to I, directs his comments immediately to a 'musically-grounded inference' concerning the development of the excerpt, beginning with a metaphorical image: *I heard something which started off with a very small seed... grow... there were two strands - what was happening on the piano and what was happening vocally - and there were times when I felt that what was happening on the piano was stopping the rest of it growing....* It's hinted, then stated more explicitly, that something about the therapist's presumed music-therapeutic strategy is hindering the almost natural growth of the music as a whole. The music is characterised as sometimes an entity comprising of the two players and at others an "it", an organic unity of its own, becoming itself: *the two voices became completely one thing... the voice became one, of two people.* He struggles to describe the confusion of the voices and then characterises the remainder of the excerpt: *And from that point... I didn't feel as if there was any struggle for anything to happen... it felt as if something had happened, and it was there, and it was whole from that point.* This rather vague language is followed by more precise musical description of the musical compass of the melody, its opening out and the influence of the harmonic dimension of the piano: *Some of the vocal sounds changed in the different context of where it was - it wasn't the 3rd anymore, it became the tonic... and that sort of thing.*

III's initial reaction describes emotional qualities of the excerpt: *Tenderness...and the building up of the emotional intensity...* This same perspective is also later used to describe the client's voice as *gradually finding more and more emotional freedom, as well as*

expressive, melodic freedom. Various musical components are described and at the end she begins to consider the role of (and possibly the therapist's strategy in using) certain musical devices: I was struck by the piano suddenly getting quite insistent - and not exactly speeding up, but almost..more beats to the bar. And I found myself asking, Why?

IV makes the most detailed response of all the listeners - and seems to be intending not only to describe the excerpt, but to fully account for it in a chronological perspective. She makes a clear differentiation between describing the three aspects - music, therapist and client - until, that is, the confusion of the voices causes confusion in her account! She begins by identifying the players and describing musical elements, with precise musicological terms: *You're playing some chords - not in any meter at the beginning, but in a pulse... and she begins to sing - very quietly, you can hardly hear her. And then you sing one note - you're playing a second inversion for quite a long time - you sing a note and this encourages her to sing louder.* This passage also characterises the focus of her description on the therapist's musical effect on the client - what he did, or intended to do... and the slippage of the purely descriptive into inferences about the strategic aspect of music therapy: *It sounded as if you wanted to get her to sing in a more formed way. So what you did - you started by grouping it in 4's - you went into meter. And she resisted that....*

There is some, but not much, characterisation of the music as a perceptual object in its own right (an "it") rather than as a result of the two players' musical actions. Careful description is made of the (presumed) client's musical development during the excerpt - the qualities and tendencies of her singing: *She came into this easy singing, which was with her breathing. And then she sang... and she got more quality of her and more courage in her voice.* When the voices blend this causes problems

for IV - it's then more difficult to account for exactly who's doing what. Her musical description continues to be as detailed - the gradual widening of the melodic line, the harmonic influence: *There was one very nice... she was singing the third, and then you turned it into the tonic, and that was lovely! That had a sort of affirming feeling about it, for me.* She accounts for the confusion of the voices by saying that, although the therapist was singing, it feels as if the client could join in if she wanted to. She concludes about the client: *Her voice really opens up during that example, and changes from that rather sighing, out-of-tune, unsupported voice, when she's not quite sure of the notes, to more of a singing partnership with you.*

V's initial description is less detailed and more impressionistic: *mesmeric, deepening, becoming more centred, integrated*. There is also a close association of person and music made from the outset: *more of the person and of the breath used in the voice. The sigh at the end was a releasing...very relaxing...tonally centred.* There are some comments about musical components - the narrow range of the melody, the slow pulse - but these comments are within a form of description which is as much a registering of associations, connotations and images: *I didn't think of rocking until now... but it did have a feeling of [moves hand in rocking motion] sort of mini-rocks...very soothing.*

Comparison of First Hearings

All of the listeners are able to identify, on the first hearing, the two voices and piano - though most are later confused about the relationship between the voices. Several use similar images and metaphors - particularly that of the breath, a sense of the excerpt 'growing' and of the association between the client's increasing vocal freedom and the music's expressive force. Equally, most listeners identify and describe the most obvious musical components - the limited melodic range which expands with the vocal expansion; the static harmony which becomes more dynamic; the absence of metre, subsequently changing to grouping in 3's; the relationships between harmony and melody. There is quite a variation in the listeners' ability to convey detail in musicological terms - some are more impressionistic, some very precise - but all, at some stage, use this level of description characterising musical components 'neutrally'⁶. Some also describe at least some of the excerpt as a composite 'musical object' (an "it") which has, nominally, its own volition and purpose. But, though this might be part of the descriptive strategy, all do go on also to describe the excerpt in terms of agents - therapist and client - and expressly that what they do as 'musical actions' (to each other or together) affects what happens musically. This dimension, which some listeners emphasise considerably more than others, is the *poietics* of the situation, in Nattiez' term. It involves both the strategies and techniques that the therapist has (or is inferred to have), the results of these on the client and their reaction(s), and therefore the effects on the music as a whole. This is when the procedure becomes one of *accounting* for, rather than simply describing, and is usually based upon 'musically-grounded inferences'.

⁶This was a concept developed in the analysis of the pilot project for a class of comments where a musical component was described without reference to the person(s) playing it.

Nobody, in this test, goes any further along the interpretative path than this.

6.6 Second 'stop hearing' - *Plates 1-7* (transcription with 'stop-points' & analytic notes on comments)

The following pages (Plates 1-7) present the data from the second 'stop hearing' based on L&D test 2 - when the five listeners were asked to stop the tape whenever they wanted to make a comment on the excerpt. The musical transcription allowed me to indicate where these stops were made. These are indicated above the score with the Roman numerals in boxes (eg **II** indicating that listener I had stopped the tape at approximately this point in the excerpt). The comments the listeners made are transcribed directly below the score system, with bar numbers correlating the comment to the score. As has been noted previously, listeners stopped in a variety of ways - sometimes in direct reaction to an event in the excerpt, sometimes at the end of a musical phrase - and in consequence it sometimes has to be inferred as to what area of the transcription a particular comment refers to.

On the facing page to the transcriptions are my analytic notes on the listeners' comments - a first-level analysis of the data. Again the notes are correlated with the bar numbers of the transcriptions and with the five listeners (represented by I-V).

I[2] I heard a breath there - I don't know who was breathing first. But that was the image of the breath - or the feeling of the piece being about breath was clear then. I was also curious about the first piano sounds. Because part of me feels that perhaps the client has made that first sound... I don't know yet! But there's a feeling that there's some sort of gesture to that kind of sound world at the beginning. It felt sort of... I'm not sure who made the opening sound. But something happened at the beginning - the repeating note, and then the breath came. So there's something around there that I'd like to have more listening to... but then the voice starts...

IV[1/2] I hadn't heard that she sang the third... because you sing the 3rd too...

III[3/4] There's also a quality in the voice... something like... there's somehow a child-like quality in the voice... which doesn't fit - because it's obviously not a child!

V[3/4] That was the first impression of this opening... which starts with the hum, and with this [sings opening motif]... a very comfortable range for the singing... and then she opens, and sings 'aah' ... And so the sense of being able to ex-press more... it's a very literal example of musical expression....

IV[4] Yes, you anticipated a change to the C, and she doesn't do it! Which doesn't matter at all because of the chord you're playing...

I[5] And again a return to that... that seems to be a little nodal point - coming back to that point there... which seems to go out from and come back to - and all the music seems to do that - to go out and come back....

I[6] There's a slight quickening in the piano there, which may be made into something with the voice... I'm not sure....

III[6] There's that increase in tempo that I noticed before.... I almost feel quite unsettled by it... because we've moved out of something that seemed a very... spacious tempo before... But not greatly unsettled... just a little!

I[3] So there seems to be an echoing of the shape of the melody... in that parallel motion of the melody together, piano and voice...

III[3] It reminded me that I was immediately struck by the phrase... and I don't know why... whether I liked it, that there was something about the quality of the rising sequence and the falling third...

IV[3] I didn't remember also that she had initiated opening her mouth, and going from a hum to an 'aah' sound... to an open sound. And as a therapist I would see that as quite significant.... well, as a singing teacher I would too.... as a musician... it's a totally different thing to sing with your mouth open as it is with your mouth closed....

V[7/8] I felt that was interesting: she varied it, she went down... she used a variation around the tonal centre. And then she actually plays with that sound and I feel she's ... there's a sense of allowing her voice to do something different... because there's so much steadiness... in the music.... that lovely bass-line.

ANALYTIC NOTES

Levels of Comment: *What?* (musical detail using musicological discourse); *How?* (description of how the client sings); *Why?* (the 'function' of the musical components - eg triple time 'gives more support', the bass-line 'steadiness'). With the latter a causal link is being made between the musical components and certain therapeutic qualities. Some comments then link these to the 'therapeutic strategy' of the therapist.

I[8] That rest point again....

III[7/8] Yes, you've moved into triple time.... instead of quadruple. And it just makes it move forward. But perhaps, in fact, it gives more support to a very long, melodic line that she's singing.

III[10] I'm struck by the way her voice tails off, in quite a sigh-like way.... quite wistful....

I[11] I don't know why I stopped there.... but I'm curious about that repeating note... that's come up higher....

I[12] You see, that's where I'm thinking that something's being stopped.... because it sounds to me as if there's no potential for it to go anywhere.... or unless the person singing the vocal line is going to take enormous.... is just going to do it, of their own accord... It seems to me that what's happening underneath is just offering what's already happened. Does that make sense? So I suppose it's almost waiting for something different to happen... in order to move it, or for it to be moved... or to give it potential to be moved. Because, what I heard the first time was that what had happened up to there was somehow lost.... because it didn't.... nothing happened... a feeling, What's going to happen next? then waiting... and nothing does!

I[13] That extra voice coming in at the lower pitch...

III[14] That's a lovely moment... when you're both singing... and somehow the quality of each voice is similar... there's a kind of hushed-ness. So that you support.... well no.... support is perhaps the wrong word.... the togetherness in the two voices - equal partners somehow... because you're singing in a way that's similar to her, in terms of volume... it's not open-mouthed, it's back in the throat somewhere. It feels very thoughtful...

IV[14] I would just say that that tone of yours - the D - tuned her... because of the way you sang it... quite long, sustained.... Because she was singing quite sharp, or on the upper side of the note.... and your singing...

II[13] ..and then you sing... which is probably what we've been waiting for! The harmony kind of sticks around there, with the tonic... it's somehow immovable... and it almost needs the harmony to change in order to open the melody up....

, II[15] So now the voices are joined, and there still seems to be a sense of space in the music - and containment on all these long, breathy sounds... and the melody shapes together now, and the music still has that repetition and stability - like a threnody....

V[13] That's interesting - when she began to fade... there was this quickening... a little bit back... and then something seemed to.... give out....I imagine it's you - the male voice - brings in a little bit of support, and then she's able to catch on to the strong part of her again. And carries on almost where she left off - and it's a voice more centred still, I hear...

NOTES: There's a contrast between 'personal' comments (the qualities & tendencies of the client/therapist's playing - or the music itself) and 'impersonal' comments (on certain musical components/devices). II[12] pursues a theoretical idea (focusing implicitly on the therapist's 'strategy'). At bar [13] 3 listeners comment when the therapist's voice enters. Notice the language of 'space', 'containment', 'shapes', 'stability'.

C. (voc) 17 18 19 20 21 22 23 24 25 26

T. (voc)

T. (pno)

Harmonic analysis: [IV], [IV], [IV], [I], [IV], [I], [III], [I], [IV], [II], [I]

Lyrics: (sat), (sat), (sat), (sat), (sat), (sat), (sat), (sat), (sat), (sat)

IV[18] This is important... significant... because the experience of singing bang in tune with another person is such a pleasurable one - where you're much more one... and somehow it's right... you, and the music, and the other person are right - you've really locked in together. And I thought that moment was quite significant - where you bring her into tune (though she goes out again...).

IV[19] By changing your harmony there.... what you do is to play a dominant 7th, with an added 6th which is actually the 3rd of the tonic you're going to... so that what you do is to add a little harmonic tension there - which she responds to by making a crescendo...

IV[19/20] What is quite significant, I think, is that her voice has a marvellous legato... It's not like a legato of a trained singer, where she's aiming from one note... but somehow the breath is carrying the voice. And it's very stable - it's actually very relaxed singing I would think - there's not that awkwardness of moving from note to note...

I[19/20] There's that question of the waves thing.... there seems to be sometimes when the piano gets louder, and then the voice is almost given permission to be a bit louder. It's like some sort of echoing between the piano and the voice... that the voice sounded louder possibly after (I don't know which was the stimulus) .. but there seemed to be something connecting the sudden surge of the piano and the sudden surge of the voice...

II[22] There's a very deeper harmonic down in the bass, isn't there? Which has added that resonance, and seems to have given more feeling of solidity and of support to the... confidence - and the louder singing there...

II[23] She's changed to an 'mm' sound... from an 'aah'... The harmony becomes more complex, with added 2nds and so on - it's a bit richer at this point...

III[23] I remember noticing that the first time.... the way her voice changes there. She sounds though she's singing with closed lips - though it's quite an intense sound that she still makes. It's interesting that she's made a choice at this point... This is the kind of sound I want to make at this point... different... And there's a real feeling of her exploring her own voice...

IV[18] This is important... significant... because the experience of singing bang in tune with another person is such a pleasurable one - where you're much more one.... and somehow it's right... you, and the music, and the other person are right - you've really locked in together. And I thought that moment was quite significant - where you bring her into tune (though she goes out again...).

I[19/20] There's that question of the waves thing.... there seems to be sometimes when the piano gets louder, and then the voice is almost given permission to be a bit louder. It's like some sort of echoing between the piano and the voice... that the voice sounded louder possibly after (I don't know which was the stimulus) .. but there seemed to be something connecting the sudden surge of the piano and the sudden surge of the voice...

II[20] I think that what happens there is... something changes to give the phrase a structure... so you have this build, and then it sort of goes away again... and you almost get this sense of expectancy, that it's going to do that again. So I imagine there's the feeling, for the person singing the melody, that something is going to have the chance to be repeated... that this something that's able to hold onto that this is what's happened... and that it could happen again.... you know, develop into something else... And it the motion of it... whether it's the harmony, or whatever.... it has the feeling of moving somewhere and then moving away.... for the first time.

IV[23] I think you're trying to beef it up a bit here... you're trying to get more movement, and more dynamic, and more form and a wider range of her singing. You're trying generally to get more energy into the whole musical experience...

II[24] Something happens there! It's that sound - it's incredible there... I thought that was you... that you'd come over the top of it.... and that's the first time when the thing just comes like that for me [makes hand gesture of two palms flat together] And it's the change in the quality of the voice... because of what's just gone before it... of the feeling of it moving... or there being some form of motion going somewhere... and then the thing opens out in lots of different ways. I think that's quite an amazing bit there!

II[25] And that's quite moving there... that 'aah'.... an emotive section...

V[24/5] After this long breath... I was very struck by this sustained use of the voice... and at that moment her voice passes into your voice. And that's a very special moment - I don't know how to describe it really... but I suddenly realise that it's your voice and not her voice... and it's this sense of communion... that can happen in music - you just carry on across a sonority... and it's as if there's not a separateness....

NOTES: At [18] IV's comments are interesting. At [19-20] four listeners notice something and comment, but on different aspects - musical components are twinned with comments on their qualities. Eg IV at [19] gives a detailed description of the harmonic progression and the client's response to this. The tacit understanding in many of these comments is that the client is part of a musical structure - somehow 'inhabiting' it. Eg I in [22] talks of how the 'resonance' given by the piano and the harmony leads to the feeling of solidity and support and hence to the client's confidence to sing.

III[26] That's so beautiful - because there's a kind of two against three feeling about it - and so naturally! It's actually quite an emotional experience listening to this! I find myself getting quite shivery! There's something very intense about it...

II[27] It's the feeling that the pulse underneath it has its place, for the first time... well, not for the first time... but the sense that that comes together within the open sound and everything... the movement... that the harmonic pulse... Whereas up to that point there have been times when it's felt quite uncomfortable... it's not quite been there... part of it... and suddenly it just all comes together at once... It's somehow this potential, that's been there from the beginning... it suddenly is there - and you realise, this is where it's been going to... this feeling of something's going to happen, and here it is!

II[28] So quite quickening of the tension in the voice, with these 'aahs' - these more extended 'aahs'... But also the piano has that sort of throbbing intensity, with the extra harmonic touches giving it more richness... which makes it more noted at that point...

III[28] That's lovely... accented passing-note... or whatever it is! I'm trying to find the right musical terms!

IV[28] This constant reiteration of [sings Bb]... the tonic, in the piano part... and the fact that you're not moving very far away harmonically, means that although you're upping the energy, you're not pulling the rug from her feet harmonically and musically. So she's still where she always was... but you want her to be more where she always was... To be more intensely in the music... and in the making of the music. To be more expressively herself there... That's what I'd say, because that's what you're doing... inviting her to be like that...

VI[31] I don't know whether I'm stopping it too much... but I noticed that as you were singing you were using her idea of the... Do Ti Do... and then you extend it to the third... so it had these lovely oscillations. So it was as if you were singing back to her something she'd invented... [GA - 'Actually it's her'] No! Well, that's extraordinary - that makes sense of what I'd thought about her voice passing into yours... It just shows you that our voices can encompass all sorts of tones and ranges...

NOTES: 8 comment on bars [23/4/5], remark on (i) how harmonic richness leads to dynamic tension (ii) the change of the client's voice from a hum to an open sound. Interpretations are given of this, but several listeners have a problem accounting for this (iii) the blending of the voices, which though difficult to describe is recognised as significant. II in [27] and IV in [28] make interesting comments linking the musical processes of 'pulse', 'harmony' and 'energy' - which are seen to be initiated by the therapist - with what is inferred about the therapeutic process (and about what 'she' - the client - and "it" - the music - 'wants').

C. (voice)

T. (voice)

T. (piano)

33 34 35 36 37 38

I II III IV V

(coda)

(coda)

I[33] So we're back onto a shared 'ooh' world - which is very interesting... we haven't had much 'ooh' before... All the vocal colour coming in...

III[33] I'm reluctant to stop it there! I don't want to stop it in the middle of that... but it was just the quality of that...

IV[33] She hasn't sung that high before. She takes over an octave higher from you... and comes in bang in tune...

IV[35] So now she's singing louder, and with a more open voice... and higher... In other words the energy level is higher.

I[36] That seemed to go outwards from that central point again - where there's the deeper voice below the 'ooh' as it gets higher... and it seems to move out from that central pedal note that keeps repeating... to quite a sort of climactic moment... where there's a feeling of engagement in the music - that both people, both voices are in that journey together there at that point. I feel that's very strongly there...

I[37] [sings minor 3rd figure in voice] ... that's the first time we've had that... entire pattern coming in... which is very interesting. My intuitive reaction to that is that, because of the 'mm' and the 'aah' and the 'ooh' we're now into a much more relaxed, florid place, where we can begin to experiment with that voice - we can begin to experiment with those sort of sounds...

NOTES: V [31] comments on the therapist's strategy - how he uses the musical material. There are notably fewer comments at this stage of the excerpt. Those that there mostly concern the change in vowel-shape that the client makes in her singing.

IV[40] She sounds like one of those amazing wooden flutes there... when she sings the Bb ... a sort of woody quality to it... it's lovely!

II[42] The piano there supports that [sings rhythm of bar 41] ... and adds a quickening of the pace - to possibly feel that the music's going to move in to longer phrases - because the phrases have become more extended at this point... Maybe that's just an aural impression, and that in reality they're the same length, but... it feels that they're growing... more events happening....

IV[42] So you again sub-divide... probably in the hope to slightly intensify even more...

III[43] I didn't stop it... I didn't feel able to stop it during that... but just the way she's landed on the dissonance, as it were, and is not resolving it... not feeling a need to... just staying with that note... and then you naturally resolve it underneath. But she stays on - it sounds like D - It's something about staying in that... I'm not sure what I'm trying to say, quite... but it's the confidence of that (not resolving)... it's not neat... it's not banal... it's very... all of it's quite simple. The distances between the notes seem quite big... I suppose because of the emotional intensity behind it...

IV[43] You leave that phrase open... she doesn't answer it... so you answer it yourself... by repeating it...

NOTES: Again there are fewer comments than earlier in the excerpt. This could be explained (as some listeners later say) by the fact that they do not want to disturb the flow of the musical experience at this stage. 2 listeners *sing* phrases in order to describe them. Interestingly, several musical components are characterised as happening of themselves (eg phrases 'growing') the music having an identity of its own. In bar [43] III attempts to account for what he hears in terms of (i) client's intention vis-a-vis certain musical components (eg resolving intervals) and (ii) therapist's musical actions. This leads to the listener inferring something of the client's subjectivity ('confidence', 'emotional intensity').

47 48 49

C. (voc)

T. (pno)

I II III IV V

II[47] That phrase has quite a lot of the 'ooh' and the 'aah' and quite a lot of the falling intervals - so it seemed to bring together quite a lot of the earlier singing into some sort of frame now...

V[48] I've just stopped it here to register how extraordinarily... matched the vocal timbres are. And I really have not known, for the last thirty seconds or so, who was singing. Not that I was trying to guess particularly... but I was aware of this one voice... with this lovely, sonorous accompaniment. And how it's staying in the same place... and I suppose this is something from a clinical point of view... which is so interesting about this extract... which is the steadiness. One normally thinks of improvisation as bringing in enormous variety - and of going away from the centre... and here is very gently, and very creatively, enhancing a tonal centre... and going deeper and deeper and deeper.... that's what I find -

II[49] Incredible the ending! I was trying to work out how I knew it'd ended last time... because obviously it had finished. I don't know whether it's to do with that you actually change the position of the chord... and play... the top note of the chord becomes the melody [sings to demonstrate]... you know it's ended. I didn't feel as if I wanted to stop it after you'd used your voice again then. I felt as if it'd got to where it was... because what had the potential to happen at the beginning was happening, to me as a listener. Up to that point it was going somewhere... and then it felt as if it'd arrived where it was going... where all the things that were happening came together... and I was thinking of the pulse of the piano, and the harmony and the melody... and the two voices.... The whole thing made sense as one.... or was making sense as one....

III[49] It's very difficult to say anything at the end.... because it's so... well I hesitate to use this word, because it sounds pretentious of something... but there is something profound about it - something quite deep - that almost you can't say anything. The way it ends with you both... somehow feeling that it ends there... I find myself wanting to know what happens after... [GA- no, it ends there]

IV[49] I didn't remember that it ended with you... or at least what I think is you... Is it you? [GA "No!"] ... It's not, it's her! [GA "It's all her - I don't sing in the whole piece - I occasionally hum"]....

V[49] That let-out breath... is lovely. Often I find, in improvisation, there's a nervousness after... a laugh, or a quickening of breath... but in this case there isn't.... the stillness is really gone home there... and there's a sureness....

there's a great beauty in that. Rather like a mediation, where you stay in one place, and there's a sense of observation as well as experiencing - a witnessing... a stillness... I'm enjoying the sort of ribbon of sound...

I[49] What's interesting is there seemed to be a higher [?] on the keyboard which seemed to sort of close it... to bring it up to the quiet ending...

NOTES: There are several focuses of attention for the listeners here: (i) the confusion over the voices (ii) the idea of 'One Music' (II in bar [49] elaborates his theory about this), (iii) the ending - and questions of what came after. All of the listeners' comments encompass both description and 'accounting' in this excerpt, with some limited critical questioning of the therapist's strategy. V[48] describes in some details the qualities and effects of the music in this situation (using rich metaphor and image) and goes on to speculate as to why the therapist is working in this way

6.7 Final Hearing - descriptive summaries & 'first level' comparative analysis.

For the final hearing the listeners were asked to hear the excerpt once more complete, and to make any further comments they wanted:

I comments that it was *very beautiful* and uses words like 'totality', 'entrainment', 'one music' - with an emphasis on the whole piece: *the thing was very much a whole*. He uses two main images which he has developed throughout the three hearings: (i) spatial images - *One music... going away from a centre point, out together, sometimes going in farther than before, sometimes shorter, sometimes quickening en route, sometimes slowing up...* (ii) metaphor of 'breathing'- *Again this link with respiration, with breathing, was very pronounced in that... and rhythmic entrainment was very clearly pronounced in the oveall experience of the whole piece*. He concentrates on a specific musical component by singing a melodic phrase, and then infers that, because of the quality of the musical relationship there must have been a history of music-making between the two players.

II I think it felt quite simple listening to it then. He then constructs a 'musically-grounded inference' based on the metaphor of two strands of music integrating: *For me, what happened was, at the beginning there were two people, and two different strands of music - or two different strands of parts of music... and that were not synchronised somehow. And it was the time when the music itself became one thing... that all of that completely became...well, I just didn't hear it in the same way - I wasn't listening to a pulse, I wasn't listening to a change of harmony, a melody... I was listening to one actual music... And this was the point where it all came together*. He then generalises this into an explicit theory statement: *I was thinking, that's what music therapy really is....just waiting for the music to become one...of two or more people*.

III begins by commenting *I was, I suppose, struck again by the beauty of it...* This "it" subsequently becomes "the voice" and then "her", as III concentrates more on the affective quality of the excerpt, changing focus from form to expression: *...the beauty of it... of the melodic...well, no, it's not just the melodic shape - it's the emotional content of it - the expressive content of it.* The emotional force (mainly through the qualities of the voice) is strongly communicated to this listener. She describes the process of listening to it as itself an emotional one: *A much more moving experience than listening to a professional singer.* However, she does not follow this line further, but returns to formal concerns of the piece as a whole (the "it"): its sense of 'inevitability' yet at the same time not quite knowing where it will go, which makes you 'live with the voice': *You're taken with the voice, knowing that it's going to go somewhere, and that wherever it'll go there'll be a sense of it having a purposeful...direction...and yet you don't know exactly where that'll be. Maybe she doesn't know either... But the voice almost carries you...or both working together, carry you...purposeful is the only word I can think of... like a journey, I suppose...which has a sense of completion at the end.*

IV centres on clarifying her confusion over the two voices, and how this subsequently affected her descriptions and inferences over the previous two hearings. Her focus is on the qualities of the client's voice - now seen as having 'two voices' which are related to the melodic work: one has a 'pushed quality', is 'forced' and 'has an edge' whilst the other is 'rounder, warmer... seems softer, more vulnerable, natural.' She adds: *You could go a bundle in interpreting all of that - but I'm not going to!* Many of her comments come from a specifically music therapist's ('strategic') perspective: *If I was her therapist, I would really long for her to get the relative musical freedom into the vocal freedom of the warm voice ...to bring the two together. That's what I would*

love for her! From this she moves to a theory, coming from the new knowledge that it was just the client singing - and that the presumed vocal interventions of the therapist were in fact just the client: If she had been working with herself (as a therapist) she would have been working very well! Because she did all the things of...subdividing, getting louder, opening the voice, making wider intervals, singing at different pitches... for herself! I mean, it sounded as if she was initiating those things in order to call them out of the other side of herself. She then generalises this image into a theory statement: Actually, it's the most beautiful picture of perhaps what we all do: we test out the ground for something with the part of us that can cope... and then we call to the other bit and say, It's OK.

V begins by commenting I kept thinking of Schubert - 'Du Holde Kunst', 'Ave Maria'... it's got those kind of qualities about it... This steady accompaniment. Her account involves close weaving together of musical components ('tonal centre', 'working on one note', 'the ascending phrase') and qualities of the whole piece ('an organic experience') along with 'musically-grounded inferences' about therapeutic aspects and general theory statements. The first line of thought concerns breathing: It's a beautiful example, I must say, of the way music works with the breath in the person... I call it 'breathing music' ... So there's this sense of the spiritual quality of music... just because it's working with the pulse, with very clear phrasing that elongates with the breath. Secondly, the idea that the music is helping her connect to her strength. ... She is a strong person, potentially - but when you hear the voice at the beginning, it's quite wavering... and, interestingly, yours doesn't come across as stronger - you acknowledge that, or share it... because we all have this uncertainty, and it would be totally inappropriate for it to be strong and blasting. But as she connects, then so the music is able to get more impassioned... and more sonorous - your harmonies...

and you allow these little surges of accelerandi and crescendi... because that is following her evolving strength, her centredness... which is becoming more apparent in the music.

Comparison of Final Hearings

Listeners seem to take the final hearing as an opportunity both to 'stand back' from the excerpt and hear it as a piece of music in its own right, with a seeming shape and purposefulness of its own. There is also a tendency to develop or clarify images or ideas about the excerpt which listeners had mentioned in earlier comments. More use is possibly made of 'musically grounded inferences' which attempt to account for 'what happened' as a whole - this often being based on an image or metaphor. For example, two strands of music integrating as "one actual music". Some comments imply a change of listening this time, with more of a sense of the whole emerging - accompanied by aesthetic or emotional responses, such as "I was struck by the beauty of it...". One listener revisits previous accounts of the excerpt in terms of new evidence gained about the confusion of the voices. This leads to a new version of what was happening and what the therapist's 'strategy' is within the excerpt. In general, however, there is less comment on this level, and more on the excerpt as a whole - including wider formulations of ideas as to how the excerpt demonstrates 'what music therapy is'.

6.8 Listening and Description Test No.3

Test description

Listeners: five experienced music therapists trained in a 'music-centred' tradition of music therapy.

Excerpt: For transcription see pages 8-16.

Description of Excerpt: From a music therapy session with an autistic boy aged eight. The therapist plays piano and sings, and the boy begins playing on a metalophone with a hard stick and then 'sing-babbles' in an unusual way - to which the therapist responds vocally. Musically, the excerpt is far less conventional and predictable than the first L&D test: it challenges the listeners both on the level of musical description and because of the pace in which the (relatively unpredictable) musical-interpersonal events happen.

6.9 First Hearing - descriptive summaries and 'first level' comparative analysis.

I begins by admitting she finds it quite difficult to listen to as a piece of music: *I kept hearing it clinically. I think I would have to hear it quite a few times to get past the clinical business... and hear it as a piece of music... and it is a piece of music, most definitely.* She struggles to sort out the *strands* of the music, which she characterises both as a *sense of dialogue* between client and therapist, and also as musical entity, heard as *a sort of staccato, and melodic...and the percussive of the xylophone,...the strands all merging into one.*

II gives an immediate aesthetic response to the musical effect: *I think it's magic, it's wonderful just as a general experience.* She then characterises it as a contrast between *freedom and structure*: of this being represented by the therapist's *legato slow-bluesey chords*

alongside the client's "scat" melody, which she demonstrates by singing an imitation.

III remarks that although it sounds complicated, what's going on is actually quite simple. His attention is drawn to what is happening on the piano, *which was used just to support the two voices in a way...*

IV was the therapist featured in the example, and she finds it difficult listening to her own work 'objectively': *I keep thinking, I could have done that there or whatever...* She comments on aspects such as *the interweaving of the two voices*, musical components such as *some quite marked pulse changes... and dynamically it became much softer, which was quite striking...* She then focuses on her strategies as a therapist: *I don't think I'm matching his playing at this point...*

V gives the longest and most comprehensive account after the first hearing. She makes clear distinctions about **what** the client played and **how**, and then what she felt the therapist's strategy of working with the client was: *he's playing quite energetically, almost randomly.... but it's his vocal sounds which of course she's working on...* She then concentrates on this vocal work, describing how the therapist works with the odd singing: *She's playing that jazz idiom...she plays a chord and sings, so it's without metre and pulse. She holds a chord in the piano, and she sings with this lovely, almost "scatting" ...which is very unchallenging to him.* She then questions the therapist's clinical strategy and comments on how to work as a music therapist with a client's singing using the piano, rather than voice. Going back to the excerpt she describes the second half of it - describing the client's vocal sounds: *There's not much sustained or legato singing...but there are a few where he goes [sings phrase] a few notes in one breath...but it's mainly single isolated tones...* She then describes further qualities and

isolated tones... She then describes further qualities and strategies of the therapist's playing: *she keeps it pretty delicate, and it's very firmly there, but it's always quiet...and her voice doesn't have the sound of a strong will - that she's trying too get him to do something... it more sounds that she's just being there with him.* Finally she makes a musically-grounded inference: *He's being given tremendous space in which to...be himself, and hear himself and be heard...*

Comparison of First Hearings

Predictably, most of the listeners have more problems both listening to and describing this second excerpt. It is clearly less easy to make purely musical sense of, and one listener comments that it encourages a more 'clinical listening' - though another gives an immediate aesthetic response: *I think it's magic; it's wonderful just as a general experience.* Another asserts that it sounds complicated but in reality is not. There is a common musical-descriptive level, where the character is described as "bluesey" or the boy's singing as "scatting". Structural components are identified - the interweaving of the two voices, the marked changes of pulse and dynamics. Larger analytic categories are also offered, such as a polarity between 'freedom and structure'. IV in particular offers a long and detailed account of the excerpt, giving details of *what* happened; of the qualities of the playing and singing (the *how* level); and inferring *why* the therapist was working in this way - her presumed clinical strategy in the excerpt. All of the listeners' comments encompass both description and accounting, with some limited critical questioning of the therapist's strategy.

6.10 Second 'stop hearing' - *Plates 8-16*
(transcription with 'stop-points' & analytic
notes on comments)

(See earlier notes on L&D2 transcription plates on
page 153)

Client (Metalophone)

Client (Voice)

Therapist (Voice)

Therapist (Piano)

V[2] The chord is... a second inversion? I don't know... anyway, she sings this lovely soft "Adrian can sing" and then [sings phrase], and it ends with the music open, and the chord is unresolved - so she's inviting him to sing, and waiting.

V[3] Well, he responds! And he sings [imitates], going downwards - three sounds....

II[4] I felt that he needed, in order to sustain his confidence, to sing, he needed the xylophone as a peripheral occupation - for security. It feels the xylophone's nothing to do with his listening. It's a motor at this stage.

NOTES: The listeners in this test wait longer before commenting - perhaps trying to first build up a picture of what's happening, who's playing what instrument, given the situation is more complex than L&D test 1.

The musical score consists of four staves. The first staff is labeled (Met.) (Met.) and contains a series of notes with Roman numerals I, II, III, IV, V, VI, VII, VIII, IX, X, XI, XII above them. The second staff is labeled (Voc) and contains a series of notes with Roman numerals I, II, III, IV, V, VI, VII, VIII, IX, X, XI, XII above them. The third staff is labeled (Voc) and contains a series of notes with Roman numerals I, II, III, IV, V, VI, VII, VIII, IX, X, XI, XII above them. The fourth staff is labeled (Pno) and contains a series of notes with Roman numerals I, II, III, IV, V, VI, VII, VIII, IX, X, XI, XII above them. A wavy line indicates a 'sensitive rhythm'.

V[5] The therapist responds to his response III[6] It's strange, because it's the same by increasing the dynamic of what she's with his voice and the chime bars... it playing - and the energy in her voice. Then doesn't seem connected at all - and then there are a few jerky sounds from him, and suddenly you have a little thing which is she imitates by becoming slightly more bang where it should be, and what it gentle. She's still holding back - her should be... It's the rhythm... Whether energy's always less than his. She sings that's by chance.. is neither here nor high, he sings high, and at that point it's there... It's when she changes her voice to difficult to tell who's who. The quality of the shorter things, so instead of giving back their voice is quite similar. There are also a melismatic phrase you just get the direct some loud, forceful sounds on the reflection of what he's done... and that metalophone - which sound, to me, not somehow encourages him to do more.

V[5+] Yes, I remember this...he plays on the metalo something which does have a slight rhythmic connection - and she takes it up and it becomes the triplets of the jazz... that was beautiful!

III[6] His first vocal sounds are nothing to do with what's happened in a sense. They seem quite habitual, or whatever - separate from... and it's how the therapist changes what she's doing in order to incorporate it into a musical context, that... the sounds that he's making become part of the music... and really changing the range of the voice and the quality of the sound.

V[7] Listening back now I actually wonder whether I heard the metalo playing as so random before...because she's working with the vocal sounds. Although she's picking up clues from the metalo, she's not working primarily with that. But she does take both his notes and that little rhythm... So it probably is more intentional than I thought... But whether he knows he's doing it... But she's now arrived in her jazz mode because of the minor third that he plays. There's a lot of very quick give-and-take between them. Again, I don't know how intentional it is, but it's very musical - very delightful to listen to!

III[7/8] That's where I get mixed up - about who's singing....

III[8] It's difficult to separate out whose voice is whose. And then the immediacy of coming into the pulse, which he then held and then began to go.

II[6] Coming into more of a turn-taking exchange - it's separated already - merged and then separated.

IV[6] I nearly stopped it before... but because it's all happening quite fast... little moments happen and you don't stop it because it continues so rapidly. There was a moment near the beginning where I use a dissonance.. and I'm thinking critically... I should have stayed there! But then I go into the Blues, and that's OK because he goes with that. I'm struck by the fact that his voice has these different registers - he has that low guttural sound, and then he goes right up into the stratosphere, and he hits the notes perfectly...it sounded like a C!

II[7] At that point it was hard to tell who was who.. vocally - which is interesting.

II[7] There was a feeling of the idiom being picked up by the metalophone at that point - that somehow as the harmonic structure was leading it towards the cadence, and as it came to the [sings] - the cadence, he went [sings] with the metalophone... which I'm sure would be quite evoked/coincidental/accidental... whatever, but somehow fitted in with the structure, harmonically and idiomatically, with what was going on.

III[7] There's also an underlying pulse to it, which I think the piano helps to maintain...

IV[7] And then it's quite striking when that pulse comes there...He comes into that pulse because of the way I'm singing now ... [demonstrates] It's quite rhythmical...and he responds to that and comes into that with me.

II[9] Again it's difficult, because I don't know whether I'm talking about musical, or clinical or relationship perceptions - it's difficult to know which... But I was thinking of how music within a measure - whatever the measure is... whether a crotchet or a bar... that the subdivision gives such a lot of freedom. It was in quavers, or whatever, and then he suddenly went into triplets - but it was still possible to maintain the overall feel of the thing that was holding it, but accommodate to it.... All that instrumental, without the vocal, and then when he came back into the vocal how he suddenly drew back into pulse, instead of the divisions.

NOTES: In [6] III develops a 'musically grounded inference' to account for the therapist's strategy. IV's comment at [6] perhaps explains why there is less correlation between the listeners' stop-points in this excerpt. There is increased comment on musical aspects (eg 'harmonic structures') and then at [8] 4 listeners stop to comment on the jointly-held pulse between client and therapist. There are again comments about who intends what, and what the therapist's strategy might be here.

[illegible]

V[10/11] I'd completely forgotten that he does play quite rhythmically, quite pulsed... and there is a real connection between those. He takes the basic beat and then he speeds up, and then she turns it into those triplets.

[11] I was wondering where the stability was coming from. Who initiated that? It's quite difficult to hear. And it's interesting that the voices have stopped - and the focus is on the piano and xylo.

IV[11] In fact he's playing sub-divisions all the time... but he's still very much in the pulse

II[12] Interesting again that the therapist introduces the voice, but the client doesn't come in with the voice, but is still focused on the rhythmic elements.

IV[12] This is interesting... the silence, his pause when he didn't sing, and the way I brought the dynamic right down but continuing - thinking that he might join in again - which he does...

V[12] For some reason both times she's played that clear dominant chord there, it's made me laugh! And I don't quite know why - I think it's because it hasn't got a seventh or a sixth... or something else... and I suppose also that she's very clearly bringing that phrase to an end.. and it's leading into the next one. But somehow, because it's slightly out of harmonic idiom - just the clear dominant.....

I[13] And he stops altogether... but you feel there's a listening quality before he decides what his next response will be...

III[13] There's something to do with the different bits of the voice, and the therapist changing so quickly... I couldn't work out who was who... and then you get no voice and you get the concentration on the metalophone... where it becomes more cohesive, more focused...

V[12/13] That's lovely! The return to the jazz idiom, you can't hear it, it just lifts, takes the energy that's going [makes gasping sound] and controls it. It actually repeats the theme of course... which is in the same tonality.. and the same chords and the same pitch. So it's really using repetition, and recognition... That's so clear how it catches him, and produces this playing on every dotted crotchet...

V[13] There's a real sense of waiting here... what's going to happen? She's gone right back in terms of her energy - which shows in the dynamic and the quality of her voice. And she's gone up high again, and there's a feeling that she's waiting... from what one has heard of him so far I, as a therapeutically-informed listener, am thinking: What's going to happen? Is he going to go into it? Or is he going to tip back into that loud playing?

NOTES: Comments about the client's relationship to musical components (eg IV at [11] about the 'sub-divisions' and the pulse). The biggest cluster of comment in this section of the excerpt come at bars [12/13/14] , at a point which seems a new section of the improvisation. The comments cover different aspects of the same event (the pause, entry of therapist's voice, harmony). The four comments on bars [13/4] are trying to understand what's happening and what's going to happen. Central is what the therapist is doing musically and what will happen in the interaction given this.

[illegible]

III[14] Wondering about whether the voice coming in has silenced him somehow... he's stopped playing, and he's stopped singing. I'm wondering what that's about... is he listening, or is that the effect of it?

III[15] He gets the major third straight away.....

[V15] I remember hearing that before - when he taps on the wood. I don't know whether it's chance [imitates tap], but for some reason that seemed significant.

III[17] What brought him back in there? Was it around that third [sings]? Because the therapist did that third again, vocally - and he answered with the 'whoop' and then went back into that more scatty sound. I'm just wondering if that's what had elicited it..

IV[18] That's rather lovely... the way it kinds of interweaves together. The different qualities of his voice, it's even got that breathy, quite expressive use in the lower register. It's almost that the two people can coexist in the music - they're going along together, but they're interweaving as well...

V[18] So he's suddenly producing much clearer vocal sounds... which almost sound like words [imitates]... but I don't hear the words. Both that knocking on the wood and this vocal sounds... he's got more control over what he's doing... he's placing it more definitely with the music. Everything he does is tonal as well - it goes completely with the harmonies...

NOTES: There are fewer comments as events in the excerpt seem to become more unpredictable. The listeners seem to wait until the client comes back, with III at [17] wondering what (musically) brought him back ('Was it that third?' he asks).

II V V V V

S (Vca) yo ba 6-me

A (Vca) a-ba a-ba

T (Pho) we-am-as

ba-ba ba-ba

ba-ba ba-ba

ba-ba ba-ba

yo-ga-do o-ba

II[19] And the humour of that - just the enjoyment of it!

V[21] There he's hitting something - I don't know what it is... And again it's taking the dotted crotchet, just for two or three beats.

V[23] That's interesting - that she sings the words. I know why I thought the timing was so wonderful! Because she sings the words at a moment where he's not singing... so it's a very positive way of saying: Come on, let's sing!

NOTES: There is even less comment in this section. Particularly there is less comment on the music as an object in itself.

[illegible]

II[26] There's a nice feeling of clarity suddenly. A lot of the peripheral's moved away. He's stopped and is listening much more, but it feels when he is vocalising, it's with a heightened listening awareness of what the music is... and he's responding with more purposefulness, more awareness.

IV[26] That was interesting...whereas before I'd been matching his pitch-levels, there he was low and I went high...which added a dimension, that the fact the two voices could be quite fluid... that they could come together, but they could also be different yet still inter-relating.

III[28] How the dynamic ebbs and flows between them... that there is a great... I suppose I would talk of attunement - they are fitting so well and dove-tailing... So it's dynamic and pitch-range and quality and all of these things... That took me back into *thinking about early attunement* and Stern and people like that. How that can dislocate, and there it's come together. I don't know about the client here, but for a child who would have a communication difficulty, to actually be able to come into that state of attunement ... which is quite rare...

V[28] She's providing continuity between his very short vocal things... very free, the feeling of that definite six-eight has gone, although it's still there somewhere in these staccato chords. This wonderful melismatic singing of hers... So the music doesn't stop just because he's stopped... and hopefully he feels a mixture of the excitement of the music, and being invited by the music, and yet left alone to do what he wants, yet hearing himself when he does do something, because it's reflected back. And I'm quite sure, just from the quality of the silences, that he must be totally caught up. It isn't a silence of boredom or distractedness.

NOTES: At [26] I makes a 'musically grounded inference' about the client ('He's responding with more purposefulness, more awareness') whilst V[26] comments on the therapist's strategy ('She's providing continuity'). It is more general, characterising 'how the dynamic ebbs and flows between them...I suppose I would talk of attunement'. The word and concept 'attunement' (referring to mother-infant communication research) brings in perhaps the only 'imported' theoretical discourse in these comments.

C (Nas)

T (Nas)

T (Pao)

30 31 32 33 34 35 36 37 38

IV IV I IV V

we can sing we be be be be be

we can sing yd we can sing yd we can sing yd

we can sing yd we can sing yd we can sing yd

IV[30] That's very expressive. Again it's that soft quality in his voice...it feels like a conversation...

II[31] It feels as if when it cadences it shuts him off a bit, whereas when it's freer - the lack of cadence point - he's able to be more continuous... whereas when there's a cadence it's almost as if it stops him and he has to build up momentum and start again. But, I might listen to it again and find that's not the case at all - it's just an idea.

IV[33] I liked that! That's all I can say, really!

V[34] Now this is the bit where I felt she could have done more on the piano, and not with the voice. Because even though her voice is lovely, he's doing more now... and I wonder whether he would have taken more responsibility for his part if she hadn't have been there.

V[32] This is brilliant! Because she brings the pulse back... and the return of the pulse absolutely catches him - everything he sings in just that tiny little bit is absolutely rhythmical. The pulse is connecting things for him, but he's also flowing musically...

NOTES: I [31] makes an interesting comment about the therapeutic implications of a cadence (but this is described in a quite impersonal way). Compare this with V's comment at [32] which makes a more personal comment about how the therapist 'brings the pulse back...and the return of the pulse absolutely captures him'.

III[35] It's all in the pulse! The whole thing's held by this underlying huge wide pulse... but it's that sub-division stuff again, that can be anywhere between centimetres and millimetres of sound (I don't know how you measure this!)... But it's still all held in this pulse...

IV[36] Now that's where I wasn't sure who was him, and who was me...

**I[37] I'm going to contradict myself now!
Because the four-squaredness of it is really
helpful - because the sequence is helping
him to anticipate what's happening and to
focus his pitches a bit more, and
rhythmically....**

V[38] One doesn't know where this comes from... but the idiom's perfect, because he's with the idiom and the idiom's with him! He sounds like a jazz trumpeter doing an exotic improvisation!

[[[39]]] And it feels there that when the chords are more sustained he's able to develop and extend his phrases a bit more freely.

III[39] And there the sense of how the pulse went - I thought it might have gone on more into a kind of recit-type thing. It became more fluid... but then it was drawing towards the end...

IIIIII[39] It's like a question of, What does he mean, musically? And it gets very quickly into the Free Jazz singing, and it expands it in that. Again, it's almost like one thing.... there are periods of one thing happening... it's trying to think of two people, and yet this is one thing happening.

V[39] And there she stops that idiom. I'm not quite sure why, because it was going quite well!

NOTES: Quite general comments, apart from II [35] who makes a theoretical conclusion, that 'it's all in the pulse'.

6.11 Final Hearing - descriptive summaries and 'first level' comparative analysis.

I says: *this time I could listen to it as a whole piece of music, and I got much more sense of the two people making music together, rather than thinking of it as therapist and client.* She relates this sense of the excerpt as a whole to the fact she got *much more of a sense of shape and a completeness there - of a starting-point, development, then reaching a place where both were really quite mutual.*

II recognised several things on this hearing: the contrasts - *I noted down staccato and legato, the holding of the playing the therapist was doing...and then the meeting exactly... and that was legato and staccato. The energy bursts of the vocal, that went up and down, and then stillness...* She then expresses these observations as images: *There were for me images of these [sings] like flames coming up and down... and it's to do with register and tessitura. A lot about curve and shape and these bursts of energy- and then the points of stillness in between...*

III develops the idea of 'two things happening' coming down to 'one thing': *...for a while the two things don't make sense. And suddenly there's sense made of both of them - although the voice is first, then the metalophone, then you come back to this one thing.* He then comments on the therapist's strategy of using the piano to create a context for this vocal stuff going over it... *creating a pulse - very harmonic progressions, creating something simple and steady...* He summarises this in a musically-grounded inference of the therapeutic strategy: *What the therapist does is to put what he does into a context, where she understands it... where it is understood. She gives a musical understanding to it.* He ends with the comment *It's very beautiful...*

IV concentrates on the qualities of the client's voice: *the strength and flexibility... there's an emotional quality in the voice - it's not just a chatty-babbly - it is that, but it's more than that.* She then goes on to a more general theory statement about music therapy: *How in music you can join something which in a way is quite unusual - whereas in any other context you wouldn't be able to do that. But in the musical sense you can offer a quite simple structure - something that hardly moves away from a few chords - and then all that intricacy can fall within it...*

V says less after the third hearing, having given a very detailed account on the first and second. She comments on the quality of the work: *I think the delicacy of the work is quite lovely... it's all very light touch, the whole thing...* She then comments about just how the therapist had managed to connect up the elements of the music: *What interests me is just how differently we can connect things for people; either holding a chord and singing this melismatic music, which is one way: or providing an environment with no pulse at all, so that everything somebody brings has its place....or whether you provide the pulse so that it really has a relationship to pulse...* Finally she speculates: *I wonder what the child got out of it? I should think he enjoyed it...it must have meant a lot to him.*

Comparison of Final Hearings

In the final hearing the listeners comment that they had more of a sense of the excerpt as a whole; of it having shape, development and completeness. One listener comments that she heard it more this time *as two people playing music together* and less as therapist and client. Comments in musicological terminology tend to refer more to the expressive than the structural elements of the excerpt - such as II's contrasts of 'legato' and 'staccato', but also of 'bursts of energy in the vocal' and

points of stillness. This is also expressed in terms of the image of *flames coming up and down*. There is perhaps more comment in general this time about the therapist's strategy in the excerpt, and some listeners (III & IV in particular) further develop ideas about the excerpt which they had mentioned in earlier hearings. III develops his theory of two things becoming one and infers what the therapist was intending to do. IV also makes a more general theory statement about what you can do in music with such material, and V comments on the quality of the therapeutic work - and again generalises as to what kind of things are possible in such music therapy work.

PART 3: DATA ANALYSIS

6.12 Introduction

Section 2 presented the 'commentary' data along with a first level of analysis in the comparison of the listeners' comments and in the 'analytic notes' on the stop comments. Section 3 will build upon this with three separate analytic perspectives on this data:

Perspective A Comparison of L&D tests 1,2 & 3

Perspective B Stop-point analysis

Perspective C Language analyses

6.13 ***Perspective A : Comparison of Listening & Description tests 1, 2 & 3***

The pilot study (L&D test 1) demonstrated that the mixed group of listeners (musicians/non-musicians, therapists/non-therapists) had shown some intersubjective agreement, and some common ability to verbally represent certain events presented to them in the music therapy excerpt. The two listeners with music therapy experience, however, demonstrated both more complex listening strategies and a more comprehensive verbal commentary.

The two further L&D tests reported in this chapter used only music therapists as listeners, and my analysis this time focuses largely on *how* the listeners' reports were assembled in language, rather than what music-therapeutic events the listeners identified as noteworthy. The professional cohesion of the listeners was reflected in the expansion and regularity of their perspectives in the comments (shown in the expanded coding categories below) along with an equally imaginative and wide-ranging choice of focus and expression in language.

The listeners for L&D tests 2 & 3 produced a wealth of data. For the first and last hearings of the excerpt (when they were asked to hear it complete then comment) it was clear that most listeners showed considerable professional skill here: being able to give a close and detailed account of the excerpt (held in memory), with both descriptive and 'interpretative' comment. The amount of information they could handle was clearly very different from some of the inexperienced listeners in L&D test 1 and was reflected in the length and complexity of their comments.

In terms of the 'stop-point' analysis, this varied with the excerpt presented. Some listeners responded to L&D test 2 (in many ways a flowing and coherent piece of music in its own right) by being reluctant to stop immediately on hearing something they wished to comment on, waiting until the end of a phrase. L&D test 3 presented a more complex aural picture, and clearly the relative unpredictability caused some listeners a problem as to where to stop to make their comments. Again, some stop immediately after an interesting event, whilst some wait until the end of a 'section'.

6.14 *Perspective B: Correspondence of stop-points in tests 2 & 3*

Having said that the analytic focus on the data from L&D tests 2 & 3 is not on the identified events themselves, it is nevertheless interesting to note that (as in L&D test 1) there were points where there was clear inter-subjective agreement amongst the five listeners about events in the excerpt - either musical or music-therapeutic. There is mostly a base-line of descriptive agreement amongst the commentaries.

It might be assumed that, given that the listeners were all music therapists with a similar background, the degree of correspondence of comments on a given event

degree of correspondence of comments on a given event would be high - or at least higher than in L&D test 1, with its mixed group of listeners. However, analysis seems to suggest that this is too simple an equation - and that listeners' comments vary according to which *aspect* of the complex scenario they are focusing on at any given moment. It is also complicated by the fact that listeners do not always stop immediately, and choose to focus on different segments of the excerpt - sometimes a single event, sometimes a stretch of the music. So, as I concluded in the pilot project, the tests in themselves are not an ideal method of investigating whether listeners' perceptions of the material are similar. What it *does* do well is to elicit rich and complex commentaries which demonstrate how listeners attempt to assemble their own (sometimes idiosyncratic) verbal accounts of the excerpt. *How* they do this (and the similarities and differences in their strategies) is the focus of the remainder of the analysis below.

6.15 Perspective C: Language analyses

The following general remarks can be made about the commentaries, as a prelude to more detailed analysis:

- Because the listeners in L&D tests 2 & 3 were experienced musicians and music therapists, there is a notable increase (from L&D test 1) in the accuracy, complexity and detail of 'factual' comment on the music itself. The transcription gives us the chance to compare a formal description of the music (the score) with a verbal one (the comments) and to conclude that, at one level, a conventional musicological metalanguage is relatively successful in conveying listeners' perceptions of the music as an object.
- The complexity and length of commentaries in L&D tests 2 & 3 is greatly increased in comparison to

considerable detail of comment with an overall 'interpretative plot'⁷ of the excerpt.

- There is more cohesion in L&D tests 2 & 3 concerning the kind of events in the excerpt on which comment is made. The music therapist commentators bring more into focus the 'interpretative strategies' taken towards the excerpt.

- There is, however, a seeming 'base-line' of agreement in all the commentaries - one which is consistent with the basic Nordoff-Robbins philosophy and the listening strategies it cultivates - namely that what the listeners hear is not just music as an object, but (i) persons-in-music, and (ii) personal/social/therapeutic processes happening 'within' musical processes. It is, however, precisely *how* the listeners reconcile these dimensions of the heard phenomenon in their verbal commentaries which is of analytic interest. .

The remainder of the analyses in Part 3 investigate some of the issues implied by these statements.

6.16 Category analysis of commentaries

In the pilot study (L&D test 1) I coded the listeners' comments and came up with the categories in Table A :

⁷ This will be explained in section 6.18 below.

DESCRIPTION

MUSICAL COMPONENT

Neutral	<i>There was a modulation there</i>
Agent	<i>She stretches the beat there</i>
Metaphoric	<i>There's a sort of mirroring of the two voices there...</i>
Personification	<i>The bass is trying to play with the top.</i>

QUALITIES

Neutral	Dynamics	<i>It was loud [forte]</i>
	Tempo	<i>It was fast [allegro]</i>
	Texture	<i>It was spiky [staccato]</i>
	Agent	<i>She played loud/fast/spiky forte/allegro/stacc.]</i>
Metaphoric		<i>It was dreamy / like a dream...</i>
Reflexive		<i>It made me feel sad/angry/...</i>
Value		<i>It was beautiful/ I found it....</i>

TENDENCIES

Neutral	<i>It seemed uncertain/ to wander...</i>
Agent	<i>She/he played seemed uncertain, wandery...</i>
Relational	<i>They seemed uncertain/wandery</i>

INFERENCE

- | |
|--|
| <ul style="list-style-type: none"> * He/she/they seemed to want/intend/ have to do.... * It sounded as if... * Perhaps what is happening there is.... |
|--|

[INTERPRETATION] (sample) *The music represented the client's dichotomy between instability and freedom.*

Table A: Initial coding of comments

As a first distinction these categories highlighted:

- 1 What the comments attempted to convey: whether an aspect of the situation, a musical component, a quality of the music or playing, or a tendency of the playing.
- 2 How the information in 1 was expressed. I coded these forms as *neutral* - where no person was mentioned; with *agency* - where the event is described as the result of a human action; *metaphorically* - where a non-musical comparison is made; and *personified* - where a musical component is attributed intentionality.

These two aspects could still be categorised as *descriptive* statements. But there was also a second category of statements which I called *inferences*. Whilst not being interpretations in the traditional psychodynamic sense, they were nevertheless more than descriptive statements. I used here Giorgi's distinction that:

... **description** is the use of language to articulate the intentional objects of experience within the constraints of intuitive or presentational evidence. By **interpretation** I mean the development of a plausible but contingent line of meaning attribution to account for phenomena.
(Giorgi 1992: 121)

The pilot demonstrated that (in terms of Giorgi's definition at least) all of the listeners went beyond description in their comments, in order to *account* for something heard. At the same time, however, they often only went marginally outside of the 'constraints of intuitive or presentational evidence'. I came up with a category for these statements - which I called *musically-grounded inferences* - to cover this mid-way territory between description and interpretation proper. By *musically-grounded inference* I mean statements that

attempt to account for a music-therapeutic event by inferring something about the players' behaviour: her motive, intention, strategy, thought or feeling - which perhaps led to what can be heard in the music. An inference cannot be proved by looking at the score, but can be inter-subjectively agreed upon as plausible. An example of this would be the following, where Listener I in L&D test 3 comments at bar 31:

It feels as if when it cadences it shuts him off a bit, whereas when it's freer - the lack of cadence point - he's able to be more continuous... whereas when there's a cadence it's almost as if it stops him and he has to build up momentum and start again. But, I might listen to it again and find that's not the case at all - it's just an idea!

The analytic categories from the pilot were a useful starting-point for the analysis of the comments from L&D tests 2 & 3. However, it was soon clear that the commentaries made by the music therapists in these gave a more complex range of statements which went beyond the scheme in Table A. I therefore suggest a re-organisation of the categories in the following Tables B to E.

Table B presents the revised coding categories, now expressed as four Levels of commentary on the music therapy excerpts (a full explanation follows the tables). Tables C-E present Levels 1-3 separately along with quotations from the commentaries appropriate to each level (and from which the categories emerged). The 'intermediate' coding between the commentary data and Table B is not shown in this thesis. I arrived at the schema in the table by coding each of the commentators' 'scripts' according to emergent categories and using a provisional schema against the next script, refining the schema each time until I was satisfied that the more abstract coding in Table 2 represented most accurately a distillation of the original data scripts.

Level 0	experiential/ participatory	non-discursive	
Level 1 musical/aesthetic <i>What?</i> <i>How?</i>	<i>Discursive object</i> Music... <ul style="list-style-type: none"> • as object • as structure • as components • as sound qualities 	<i>Discursive Mode</i> Describing.... <ul style="list-style-type: none"> • identifying • locating 	<i>Language form/Discourse</i> <ul style="list-style-type: none"> • <i>metaphorical/figurative</i> • musical technical, structural/taxonomic • aesthetic qualities/value
Level 2 musical/personal <i>Who?</i> <i>How?</i>	'People-in-music' <ul style="list-style-type: none"> • client 'in/as' music • therapist 'in/as' music • persons-in-relationship-in-music (mutual interaction) 	Characterising... <ul style="list-style-type: none"> • musical responses/action • qualities / tendencies of playing 	<ul style="list-style-type: none"> • <i>metaphor, image</i> • musicological • 'music-psychological' • 'dynamic form' (music/emotion interface)
Level 3 musical/therapeutic <i>How?</i> <i>Why?</i>	'Therapy-in-music' <ul style="list-style-type: none"> (i) music therapist's 'strategies' & effects on client (ii) music therapy meanings larger 'reading' of the excerpt based on Levels 1-3 but based on wider theoretical perspectives 	Accounting.... for 'therapy-in-music' <ul style="list-style-type: none"> • 'musically-grounded inferences' Interpreting.... 'therapy-in-music'.	<ul style="list-style-type: none"> • music therapy - clinical theory, indigenous theory, idiosyncratic • other professional discourses e.g. psychodynamic, medical, etc • <i>narrative forms</i>

Table B Revised coding categories

Level 1	Listeners' Comments [L&D tests 2 & 3]
musical/aesthetic	
What? How?	
Describing Music...	
<ul style="list-style-type: none"> 1 as object 2 as structure 3 as components 4 as sound qualities 	<p>1</p> <ul style="list-style-type: none"> I could listen to it as a whole piece It's a very organic piece There seems to be a sense of space in the music I found that very moving I was struck by the beauty of it <p>2</p> <ul style="list-style-type: none"> A sense of shape, of completeness there - of a starting-point, a development I hear something which started off with a very small seed grow So there seemed to be an echoing of the shape of the melody The two voices became completely one thing <p>3</p> <ul style="list-style-type: none"> I noted down <i>staccato</i> and <i>legato</i> Some quite marked pulse changes The phrases would get longer and more extended The harmony becomes more complex, with added 2nds and so on <p>4</p> <ul style="list-style-type: none"> Waves of sound.. it felt very poignant Sort of <i>staccato</i> and melodic and the percussive of the xylophone

Table C Level 1 comments

Level 2 musical/personal <i>Who? How?</i> Characterising... 'People-in-music' • 1 Client 'in' the music: - responses/actions; - qualities/tendencies of playing • 2 Therapist 'in' the music: - music played - qualities of playing • 3 People-in-relationship--in-music (mutual interaction)	<i>Listeners' Comments [L&D tests 2 & 3]</i> 1 <ul style="list-style-type: none"> • I hadn't heard that she sang the 3rd... • He comes into that pulse... • He responds and sings, going downwards - three sounds... • He's playing sub-divisions but he's still very much in the pulse... • The way she's landed on that dissonance, and is not resolving it... • She sounds like one of those amazing wooden flutes there. <ul style="list-style-type: none"> • So now she's singing louder and with a more open voice... • The energy bursts of the vocal, that went up and down... then stillness... • More of the person and of the breath used in the voice... • She's got more courage in her voice... • I'm struck by the way her voice tails off in a sigh-like way • He has that low guttural sound, and then goes right up into the stratosphere! • He's playing quite energetically, almost randomly... • There's a quickening of tension in the voice... 2 <ul style="list-style-type: none"> • She's playing that jazz idiom. She plays a chord and sings, so it's without metre and pulse • He's playing some chords not in any metre, but with a pulse... • The therapist responds to his response by increasing the dynamic of what she's playing... 3 <ul style="list-style-type: none"> • It was very hard to know who was leading who... • It felt like there was a meeting in the music. • It's as if there's not a separateness... that both voices are in that journey together...
---	--

Table D : Level II comments

Listeners' Comments [L&D tests 2 & 3]	
Level 3 musical/therapeutic <i>How? Why?</i> Accounting for 'therapy-in- music'	1 <ul style="list-style-type: none"> • What the therapist does is to put what he [client] does into a musical context, where she [therapist] understands it. She gives a musical understanding of it. • She brings the pulse back... and the return of this absolutely catches him. • The therapist's providing continuity... • He's being given tremendous space in which to be himself and hear himself and be heard. • Although the therapist is upping the energy, he's not pulling the rug from under her [client's] feet harmonically and musically.. • So again the therapist sub-divides... probably in the hope to intensify even more...
• 1 music therapist's strategies & effects on client ('musically-grounded inferences') Interpreting... 'therapy-in- music' • 2 music therapy 'readings' of excerpt (based on Levels 1-3 but incorporating wider perspectives)	2 <ul style="list-style-type: none"> • The music is helping her [client] connect to her strength. • Her voice really opens up during that example, and changes from that rather sighing, out-of-tune unsupported voice - when she's not quite sure of the notes, to more of a singing partnership with you... • The voice was gradually finding more and more emotional freedom, as well as expressive, melodic freedom. • For me, what happened was, at the beginning there were two people, and two strands of music... and it was the time when the <u>music</u> itself became one thing.. that all of that completely became... well, I just didn't hear it in the same way - I wasn't listening to a pulse, I wasn't listening to a change of harmony, a melody... I was listening to one actual music... and that was the point where it all came together... I was thinking, that's what music therapy really is... waiting for the music to become one... of two or more people.

Table E : Level III comments

6.17 Notes on Tables B-E

I found that the commentaries of the music therapists in L&D tests 2 & 3 are represented most clearly in terms of different levels. Table B begins, however, with 'Level 0' representing the experiential or participatory aspect of music therapy - where it is done and experienced, not talked about!

LEVEL 1 is where commentary begins - where the focus is **musical/aesthetic**. The questions the commentators seem to be asking at this level are descriptive ones (*What?* and *How?*) and the focus of these questions is music: as an object in itself - its structure and components (melody, harmony, rhythm, form etc.). Comments attempt to describe, locate and define. Terminology used at this level remains largely musicological (and/or aesthetic), the language taking technical or figurative forms. At this level there is not much difference between L&D tests 1, 2 & 3 - except that given tests 2 & 3 involved just trained musicians there is both greater agreement and descriptive accuracy at this level of reporting.

LEVEL 2 I characterise as **musical/personal** - where the commentaries attempt to describe not the music in itself, but the people-*in*-music. The questions they are asking and conveying are *Who?* and *How?* - that is, who is doing what (the therapist's musical actions and reactions and the client's responses and musical actions) and then the quality of the relationship between these people. This is a level above simple description of 'musical objects' because it attempts to attribute actions and reactions, qualities and tendencies to 'musical subjects' too. The *How?* questions come in as commentators try to *characterise* the playing of the people-*in*-music: not just what they play, but how they play what they play - the *qualities* and *tendencies* of their playing. The commentators are inferring, that is, that the

musical actions and reactions of the player(s) have something to do with how they are physically, emotionally and relationally. This shift of focus (and therefore of level) in the comments also involves a shift in discourse: from the musicological to the 'music-psychological'. This often falls within the theory and terminology of what Pavlicevic (1997) has termed 'dynamic form'. This theoretical model of the interface between music and emotion is increasingly used by music therapists wanting to understand how we can 'read' a client's emotional process within musical process¹¹. Level 2 comments in L&D tests 2 & 3 are closely related to this aspect of attention in music therapy. To some extent listeners in L&D test 1 did make comments which would lie within this category (perhaps intuitively - the concept of 'dynamic form' is after all arguably no more than a conceptualisation of an aspect of music therapy which has always existed). In L&D tests 2 & 3, however, listeners might have been more conscious of the need for comment according to the perspective of 'dynamic form'.

LEVEL 3 - the musical/therapeutic is where the greatest expansion of comments happened between L&D test 1, and tests 2 and 3. At Level 3 the focus of the comments is on *How?* and, moreover, *Why?* The listeners attempt to account this time for the *therapy* in the music, and the therapists' presumed techniques and strategies (and the effects of these on the client). As I mentioned earlier, some comments in the pilot needed a category I called *musically-grounded inferences*. These are largely what the comments at Level 3 in Table B are; inferences about what the people-in-music seem to want to do (they are, that is, statements about the perceived intentions of the agents). However, in L&D tests 2 & 3 these *musically-grounded inferences* are more specifically to do with the relationship between the music-therapeutic

¹¹ This idea and the literature on which it is based will be discussed in more detail in Chapter 8.

processes perceived to be happening. To the music therapists listening to the excerpt the situation is to some extent transparent: what they feel the need to comment on is how and why (i) the music therapist is employing a particular strategy of playing with the client, and (ii) what the music therapy meanings are of these strategies (along with the clients reactions to them). Thus the mode of the comment in this category proceeds from *accounting* to *interpreting* proper - that is, in Giorgi's terms "the development of a plausible but contingent line of meaning attribution to account for a phenomenon" (1992: 121). The types of language for Level 3 are thus: (i) *musically-grounded inferences* which use a 'music therapy discourse' - by which I mean some sort of clinical theory, which may or may not have elements of musical statement deriving from Levels 1 or 2 but is attempting to *account* for music-therapeutic events (ii) *interpretative* statements which are broader 'readings' of the situation which may draw from larger epistemological perspectives and other professional discourses (psychodynamic, medical etc.).

Table F presents a more detailed analysis of two of the longer comments from listeners I and III in L&D test 3 in response to bar 6. The left-hand column of the table presents the transcription of the comments below the musical transcription of bar 6, whilst the two remaining columns code these comments according to the form of description (see Table A) and the Level of description (Table B).

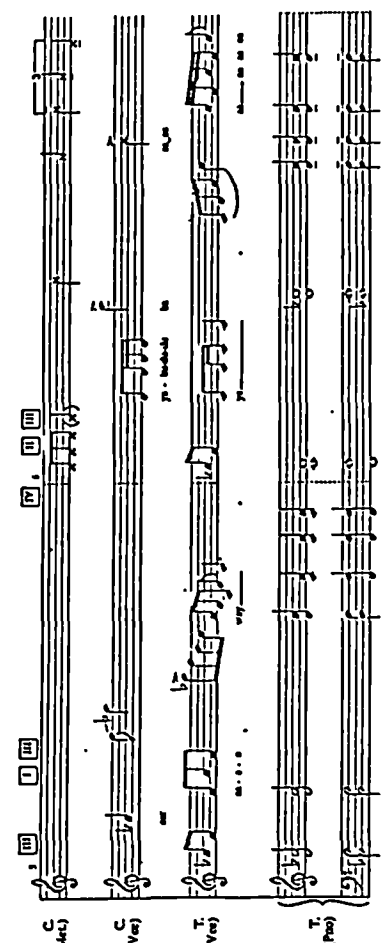
Listeners' comments		form of descr. / level of descr.	
	<p>I[6] Coming into more of a turn-taking exchange - it's separated already - merged and then separated.</p>	neutral metaphor (personified) inference	<p>Level 1 music as object Level 2 people-in-rerelationship</p>
	<p>III[6] His first vocal sounds are nothing to do with what's happened in a sense. They seem quite habitual, or whatever - separate from... and it's how the therapist changes what she's doing in order to incorporate it into a musical context, that... the sounds that he's making become part of the music... and really changing the range of the voice and the quality of the sound.</p>	<p>agency 'musically-grounded' inference agency... inference</p>	<p>Level 2 client qualities Level 1 music as process Level 3 therapist strategy Level 3 client responses ... referring back to Level 1 the music...</p>

TABLE F: Analysis of comments on bar 6

6.18 Narrative analysis of one listener's commentary

Nattiez writes that music is not a narrative in itself, but 'an incitement to make a narrative'. Writing on music can be shown to follow some kind of 'plot':

Our sense of the component parts of a musical work...is mediated by lived experience. An infinite number of traits, therefore, is available for selection by the musicologist. Confronted by this multiplicity of interpretants, the musicologist effectuates a selection in terms of a 'plot', which he or she has chosen in order to explain the work.
(Nattiez 1990: 177)

From the programmatic dramas of the Romantic era through to the more technical narratives that Nattiez shows are hidden within some of the most seemingly cerebral musicological analyses⁹, these 'analytic plots' work in a similar way to a plot in a novel. They direct action, select and give consequence to details of events - in short, they form and guide the narrative (however technical this may be). Does a 'music therapy analysis' (of the spontaneous type which the L&D tests present) use this discursive device of the 'plot'?

As we have seen in the previous analyses of the L&D tests, one category of 'talk about' music therapy does not just describe, but attempts to *account* for what is heard - in music-therapeutic terms (as far as these are available). This accounting attempts to verbalise the unfolding and overall significance of the 'drama' of the excerpt - that is, to elaborate an 'analytic/interpretive plot' for it. If we take Giorgi's characterisation of interpretation as "the development of a plausible but contingent line of meaning attribution to account for phenomena" (1992: 121) - then this narrative form of comment is clearly interpretative in some way.

⁹ See Nattiez (1990) Chapter 9 - *Theory and Analysis as Symbolic Constructions* - and his comparison of analyses of the Tristan chord.

The following analysis takes one of the commentators (II in L&D test 2) and follows the unfolding of his commentary - which elaborates its narrative throughout the three hearings of the test. Italic font indicates direct quotation.

II begins his commentary with an orientation that is more than descriptive, making an immediate 'musically-grounded inference' about the excerpt: *I heard something which started off with a very small seed... grow...there were two strands - what was happening on the piano and what was happening vocally - and there were times when I felt that what was happening on the piano was stopping the rest of it growing....*

The 'plot' of his analysis, at first hinted, then stated more explicitly, concerns how he feels the therapist's presumed music-therapeutic strategy perhaps hinders the almost natural growth of the music as a whole. A second 'theme' in the plot concerns a view about the music itself, which he characterises sometimes as an entity comprising of the two players and at others an "it", an organic unity of its own, becoming itself: *the two voices became completely one thing...the voice became one, of two people.* It is interesting how he comments in quite dramatic terms about the excerpt - of things waiting to happen, happening and being prevented from happening: *And from that point... I didn't feel as if there was any struggle for anything to happen... it felt as if something had happened, and it was there, and it was whole from that point.* From the first hearing this listener has constructed the main themes of his 'analytic plot':

Theme 1: 'growing' : something is growing in the excerpt - but equally something perhaps stops this growth.

Theme 2: '*one music*' : the music becomes 'one thing' (an 'it') where the two strands unite - rather than two separate musical voices.

Theme 3: '*something happening*' : a temporal aspect of something 'waiting to happen' (which then does happen), and after this a feeling of it 'having happened'.

To what extent were these spontaneous themes (the beginning of the plot) further developed in the two subsequent hearings? In the second, 'stop-hearing' II elaborates on the themes - pausing at certain events to illustrate these (his comments take the form of 'musically-grounded inference' in my terminology). For example, he stops at bar 12 and comments *I'm thinking that something's being stopped* (Theme 1), explaining that the rather static accompaniment to the vocal line perhaps inhibits further development: *waiting for something different to happen in order to move it, or for it to be moved...* Then, at bar 20, he accounts for a change in this situation, working from a description of a musical component - *something changes to give the phrase a structure* - to an account of the sense of expectancy, of something happening (Theme 3): *You get this sense of expectancy... so I imagine for the person singing the melody, that something is going to have the chance to be repeated... and that it could happen again... develop into something else... the feeling of moving somewhere and then moving away...* Then at bar 24 his comment resolves the expectancy: *Something happens there!* A change which he recognises in the voice indicates *the thing opens out...*

The comment at bar 27, which begins by describing the pulse of the music then synthesises all three of the themes: *suddenly it just all comes together at once...it's somehow this potential, that's been there from the beginning... it suddenly is there - and you realise, this is*

where it's been going to... this feeling of something's going to happen, and here it is! This theme is yet further elaborated twenty bars later (bar 49): I felt as if it'd got to where it was...because what had the potential to happen at the beginning was happening, to me as a listener. Up to that point it was going somewhere... and then it felt as if it'd arrived where it was going...where all the things that were happening came together... and I was thinking of the pulse of the piano, and the harmony and the melody... and the two voices... the whole thing made sense as one...

After the final hearing II summarises his 'plot':

I think it felt quite simple listening to it then. For me, what happened was, at the beginning there were two people, and two different strands of music - or two different strands of parts of music.... and that were not synchronised somehow. And it was the time when the music itself became one thing... that all of that completely became.... well, I just didn't hear it in the same way - I wasn't listening to a pulse, I wasn't listening to a change of harmony, a melody... I was listening to one actual music.... And that was the point where it all came together. I suppose... I was thinking, that's what music therapy really is.... just waiting for the music to become one... of two or more people....

These final comments show perhaps the plot elevating itself to a quasi-theoretical level; where an overall theme ('becoming one music') now both accounts for his hearing of the excerpt and perhaps points to a larger (if possibly idiosyncratic) 'theory' of music therapy. This is possibly borne out by II's final comment: *I was thinking, that's what music therapy really is....just waiting for the music to become one...of two or more people.* To what extent, we might ask, is there a 'pre-plot' - an idea which becomes a 'template' for a particular interpretative narrative of the excerpt?

To summarise: II can be seen to use an 'analytic plot' or narrative structure in his commentary which gives it a consistency by progressively elaborating on certain key themes which he selects as accounting for the 'drama' which the excerpt presents. The plot has characters - the two players and the music itself - which are seen to interact meaningfully within the structure of the unfolding events by virtue of his narrative.

PART 4: DISCUSSION

6.19 Introduction

The data and data analysis in this chapter has highlighted two essentially related questions which I will examine in this section:

- What do music therapists listen to in the excerpts?
- How (and how well) are they able to verbalise this?

The L&D tests 2 & 3 confirmed most of the findings of the pilot project, from which I concluded that the commentaries:

...suggest both a way of listening and a way of talking that moves back and forth between the music as a perceptual object and form in its own right, and the music as representative of the players - their individual qualities, tendencies and modes of contact. These multiple perceptions are reflected in the use of multiple language.
(Ansdell 1996: 14)

This takes us beyond Seeger's 'musicological juncture' to what might call the 'music-therapeutic juncture' - which necessitates the metalanguage being able to handle describing, characterising and accounting for more than musical objects, but instead inter/intra-musical and inter/intra-personal *processes* (that is, 'people-in-music' and 'therapy-in-music').

The remainder of this section discusses the 'commentary' data and analysis in terms of Nattiez' tripartition model in order to address the main research question posed in this chapter: How do listeners construct a metalanguage of music therapy at this 'close focus' to music therapy material?

6.20 A tripartitional model of the *Commentary* data

Merecedes Pavlicevic (1997) writes that it seems 'music therapists listen "therapeutically":

Not quite to music as music, nor to structure as structure, but to the person portrayed in the spontaneous music-making. The meaning that they assign to the music will be a therapeutic one, but this will have essences of...various [other] aspects of meaning...
(Pavlicevic 1997: 25)

These other 'aspects of meanings' she talks of emerge from different modes of listening which are possible. In terms of these Nicholas Cook (1990) makes the useful distinction between listening which is: (i) 'purely musical' (attending to the phenomenological experience of music as a whole), (ii) 'musicological' (cognitive perception and analysis of musical structure and components) and (iii) 'referentialist' (creating moods, images and associations). Some of these modes are integrated in a 'music therapy hearing', some are 'black-boxed' in order to forefront the more complex levels of listening required by the clinician. This involves, as Pavlicevic describes it:

... a peculiar acuity that is the music therapist's: it is not exclusively musical, but neither is it exclusively psychological. Rather this acuity is an interface between the two, as explained by the concept of dynamic form, with the therapist reading the emotional content of the improvisation through the music, and responding to this content through the music.
(Pavlicevic 1997: 68)

Pavlicevic also describes various *levels* of listening to music therapy: within the session; immediately after the session; then later as reflexive listenings to the tape, or to 'replays' in the therapist's head. She concludes that:

...the therapist can be said to synthesise all of these listening experiences when forming interpretations, but

more than this, the therapist also listens to herself thinking emotionally and verbally. This listening contributes to the interpretation. (Pavlicevic 1997: 162)

These 'levels of listening' seem gradually to evolve into a verbal level - whether this is voiced or not. The 'listening & description' tests presented in this chapter were intended to simulate a close 'music therapy listening' and the category analysis with its 3 levels of commentary confirmed Pavlicevic's ideas by demonstrating the wide range and complexity of music therapy listening. It is, however, to the cross-over between this listening and possible verbalisations of it that the data for this chapter sheds most light.

David Aldridge has addressed this issue of how the 'clinical hearing' of the music therapist is verbalised and communicated:

At the level of performance, what passes in the therapeutic session exists for itself. Everything else is an interpretation and depends upon language and is therefore an imposition of a subject-predicate grammar upon a dynamic activity. However, as therapists working together with patients we do need to talk to each other about what happens and what we do. Knowing at which level we are talking will aid our discussion and prevent confusion.

(Aldridge 1996: 164)

In addition to levels of listening there are levels of talk. The 'tripartitional' schema is again useful to map the relationship between these two areas.

6.21 A semiological perspective on the *Commentary* data

A tripartitional model of the L&D tests is useful in clarifying the relationship between the various epistemological and discursive activities: doing music therapy, listening to it, and reporting on it verbally.

The model in Fig.6-1 follows the schema developed in Chapter 5. This is presented this time in terms of the L&D tests - the intention being to link the three Levels of the Commentary data presented in Table B earlier with the three sites of the tripartition (representing the 'total music therapy fact').

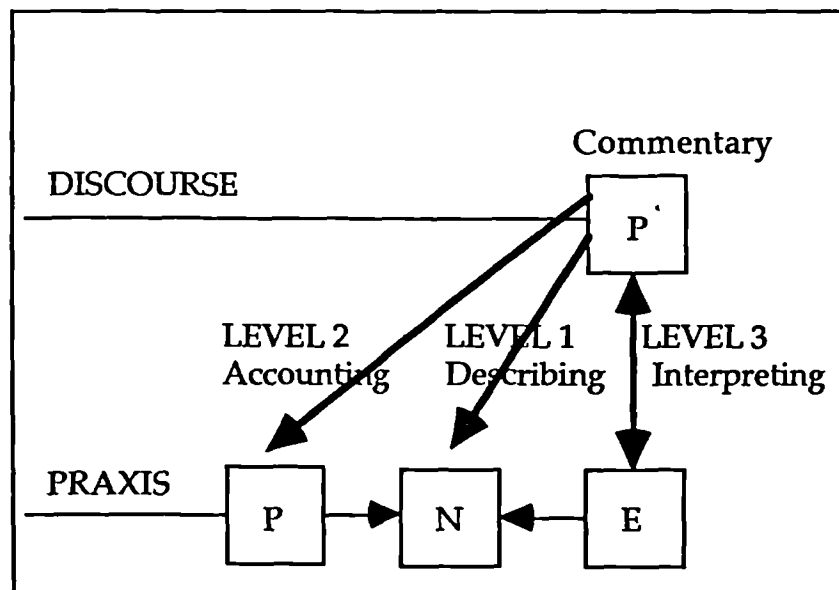


Fig. 6-1 A semiological model of the 'Commentary' process

As Fig.6-1 suggests, the 3 Levels of my category analysis of the listeners' comments fit well into the tripartitional scheme:

Level 1 comments concern the *neutral* site - the 'musical product' whose immanent structure is preserved as a trace on the tape. Comments use musicological or aesthetic terminology which is shareable and can be verified to an extent.

Level 2 comments concern the more complex *poietic* site - the conditions of production of the music therapy activity (where the analytic questions are *Who?* - the 'people-in-music' and *How?* - represented by *accounts* of intra/inter-musical/personal processes). The metalanguage is more problematic at this level, and can be disputed. *Musically-grounded inferences* are common.

Level 3 comments concern the *esthetic* site, where interpretations of the music therapy process are formed which attempt to tease out the relationship between musical or clinical activities in relation to an interpretative scheme. Language here can either be idiosyncratic/indigenous or borrowed from the interpretative repertoire of another discipline.

These three levels are similar to those Aldridge suggests in his chapter 'Shared Meanings' (1996:164) - see Fig. 6-2. In this schema his 'Level 1' is equivalent to my 'Level O' - the experiential level which cannot be reported. Aldridge then has two reported levels - 'Level 2' *Revelation and Description* and 'Level 3' *Interpretation and Discourse*. The former, Aldridge comments, takes place largely in the language of the artistic discipline, whilst the latter can involve translation into another clinical discipline (such as psychoanalysis or medicine). The main difference between this and my schema is that the material from the L&D tests (and hence the categories) gave a more distinct and broader progression both of the intentional objects of perception and verbalisation (Level 1 - music; Level 2 - people-in-music; Level 3 - therapy-in-music), and of modes of discourse (Describing, Characterising, Accounting, Interpreting). A second difference is that in the 'interpretive' mode, less attempt is made (than would be suggested in Aldridge's schema) to explain the

material in terms of another system. This would, however, be characteristic of commentaries made by therapists trained in the Nordoff-Robbins tradition - as a largely phenomenological approach where 'extrinsic' interpretation is cautiously used.

Aldridge also suggests parallels between his schema and Nattiez' *analytical situations*¹⁰. My data and analytical model of Levels 1-3 of comment largely confirms Aldridge's opinion (1996:164) that a music therapy discourse involves both the 'immanent analysis' of the 'neutral' or 'trace' site (my Level 1) moving to 'inductive poietics' (Level 2) and finally to 'inductive esthetics' (Level 3).

Examining the material from a tripartitional angle enables us to consider many of the problems of a music therapy metalanguage in relation to the issues of each of the tripartitional sites. The following section of this discussion is a set of notes under the headings of the tripartitional sites (refer back to Fig.6-1).

¹⁰ '...all description, all analysis considers its object from a certain standpoint. Characteristic standpoints determine how the object is articulated by the observer; I will call this collection of standpoints the observer's *analytical situation*. (Nattiez 1990: 133). See also Chapter 5 of this thesis.

Table 7.6 The relationship between Nattiez's analytic situations, music therapy interpretations and constitutive and regulative rules

<i>Analytical situations after Nattiez</i>	<i>Music therapy interpretations</i>	<i>Constitutive and regulative rules</i>
	The music therapy session	Constitutive rules Level 1 the sounds themselves, the experience as itself, the performance as phenomenon
I Immanent analysis, neutral ground of the music the physical corpus being studied, the trace	the score as a descrip- tion of musical events	Level 2
II Inductive poietics	the music therapy index of events	revelation and description descriptions of what happens in the therapeutic situation
III External poietics	clinical reports from other practitioners, drawing from art therapists	
IV Inductive esthetics	music therapy meanings, interpretations of therapeutic significance	Level 3 interpretation and discourse, the relationship between the musical or clinical activity and the system of interpretations
V External esthetics	sampling methods from psychology or expert assessment of chosen episodes as part of a research methodology	
VI A complex immanent analysis relating the neutral ground of the music to both the poietic and the esthetic	therapeutic interpretation from a fixed point but intuitively used in the therapeutic explanation	Regulative rules

Fig. 6-2: Aldridge's (1996) schema

TRACE SITE

When the metalanguage is focused on the *trace* site it is required to provide an adequate description of the music as immanent structure, as the fixed product of a process. Discussions on the metalanguage at this level tend to revolve around questions of how accurate terminology is.

However, as Nattiez cautions, the adequacy and subtlety of a metalanguage depends on the 'analytic criteria' which support it:

Having a flexible metalanguage at one's disposal is not enough. We must know what principles guide the analysis. The criteria of analysis, the development of a language proper to analysis, are two problems that are partially connected, but nonetheless distinct.
(Nattiez 1990: 161)

Nattiez shows how choices are made at a basic level of parsing musical units (of rhythm, melody) on the basis of what our musical system pre-selects as worthy of attention. Hence the basic building-blocks of an analysis can themselves be seen as a metalinguistic construction. Music therapists in turn borrow for Level 1 descriptions exactly the same culturally-conditioned criteria for musical description and analysis as any other musical commentator - the vocabulary and terminology (built up from Grade V theory onwards) of units of rhythm, melody and harmony and so on. This becomes problematic to the music therapist (as it always has done to the ethnomusicologist notating other musics, or the innovative composer) when the confines of the criteria are reached: when, for example in my L&D test 3, the vocal line of the client was idiosyncratic and could not be accommodated within traditional analytic criteria relating to melody (motif, cell, phrase, period, etc). At this point the data shows how the commentator often reverts to the next best mode of musical description, where

figurative or impressionistic forms attempt to convey what was heard.

Nattiez (1990: 161) gives a basic typology of verbal musical analyses: firstly, making a distinction between 'non-formalised'(verbal prose) and 'formalised'(graphic) forms, and secondly, within 'non-formalised': (i) impressionistic (ii) paraphrases (iii) 'hermeneutic' exegesis. In music therapy reports descriptions sometimes attempt a 'paraphrase' of musical events, using conventional musical terminology. At the limits of this it tends to revert to 'impressionistic' modes - characterising the music (or a chosen aspect of it) in non-musical terms - mostly using metaphorical language. In the L&D tests there are examples of spatial, temporal and process metaphors being used: of 'seeds', 'waves', 'breathing', and 'strands' of music. Other philosophers and musicologists who have investigated the nature of talking about music in words (Sibley 1993; Froelich & Cattley 1993; Burrows 1990) confirm this ubiquitous use of figurative language to focus attention on aspects of music, or to bring aspects of the world in relation to aspects of the music (or vice versa).

Whilst for conventional talk about music (at whatever level of sophistication) there seems to be a base-line of competence for verbal language to convey both the 'facts' and the qualitative dimensions of musical experience, it would seem that when talking about music therapy this base-line of adequacy is found wanting relatively soon - that is, when reporting moves from my 'Level 1' (describing the musical product) to 'Levels 2 & 3', where the 'analytical situation' moves to the *poietics* of the music-therapeutic *process*.

POIETIC SITE

This is the point where music therapy really meets the challenge of Nattiez' 'analytic criteria'; when commentary moves to attempting to characterise, account and interpret 'people-in-music' and 'therapy-in-music'. Though the commentator is not explicitly trying to translate his (musical) perceptions into another discourse, here the metalanguage hits what Aldridge pointed out as verbal language's problem in "[the] imposition of a subject-predicate grammar upon a dynamic activity" (1996: 163). For what the commentary attempts here is to encompass an *inductive poietics* of the music therapy situation - which, in my terms, means 'accounting' for the music-therapeutic process. The vocabulary for this domain shows itself to be under severe strain when required (contrary to conventional grammar) to convey the "musicing" of people and "music-theraping" taking place. There would seem to be little standard vocabulary to draw on at these levels in music therapy - except for some overworked terms such as "meeting". Perhaps an exception to this paucity is the idea of 'dynamic form' - though this is largely not a terminology but a theory explaining the relevance of certain kinds of musical-emotional descriptions for the music therapy process.¹⁵

What the data shows is that reporting on the *poietics* of music therapy is a largely idiosyncratic business (and yet the commentators did find ways of conveying something). Nevertheless, there is little shared vocabulary at this site and what there is could not be said

¹⁵ To enlarge on this point slightly, I would argue that 'dynamic form' is a theoretical narrative of why expressive characterisations of people-in-music are significant emotionally and therapeutically. For example, why someone's playing might be 'read' and described as 'jerky', 'bursting', 'dry' and how this could apply cross-modally to musical components, overall form or non-musical gestures. Whilst such descriptions could be intuitive, the theory of 'dynamic form' gives them psychological and therapeutic significance, but perhaps not at the moment discursive conformity (see Pavlicevic 1997, Chapter 9).

to amount to what psychoanalysts have called 'normative competence' (Lomas 1987), the shared terminological agreement regarding therapeutic processes.

ESTHESIC SITE

This last site of the tripartition (based on the 'analytical situation' of 'inductive esthetics') involves the commentary moving to 'Level 3' and taking on a more hermeneutic style. Here music therapy meanings are 'read' and interpretations made as to the therapeutic significance of events characterised and accounted for in Levels 1 & 2. This process often involves transposing the musical processes into the terms of another discourse and discipline - be this as specific as psychodynamic theory or a more tenuous and idiosyncratic link between the musical and interactive processes and understandings of healing and change. 'Inductive esthetics', writes Aldridge, involves processes of 'interpretation and discourse' - making a relationship between 'the musical or clinical activity and the system of interpretations' (1996: 165). Within the data in this chapter, little explicit reference is made to other systems as such at this level (this perhaps being characteristic of the Nordoff-Robbins approach to music therapy). In the L&D tests the vocabulary at this level therefore looks untechnical and cannot generally be directly equated with other interpretative systems. However, there is a whole class of comments that report on the excerpt from an *esthetic* angle - though these may be expressed in more idiosyncratic language.

There are sometimes suggestions in the Commentary data that the commentator's description and 'accounting' is also somehow 'framed' within a larger interpretive scheme (not necessarily a psychological one). For example, the listener whose comments I examined earlier in section 6.18 suggests how

his largely musical description illustrates "what music therapy really is". Nattiez suggests that such a 'poietic space' of any analysis or commentary must be examined to ascertain how it comes to be articulated by someone, and is inscribed into history, culture and theory. In other words, any comment 'comes from somewhere' - and any hermeneutic work is based on certain authorial *a priori* (however explicit or unconscious). As we saw in Chapter 5, Nattiez refers to this as the *transcendent principle(s)* of an analysis.

As Nattiez describes, these transcendent principles may be directly related to an explicit theory, but may also be idiosyncratic and only tangentially related to these. In the example from L&D test 2 we could ask whether the 'lurking philosophical project' is a musical, aesthetic or spiritual one, and how it relates (if at all) to any explicit current theory of music therapy. And, finally, how his comment (and its implications as a transcendent principle) in turn 'frames' his detailed and general understanding of the excerpt as a whole. Posing such questions is the concern of a 'critical' level of semiological analysis of the data. But, as Nattiez writes, there is the risk of a possible infinite regress in such work!¹⁶

¹⁶ Further analysis of this 'critical' level will take place largely in Chapter 8, "Text" - where it is easier to trace the lineaments of the 'poietic space'.

PART 5: CONCLUSION

The L&D tests presented in this chapter simulated a problem that lies at the heart of 'music therapist's dilemma': approaching the musical trace both as music and as music *therapy*, and requiring that the two sets of perceptions be somehow tackled in a verbal metalanguage. The data from these commentaries illustrates how problematic this is, whilst also showing how most listeners nevertheless managed to cope with the 'difficulty'. As people have usually found ways of talking about music appropriate to that talk's function (be this casual conversation or complex analysis), so music therapists also seem to find pragmatic ways of talking about music therapy.

Whilst, at a surface level, one might think that the problem of talking about music or music therapy is simply one of vocabulary, in fact I would argue that the data suggests that the problems of a metalanguage for these practices are rather dilemmas of discourse - that is, how language does not merely represent but *constructs* our understanding of given phenomena. For example, the analyses of the data show how the initial levels of commenting on the excerpts (describing, characterising, inferring and accounting for what is happening) quickly becomes a more complex 'discursive activity' of framing, narrating and constructing the excerpt *as* music therapy (rather than 'just' as music). Here we have gone beyond problems of vocabulary into the realms of theory and ideology - the space of the discursive proper. Thus we see that the purpose of a verbal metalanguage of music therapy (as of music in general) is to translate the 'purely musical' into the discursive - framing the excerpt within a theoretical or disciplinary context - where the significance of the practice can be communicated and evaluated.

We also see how the commentators' multiple perceptions of the excerpts at this close focus level are reflected in multiple 'voices' of discourse: the musical, psychological, music-therapeutic, aesthetic... and how these involve differing functions of describing, characterising, accounting, explaining, interpreting, theorising, appreciating and evaluating. In this way language mediates and focuses music therapy at the 'close focus' level analysed in this chapter. As in musical counterpoint, the different 'discursive voices' perhaps exist somehow in parallel (as potential ways of talking) and then converge in the activity of talking about music therapy, when the verbal comments are actually made. The following chapter will re-examine some of these developing ideas in relation to the next level of focus - more general talk about music therapy.

Chapter 7

Talk : Data Unit 2

Analysis of discourse about music begins with an ethnographic hermeneutics... It is through the intermediary of discourse that protagonists' thoughts reveal themselves; but for the same reason, meta-musical and ethnotheoretical discourse is no more than one trace of this thought system amongst others, a piece of testimony, an index of compositional and perceptive processes. It is neither a reflection nor image of those processes.

(Nattiez 1990: 197)

7.1 Introduction: Investigating 'Talk'

This second data unit investigates a second example of representing music therapy in a verbal form, but one which is more general than the 'commentaries' of Chapter 6. It represents the 'medium focus' of my model of music therapy discourse (see Fig. 1-2, p.37), where music therapists speak about music therapy in a naturally-occurring conversational form, without however being directly in contact with taped clinical material. The therapists talk about how their praxis fits in with the settings in which they work and the clients they work with, about their enthusiasms and problems with the work, along with more abstract theoretical aspects.

The format of this chapter follows that of Chapter 6 in its aim of first presenting the complex verbal data in an accessible form. The data analysis which follows takes

both an ethnographic and a discourse analytic perspective - following an overall trend of what Nattiez (in the epigraph) describes as 'ethnographic hermeneutics'. This involves making a critical reading of the material from a theoretical view which suggests that speakers' discourse both reflects individual ideas and experience but is also dependent for its meaning and significance on the specific disciplinary context (which is culturally and historically embedded). As Gale Miller writes:

...ethnographies of institutional discourse...involve attending to both the discursive categories and practices associated with social settings, and how setting members use them (sometimes in distinctive ways) to achieve their practical ends... Discursively focused research on social settings...emphasises how social realities are always under construction. It considers how setting members continuously assemble and use the interactional and interpretive resources 'provided' by social settings to construct, defend, repair and change social realities. (Miller in Silverman 1997: 26-7)

My critical reading of the 'talk data' asks in this way whether (and how) music therapists' discourse at this level actively constructs music therapy as a discipline - by defining, disputing and contextualising praxis and theory within a variety of real-world contexts.

This chapter is organised in three parts: **Part 1: Data Presentation** outlines the methodological aspects of this data unit. **Part 2: Data Analysis** presents two analytic perspectives on the data: an analytic commentary and a graphic 'domain' analysis. **Part 3: Discussion** relates the data to ethnographic and discourse analytic perspectives.

PART 1: DATA PRESENTATION

7.2 Data rationale and collection process.

In comparison to the 'close focus' data of Chapter 6 which had a quasi-experimental format, the 'Talk' data was selected to illustrate the 'medium focus' characterised by my model - in which the situation was a naturally-occurring one where talking about music therapy took place amongst professional music therapists.

The occasion I used was a series of discussion 'Forums' held at the Nordoff-Robbins Music Therapy Centre, London in 1995. These were designed as a series of informal discussions as a part of a professional development programme for music therapists trained in the Nordoff-Robbins approach. They were open to therapists currently working at the Nordoff-Robbins Centre, and also those who had trained there but were now working at a variety of other clinical settings with a wide range of clients. The idea had originated from an International Symposium of Nordoff-Robbins Music Therapy held in London in 1995 entitled *Development and Diversity*. This demonstrated how the last ten years had seen a significant development in the approach, as more therapists worked with varying adult client populations, and had expanded their theoretical models to accommodate these developments. Many interesting dialogues were initiated at the conference, which therapists at the London Centre felt worth pursuing further as organised discussions. The Forums were designed to meet this need, and were coordinated by the then Research Facilitator at the Nordoff-Robbins Music Therapy Centre, Dr Mercedes Pavlicevic. She first sent round a questionnaire, asking therapists what were their main areas of interest or concern, then designed a series of discussions with a title as a starting-point. In fact,

though the Forums began with a set topic, most of them became to some extent free-flowing discussions which found their own focus of interest and concern. The facilitator did not make great efforts to keep the subject 'on track', and the analysis later shows how wide a territory the discussions ranged over. The average attendance of the forums was 6-10 therapists¹, representing a relatively wide cross-sections of length of experience as music therapists and of diversity of work with varying client groups. I myself was an active participant in the discussions, as was the facilitator. The final five Forums had the following titles:

Forums I & II 'Working with self-referred adult clients'

Forum III 'Words and Music'

Forum IV 'Speculating on Music'

Forum V 'Is working with disability disabling?'

In one sense the Forums had the advantage of representing talk between a group of music therapists trained in one approach. As such, the material could be seen to represent the operation of music therapy discourse within a single *institutional* setting - giving the possibility of studying 'institutional talk' which can be seen to have a 'culture' and history of its own. Equally, however, these factors could be seen as a disadvantage for the study overall - the Forums showing just one (relatively cohesive) 'sub-culture' of the discipline and profession of music therapy and thus presenting a narrow (and arguably unrepresentative) sample of data. However, as I outlined earlier in the rationale for the overall analytic approach of this study (Chapter 3, section 3.9) the aim of the research was to study the

¹ The group was not the same each time - a few came to all the Forums, but generally they were made up from an overall 'pool' of approximately 15 people.

multiple forms of representation within *one* tradition of practice. The data in this chapter is consistent with this overall perspective. The implications of these choices are, however, discussed later in the conclusion (Chapter 10, Part 6) when the trustworthiness of the study is evaluated.

7.3 Data organisation

Even more than for Chapter 6, the data for this chapter is both rich and complex and, like much qualitative data, this complexity and volume poses problems to presentation and analysis. It is therefore necessary to explain in some detail the rationale followed to collect, reduce, re-organise, present and analyse the material. This is based on protocols developed for the analysis of textual data in qualitative research in general, and in particular for 'discourse analysis' (Potter & Wetherell 1987).

Data Collection: All of the Forums were tape recorded², giving approximately eight hours of material. I transcribed this verbatim into a written text, leaving the participants' comments anonymous.

Data Reduction: At this stage the problem was one of data reduction, and I followed the generic protocol of dealing with textual data in qualitative research (Silverman 1993; Bruscia in Wheeler 1995; Robson 1993): firstly *coding* the data, then organising it into *categories*. Coding is, as Potter & Wetherell state, distinct from analysis - its 'goal [is] not to find results but to squeeze an unwieldy body of discourse into manageable chunks'

² Permission to tape the Forums was obtained from all participants at the time, and I have subsequently sought permission to use the material from the Forums for the purposes of this thesis from all participants. The terms of this agreement included that all comments would be represented anonymously, and that I would show appropriate discretion with material that could be personally or 'politically' sensitive. Given the focus of the study, these conditions have not significantly compromised its purposes.

(1987: 166). Coding the Forum data was done by reading through the transcripts and noting *themes* which best expressed what the content of a speaker's comment was at that moment (or that of the interaction of more than one speaker). Clearly this involves some interpretative work on my behalf- but this is controlled by the fact that all stages of the data reduction can be checked for accuracy and/or bias by referring back to the direct transcripts. The coding procedure was carried out for each of the Forums - giving in effect a running commentary/summary of each in the form of 'themes'.

Data Re-Organisation: The aim of a second-level of coding in this methodology is to *de-contextualise* the themes from the mass of the transcribed material and to form a higher-level organisation of them. This is done by forming *categories* of themes - collecting together themes from over the five Forums material relating to the same ideas and issues and re-grouping them as categories. These represent the main foci of the Forums overall, and will be the basis of the analysis section of this chapter. Whilst the categories are again to an extent interpretative, their relationship to the themes can be challenged by readers. My aim was to present the data in as few categories as did justice to the material. Categories are intended to be discrete, but are also presented as 'working units' of meaning, not as final statements. The construction of a new category was justified by the 'saturation' of a previous one. Though the progression of the analysis (beginning on page 240) gives the impression that the categories were created 'chronologically' this is merely because some of the Forums contained discussion only on limited topics.

Fig. 7-1 gives an example of the first stage of the process. The left-hand column is a direct transcription of the opening of Forum I (bullet-points indicating a change of speaker). The right-hand column shows my analytic

notes which reduced the material to themes and sub-themes. The first-level analysis of this passage produced the three themes:

- Theme 1** Defining music therapy
- Theme 2** Defining music therapy with new client group
- Theme 3** Relationship of music therapy to other therapies

Many themes were common over the Forums as a whole, so the second level of data organisation involved de-contextualising 69 themes to generate 20 comprehensive categories which represented the main focuses of the Forums overall (see Fig.7-2). For example, the three themes above are part of the more inclusive categories:

- Category 1** **Music therapy / CMT is...**
 - defining, describing terms and categories
- Category 2** **With x clients, music therapy is y**
 - classifying clients, defining music therapy

<ul style="list-style-type: none"> • One of the problems is: do we call it 'music therapy' or not - because the client is choosing to be there... has a conscious reason? • It's more a question when the client <u>hasn't</u> chosen it! • Are we reading into it what she means? • I think that what she's talking about is the difference between 'healing work' and 'growth work'? • Aren't they the same? • Well, yes and no - healing doesn't - growth work is with people who are functioning in their lives. They're not there because they're paranoid or schizoid or anything, but because they want to grow, to extend their potential, to expand. Isn't that what she's on about? • I think so, but I'm still not clear... • Isn't it also something about expectations? - if a client's coming for music therapy - it's the old thing: what's the relationship between the music and the therapy? In physiotherapy you know what the relationship is - in speech therapy, even in psychotherapy. People come to music therapy, especially as a 'self-referred client' - as a 'non-impaired client' in a hospital setting, with a confusion as to what they're coming to - particularly a confusion, in my experience, of how music relates to therapy. And if they're coming firstly to therapy (which includes music) or whether music includes therapy. So it's that root definitional problem, of knowing what they're coming to.... • Is it their understanding of the word 'therapy'? - in the context of their life...their expectation of music therapy, where the therapy side would be related to how they've experienced it in other contexts. • It's often defined by its relationship to other systems which are better known - and which therefore provide expectations. 	<p><i>defining music therapy</i></p> <p><i>- according to client</i></p> <p><i>relationship of MT to other therapies</i></p> <p><i>MT relationship to client pathology</i></p> <p><i>Client expectation</i></p> <p><i>Relationship between 'music' and 'therapy'</i></p> <p><i>- examples of other therapies</i></p> <p><i>- client definitions</i></p> <p><i>- client confusion</i></p> <p><i>- definitional problem-</i></p> <p><i>- clients' previous experience & understanding of 'therapy'</i></p>
--	--

Fig 7-1 Generating themes from the 'Talk' transcripts

-
- 1 MUSIC THERAPY / CREATIVE MUSIC THERAPY IS x**
- defining, describing terms & categories
 - 2 WITH x CLIENTS, MUSIC THERAPY IS y**
- classifying clients, defining music therapy...
 - 3 AT x , MUSIC THERAPY IS y**
- places of work, ways of working, kinds of talking
 - 4 ASPECTS OF CREATIVE MUSIC THERAPY**
- features, processes, practices, character of CMT
 - 5 THEORY AND THEORETICAL DILEMMAS IN CMT**
 - 6 VALUES & VALUE-JUDGEMENTS IN CMT**
 - 7 CLASSIFYING CLIENTS & THERAPISTS**
 - 8 CHARACTERISING THE THERAPIST**
 - 9 AESTHETIC ASPECTS OF CMT**
 - 10 AESTHETICS AS A CONCEPT IN MUSIC THERAPY**
 - 11 MUSIC / AESTHETICS WITHIN THE MT PROCESS**
 - 12 AN 'ANTI-AESTHETICS' OF MUSIC THERAPY**
 - 13 CULTURE, MUSICAL AESTHETICS & MT**
 - 14 WORDS & MUSIC IN MUSIC THERAPY.....**
- compatible or incompatible?
 - 15 THE 'PROBLEMS' WITH TALKING IN CMT**
 - 16 THERAPISTS' STRATEGIES IN DEALING WITH WORDS IN THERAPY**
 - 17 THE INSTITUTIONAL CONTEXT**
- problems arising from this
 - 18 CLIENTS with Profound Learning Difficulties**
 - 19 THEORISING CMT WITH CLIENTS WITH PLDs**
 - 20 PERSONAL IMPLICATIONS FOR THERAPISTS WORKING WITH CLIENTS WITH PLDs**

Fig. 7-2 Forum 'Talk' categories

PART 2: DATA ANALYSIS

7.4 Introduction to data analysis

Analysis of the 'talk' of the Forums needs an approach which is both ethnographic and hermeneutic - a close interpretative reading which is also conscious of the 'ethnography' of the contexts (historical and situational) from which the talk originated. Consequently, the Forums are analysed here as 'texts' from an overall perspective of discourse analysis - being alert, that is, not just to present the material as information (as providing evidence of what people think, practice and disagree about) but also to what function such talk might have for music therapy as a discipline and profession at this time. But as Potter & Wetherell comment:

The analysis of discourse is like riding a bicycle, compared to conducting experiments or analysing survey data, which resemble baking cakes from a recipe. There is no mechanical procedure for producing findings from an archive or transcripts... but we are not interested in dictionary definitions of words, or abstract notions of meaning, but in distinctions participants actually make in their interactions and which have important implications for their practice.
(Potter & Wetherell 1987: 168)

The analysis of the Forums is organised into two perspectives:

Perspective A : Analytic Commentary

Perspective B : Domain Analysis

Perspective A presents a general interpretative reading of each of the Forums - showing how the discussions can be distilled into the twenty analytic categories. Subsequently the texts are 'interrogated' by similar questions developed from the 'listening and description' tests: namely, *What* is the talk about? (its

objects and themes) and, *How* do people talk about such material? More specifically :

- 1 *What* kind of 'things' do people talk about? What are the objects, themes and 'domains' of the talk, and how do these 'domains' relate to each other?
- 2 *How* do they talk about these things? What terminology, jargon, metaphors and figures of speech are used in their representations?
- 3 *What* is the style of the talk? How formal or informal? Does it proceed by statements, arguments or stories?
- 4 *What* are the larger theoretical perspectives lying behind the 'surface level' of the talk?
- 5 *What* is the 'function' of the talk? To clarify, represent to others, debate, establish theoretical positions...?

Perspective B is a 'domain analysis' which attempts to show how the talk maps out a 'geography' of music therapy as a praxis, discipline and profession. How, that is, seemingly informal talk about music therapy is in fact as much a constructive as a reflective activity.

7.5 *Perspective A: Analytic commentaries on the Forums*

These commentaries tackle each of the Forums in turn. The categories which characterise the material of each Forum are presented successively, accompanied by quotations from the transcribed material which illustrate these. More general discussion follows this.

Forums I & II focused on the same clinical and theoretical issue: 'Working with self-referred adult clients' so the commentary will tackle these two together.

FORUMS I & II

'Working with self-referred adult clients'

Forum I tackles its main theme - the client group of 'self-referring adults' - and revolves around the four following categories:

Categories

Category 1 : Music Therapy /Creative Music

Therapy is x - defining, describing terms & distinctions.

One of the problems is: do we call it 'music therapy' or not? (I 6)³

If a client's coming for music therapy - it's the old thing: what's the relationship between the music and the therapy? In physiotherapy you know what the relationship is - in speech therapy, even in psychotherapy. People come to music therapy - especially as a 'self-referred' client', as a 'non-impaired client' in a hospital setting, with a confusion as to what they're coming to - particularly a confusion, in my experience, of how music relates to therapy. And if they're coming firstly to therapy (which includes music) or whether music includes therapy. So it's that root definitional problem, of knowing what they're coming to. (I 21-30)

Category 2 : With x Clients, Music Therapy is y

- classifying clients, defining music therapy

From the music therapist's point of view, Do I need to redefine music therapy for myself as a music therapist, with different types of patients. We've already talked about the client's confusion... but it's a different thing if she says that she feels the therapist needs to redefine the activity on the basis of the client having choice, having words, taking responsibility, and possibly discussing the internal process of the therapy as part of the therapy. (I 66-73)

³ The legend at the end of direct quotations indicates its location within the complete transcriptions. (I6) for example indicates Forum I, line 6.

Category 3 : At x Music Therapy is y

- places of work, ways of working, kinds of talking

We begin surreptitiously to pick up the normative vocabularies and ideas of a medical model, or a psychiatric model or whatever... where that becomes our way of not only referring to our clients, but of defining what we're trying to do with them. We say, What's the relationship between music and therapy? And, How do we need to re-define the terms because of the clients we work with? Well, that sound really dangerous to me! To re-define your approach according to who you're working with. (I 189-198)

Category 4 : Aspects of Creative Music Therapy

- features, processes, practices, character of CMT

It's about confronting your clients with themselves as *being* the music. To me there isn't a division there: once you've achieved that there *is* the music: not client, therapist and music. But the music *plays* the client and therapist. (I 418)

Commentary

Questions are asked about the meaning and function of the term 'self-referred adults'. This leads into a discussion of how (and whether) the actual concept of 'music therapy' relies as much on *whom* it's being done with (how client groups are categorised) as to *what's* being done. Other key themes are related to this:

- Resistance to institutional categorisation of clients, which puts pressure on music therapists to adopt a vocabulary and/or treatment approach based on this.
- That adult work in Creative Music Therapy needs to develop on its own terms, being careful

not to take on board the assumption or patterns of the work with children.

- That demonstration, as much as explanation, is the primary way of encapsulating and communicating clinical work.

Much of the discussion revolves around *definitional* concerns, and how misunderstandings of the work with adult clients can be tackled. Implicitly it shows how loose the verbal definitions and descriptions are in CMT and how few explicit and commonly-agreed forms of vocabulary there are.

Despite frequent attempts to define 'music therapy' and the relationship between the elements which make it up ('music' and 'therapy') people rarely use other texts to help them - either from Nordoff and Robbins' books, or from other music therapy or psychotherapy texts. Indeed there are only a few references to Nordoff & Robbins in the whole of the Forum.

There is also a noticeable tendency to polarise concepts and approaches. This has the quality of a rhetorical device, where certain aspects are caricatured to make a point. An example of this is where the approach of a medical practitioner who sees music therapy as driven by clinical aims is contrasted in a caricaturing way to the 'just making music' idea of some music therapists. Or when a caricature of a supposedly typical psychodynamic-style explanation of the challenging behaviour of a client is set against another way of dealing with this - the so-called 'bracketing' of the non-musical behaviour in order to concentrate on the 'purely musical' aspect of the session.

In fact the term *bracketing*⁴ is one of the few uses of jargon in this Forum. In general, terminology used is not noticeably specialist - either in terms of the Nordoff-Robbins approach or music therapy in general. There is also very little borrowed terminology from psychotherapy or musicology. However, some everyday words assume a more significant meaning, and could be said to be used here in a jargon way, as part of an implicit theory. For example: 'being/becoming music', 'meeting in the music', 'the moment', 'simultaneous sounding'. It would perhaps be possible to 'unpack' each of these terms to show a history of use relating to the writings (or aurally transmitted forms) of the music therapy tradition.

Speakers talk in two main identifiable ways: using language either to communicate definitions, ideas, statements or to tell 'clinical stories'. Sometimes of course a story is preceded by, or leads into, an idea. There are various types of 'theoretical statements' (I use inverted commas here to indicate that they may not always be taken as such). A form of 'indigenous theorising' is apparent - by which I mean that this seems largely to grow out of the speakers' personal practice and thought, and is largely not anchored in already-existing material (such as the Nordoff-Robbins texts or other writers on therapy). These statements are the 'theoretical currency' of either one person or a small group of people, and are strongly informed by the personal experience and clinical practice of those therapists working with a distinct client group (in the case of this Forum a variety of adult clients who were not intellectually impaired - usually living with a chronic illness).

The ideas of these speakers are expressed without excessive jargon, but possibly with an 'enhanced' meaning given to relatively common terms. This is not to

⁴ Originating in the phenomenological tradition, it is used by the speaker in a more pragmatic way to indicate an intentional ignoring of a certain behaviour.

say that their statements are necessarily vague, but they tend rather to convey a strong commitment to a certain way of understanding what music therapy is for their clients. Because, however, of the lack of a recognised terminology (in comparison with other therapy theory) arguably some of the 'theoretical statements' in this Forum could fail to be recognised as such. The speakers' statements represent a form of 'normal language' theory.

One reason for this 'transparency' of theoretical statements is possibly that speakers do not 'anchor' such theory within any previous canon of texts on the subject, as many contemporary psychoanalytic writers do. However, as Aigen (1996) discovered in his analysis of taped transcripts of the Nordoff-Robbins teaching during the 1974 training course, there is an implicit (but seldom explicit) value-system running through the material: concerning music, people, music therapy and musical experience⁵. It would seem that in the talk of the Forums much of the discourse on CMT also operates at this implicit (or tacit) level.

⁵ This is discussed in more detail in Chapter 8.

FORUM II 'Working with self-referred adult clients' II

The second Forum continued the topic of Forum I.

Categories

Category 5: Theory and 'theoretical dilemmas' in Creative Music Therapy

Does the caricature element⁶ come in then when you're saying that one polarised stance that's held is not open to a middle ground - that occasionally a person shifts between different ways of thinking - that it's held dogmatically rather than fluidly, as a possibility of thinking and open to other options, i.e. a viewpoint becomes a caricature of itself? (II 49-54)

Category 6: Values and value judgements in CMT

We started off today with a problem of values - with how we make value-judgements about people, value judgements about certain theories - and instantly created a little microcosm of how people pull themselves out into a pyramid. (II 806-10)

Category 7: Classifying clients (and therapists)

- Has the issue got to do with, in inverted commas, a diagnosis? And I say that in the broadest sense of the word. Because maybe one of the issues is (it's what we talked about last time in fact) - How we define 'self-referred' adults. And one of the things we suggested that maybe it was people with *no* clinical diagnosis...
- I'm not sure about that...especially with the client groups. I mean, a lot of the people who I see at X are 'self-referred' - in the sense that they hear that there's music therapy, and they come along and find more about it... I don't think it's to do with not having a diagnosis...
- I was thinking rather more of what you said - about whether we would speak of two people improvising

⁶ This refers to the perceived caricaturing of certain theoretical 'camps' within Creative Music Therapy - those who believed in working 'purely musically' and those who looked to psychotherapy for ideas to inform their work as music therapists.

together - two musicians improvising together - where there's a 'label'...

- It depends what you mean by the 'label' - because HIV-positive is a diagnosis...or are you meaning a disability label?

- The issue is very seldom that two musicians are playing together - that is only in the 1% case when someone comes and says, "By the way I'm a musician - I happen to have this pathology, and I'm also a musician". In most of the cases what we're talking about is, Are we just (in inverted commas) playing music? And that to me is equally relevant if someone is profoundly handicapped. The other polarity is, how can we say 'adults' and it suddenly becomes verbal adults of a particular type - it's a terribly small category we seem to have formed here. (II 302-326)

Category 8: Characterising the therapist

- I think it's [a case of] finding a balance between not becoming self-denigrating - yes, you're doing this work and you value the work you're doing and the clients you're working with - but also not getting precious about it. Saying, With this client group it's something exceptional, 'the music speaks for itself with this client group', or, 'Work with children you have to...' - I think it's the language we use, that's not putting down or building up - just stating. (II 680-7)

Category 9: Aesthetic aspects of CMT

- [there's the theory...] 'That's the therapist who plays the beautiful music - which is beautiful for itself. That's one of my big things - that the beautiful music is beautiful because it comes from inside and informs the music - it's absolutely integral to what happened to that person, it's not just a surface beauty, which is because you're the good musician, who tends to play beautiful music. If there's one of those ideas you could wish away... I really wish I could wish that one away!
- By the same token there's the ugly music...
- Of course it all revolves around definitions of what we call 'beautiful' and 'ugly' - totally aesthetic and culturally bound. (II 551-572)

Commentary

Forum II tackles similar material to Forum I, but with more of an emphasis this time on how the issue is influenced by 'institutional' pressures (the influence of the Nordoff-Robbins Centre as a training institution on theoretical dilemmas). This is spelt out explicitly towards the end of the Forum by one speaker:

...and this is an institution - being a collection of people over two...three is an institution - and you get the behaviour of an institution. It's fascinating for me to see how institutional problems are mediated through language problems and value problems. We started off today with a problem of value - with how we make value judgements about people, value judgements about certain theories - and instantly created a little microcosm of how people pull themselves out into a pyramid... (II 802-810)

The theoretical dilemma much of the talk revolves around in this Forum is the question: *Are we 'just' playing music?* The two seemingly polarised camps of opinion present an argument based either on a phenomenological or a quasi-psychotherapeutic understanding of the process in CMT. This polarity further raises issues of: (i) the identity of what is being done as music therapy (ii) the self-identity of the music therapist (iii) the nature of theories of it (iv) the values of different kinds of client work and (v) the role of the institution of the Nordoff-Robbins Centre in all of this.

As with Forum I there is little evidence of a vocabulary which could be readily identified as a distinct discourse of Creative Music Therapy. Instead the speakers seem to be representing and constructing music therapy largely by building up a sense of the *context* in which it is operating and defining itself. That is, the talk does not primarily define what music therapy *is* but builds up a picture of the the nature of the influences *making it*.

'Theory' and 'core beliefs' are characterised as being in process: as being added to, having accretions and developments. However, there is also a sense of there being a conflict between these presumed 'core beliefs' and the sense of theoretical divisions within CMT. One of the main accompanying themes to the central 'ideological dilemma' - of what, at base, Creative Music Therapy *is* - concerns values and value judgements in music therapy. Several times a relationship is made between 'music therapy vocabulary' and value judgements. For example one speaker says:

[There's been]... quite enough evidence to me this year that I need to be very careful about making value judgements about the hierarchy of our client groups. But in order to make it clear to other people, we need to be very clear about what we mean by the 'complexity issue'⁷ - I can't at the moment think of any others, but they're these key-word that we use, which seem to give an impression to other people that there's a value judgement being made somehow - that it's more skilled to play with particular clients. (II 243-253)

The subject of aesthetic considerations in music therapy also comes up in relation to these themes, but again the discourse which handles this aspect of the theorising is seldom precise or focused. As with Forum I there are again few 'referenced' statements or jargon phrases (only 'self-referred adults' and 'peak experience' are obvious ones). This is surprising given that much of the debate is about theory and divergences in what are seen to be both praxis and theory issues. Certainly I would have expected more appeal to historical or authoritative sources. What theory there is has again the feeling of being idiosyncratic and worked out mostly according to individual clinical experiences.

⁷ This referred to certain client groups, e.g. non-impaired adults responding with more complex musical material than a child with special needs, and that this 'complexity issue' influenced the 'value' given to certain kinds of music therapy work, and to certain therapists.

FORUM III : Words / Music

Three categories characterise the debate presented in Forum III:

Categories

**Category 14 : Words and Music in music therapy:
compatible or incompatible?**

I used to think along the lines that music sort of takes over when words stop or when words fail... but I don't necessarily believe that any more. I actually think that the two things are completely separate parts of someone's inner life... (III 250-258)

Category 15 : The 'problems' with talking in CMT

Is there a tension between the verbal and the musical? It's sometimes difficult when clients talk a lot... dealing with this tension ... as a music therapist do I talk back? Or am I talking too much? (III 7-11)

Category 16 : Therapists' strategies in dealing with words.

I didn't feel that I was constructing a therapeutic process based on words... If I'm clear that the therapy is in the music then it doesn't matter if we talk... (III 311-313)

Commentary

This Forum kept largely to its central topic, which involves the following:

- Philosophical-ideological dilemmas based on the words/music issue.
- This issue being a problem within current Nordoff-Robbins practice and theory (or possibly in the profession as a whole).

-
- Practical strategies being suggested (mostly with case examples) for dealing with talking in music therapy.

The Forum is best summarised by examining each of the categories in turn:

Category 14 : *Words and Music in music therapy: compatible or incompatible?*

The material in this category makes a variety of efforts to account for and characterise the words/music issue. Two aspects are identified: (i) words *before* improvisations or *between* improvisations (ii) the 'music within the words'. These link with the clinical strategies therapists have developed with different client groups. Four different issues emerge:

- 1 Whether the media of music and words represent two different therapeutic relationships, or alternatively two aspects of one. The elaboration of this involves several layers of ideas.
- 2 The different possible 'functions' of words in music therapy: to interpret, to 'just talk' or to give practical advice.
- 3 That words and music are innately different experiences.
- 4 Related to 3. ... that the words/music dichotomy leads to essentially different constructions of 'the therapeutic process' : namely whether this process happens primarily in music, in words or in a combination of the two.

On the whole, little external reference is called upon to support or validate these views - with the exception of one attempt to seek philosophical roots in

Zuckerlandl⁸ for the case of 'phenomenology v. hermeneutics' which this issue (according to one speaker) rests upon⁹.

It is interesting to note in what kind of terms the largely theoretical arguments are couched in this Forum. In what seems almost a rhetorical strategy a moral/religious language is often invoked -for example, to the 'integrity' of the musician in relation to the words/music dilemma. The question posed is 'Do we trust in the music enough?' Related to this is the characterisation of the music as a 'good object' (which has power, and requires in return 'trust' and 'faith'), in comparison to which words are often polarised as the 'bad object' - to be 'coped with', 'avoided' or associated with a questionable theory.

Category 15 : *The 'problems' with talking in CMT*

Early in this Forum a speaker voices an important aspect of the words/music issue and how it becomes implicated in disciplinary and professional areas. This 'tension' for the individual therapist is how they position themselves as a 'music therapist' or a 'Nordoff-Robbins music therapist' in relation to the words/music issue, and how perhaps this is a reflection of a more fundamental conflict being played out as an 'ideological dilemma'. The aspects of this issue are:

- The relationship between Nordoff-Robbins Music Therapy and other 'music psychotherapies' - where there is a different music/words relationship, one that is usually articulated theoretically.
- The relationship of music to words in music therapy (within the sub-issue of the words/music

⁸ Victor Zuckerlandl: musicologist who presented a phenomenological model of tonal music in two books, *Sound & Symbol* (1956) and *Man the Musician* (1973).

⁹ See also Roberts (1996)

relationship specifically within Nordoff-Robbins music therapy¹⁰). How this could be seen as an 'identity issue' symbolic of a larger conflict between Nordoff-Robbins Music Therapy and other models of music therapy.

- Whether the words/music issue is symptomatic of an internal 'split' within the general Nordoff-Robbins community - between the 'purists' and those advocating a 'psychodynamically-informed' Creative Music Therapy¹¹.

All of this could be characterised by the overall debate between those advocating a *phenomenological* as against those arguing a *hermeneutic* understanding of music therapy. And this issue could in turn be seen to rest upon differing understandings of the constructs <music> and <therapy>. In short, the words/music debate becomes an almost symbolic focus for an interrelating system of theoretical debates, both within and without the Nordoff-Robbins community. It is noticeable that psychotherapy or psychodynamic theory is represented as an 'other', referred to almost always negatively, yet seldom defined or characterised.

As was mentioned earlier, there is a sense of the debate sometimes being conducted within a quasi-moral discourse. People talk of the ethics of professional boundaries. In identifying as a music therapist several people speak of 'responsibility' and of the 'appropriateness' of working a certain way (and by implication *not* another way). A more extreme version of this discourse rests on the 'safety/danger' dyad:

¹⁰ Nordoff-Robbins Music Therapy originated historically as therapy with children who largely had no words, its *raison d'être* being to surpass the language barrier (Nordoff & Robbins 1971;1977). Later developments of the approach (Ansdell 1995; Aldridge 1996; Pavlicevic 1997) often present the words/music dichotomy as a defining issue.

¹¹ See Pavlicevic (1997) and Aigen (1998) for a broader treatment of these issues. The intention here is not to explain in detail the nuances of these ideas, but to 'map' the areas the discussion was concerned with.

therapists stating that they feel 'safe' working one way, and of the possible 'danger' of the other. All of this seems to represent the 'dramatising' of an ideological dilemma in terms of professional identity and ethics.

Category 16 : *Therapists' strategies in dealing with words.*

This aspect is mostly illustrated by case examples:

- Adolescent psychiatry: hearing the 'music of the words'.
- Adult clients - negotiating words & verbal interventions.
- The intonation of speech...
- Using words to sort things out...
- Getting diverted out of music by chat...
- Getting beyond problem-solving with talking
- Counter-example: probing what's 'behind the words'
- Ethics: what the client can expect of the process...
- Words and resistance to playing...
- 'Trusting the music' to get beyond words
- Mistake of following the words innapropriately

Most of these concerned strategies to deal with the perceived 'problem' of talking, involving more or less theory according to the speaker. An example of 'more' would be the theorising about 'levels of engagement' - of the therapist's theoretical choice as to what 'dimension' to work in or with (words or music). The comment 'If I'm clear that the therapy is in the music then it doesn't

matter if we talk...' suggests a theory leading to a therapeutic strategy. The theory locates where the 'therapy' is and what it concerns - illustrating how the 'talk' could be seen to construct <therapy> or <therapeutic process>. This is actually voiced by one speaker who says 'I didn't feel that I was constructing a therapeutic process based on words'.

There is also an 'epistemological' argument going on here, which rests on what the therapist knows (and *can* know) - which is contrasted with how they then choose to use that information. As one speaker says: 'You're getting information verbally - are you going to use the information verbally back? The difference between receiving information and *using* information'.

Apart from the reference to Zuckerkandl and one to Nordoff and Robbins' book *Creative Music Therapy* (1977) there are no other references. Vocabulary is diverse, with little borrowed jargon (with the exception of the almost generic terms 'holding', 'containing' and 'autonomy' - even these being used largely by one speaker). Some ordinary words - such as 'meet', 'follow', 'match', 'enhance' seem to be used in a jargon fashion.

Overall, the issue of words/music could be seen to function in this Forum as a touchstone for practical, theoretical, ideological and political issues. There can be seen to be a polarising of concepts within the basic words/music dyad as follows:

WORDS

- 'bad object'
- coped with, strategies for...
- psychodynamic influence
- selling out to...
- verbal interpretation as bad
- non-musicians

MUSIC

- 'good object'
- stayed with, cultivated
- the 'Real Thing'
- trusting, having faith in...
- non- verbal interpretation as good
- real musicians

FORUM IV : Speculating on music

This Forum was introduced by someone reading a quotation from an article by Kenneth Aigen called *An Aesthetic Foundation of Clinical Theory* (in Kenny 1995):

At the moment of creation what I am aware of is the music and feeling into what *it* needs. I respond to the client completely via the music... What is occurring is that I am becoming aware of the music as a unique manifestation of the client. The duality of act disintegrates and I experience the music as the person, not as a symbol or representation. I am living in my music in the same way as I am perceiving the client within his or her music. (Aigen in Kenny 1995: 235-6)

The rest of the Forum essentially responds to this passage by constructing a case *for* an aesthetic of music therapy and a case *against* (that is, both an aesthetic and an 'anti-aesthetic' theory). This basic dichotomy is summed up by a dialogue at the end of the Forum:

- So do you think that the concept of the aesthetic is *central* to music in music therapy?
- Yes!
- Do you not?
- Well... I hadn't thought about it actually! This is the first occasion that I've thought about whether this is... well, it's not a word that's troubled me...
- Is it the sense in that it's operative... that it's what makes the thing work.
- Yes - I think that it determines the quality of the therapy... (IV 680-9)

Categories

Four Categories summarise the material of Forum IV:

Category 10 : Aesthetics as a concept in music therapy

- I wonder whether we don't need to re-define 'aesthetic' - or at least think in terms of a 'clinical aesthetic'

-
- And maybe by 'aesthetic' you also make the point that everything is contained within a nice, ordered suitcase... but I also mean kind of points of beauty... points of burning beauty... which actually redefine the other things... and so you can have absolute ugliness and chaos, and things all dispersing...but suddenly when these points of things where everything *does* integrate, and it's one music, and something happens - that is significant for the whole thing. It doesn't invalidate the concept of the aesthetic. (IV 670-9)

Category 11 : Music/Aesthetics and the music therapy process

[What Aigen] takes as his aesthetic theory to square up with music therapy is Dewey's theory of aesthetics - which is very much based on means and ends. And this is like my definition of arts and crafts - where the craft is a means towards an end - where you know what the end product you're attempting to attain (like building a chair)... whereas an art is an end in itself, and you're not quite sure how the means is actually going to end up - but that part of the end is the means. And his argument here [Aigen's] is that this is exactly the model we're taking for music therapy. That if we're not working to a behaviourist understanding, or a therapeutic system - but that we're saying that the means is as vital as the end - as we do with this kind of humanistic understanding (that we do it for the sake of itself), in that case then we must admit an aesthetic understanding of it, because we're actually talking about the quality of the process. And I'd like to suggest that that's why we, as Nordoff-Robbins music therapists, talk so much about the quality of the music - and why it is important to be good musically and to care about the quality of the music - which is quality in the most wide sense of the word... not just in the sense of music being conventionally beautiful, but there being qualitative aspects to it, because we're concerned about means, and not only clinical ends that are outside of musical process. Sorry, that's a bit of a speech! (IV 149)

Category 12 : An 'anti-aesthetics' of music therapy

- Does it *have* to be beautiful? Can't we accept that things aren't always beautiful? Are we allowed to be ugly sometimes?
 - I also wonder whether we have to be musical? I've certainly had sessions where in musical terms they've
-

been appalling... but it's been right for that person just to go on and on, you know - do the same thing. Which, if I were listening as a musician, I would never do. It's not aesthetic... it just wouldn't be right.
(IV 468-75)

Category 13 : Culture, musical aesthetics and music therapy

[for example...] funeral dirges can be fast in some cultures. That's the difference between *connotations* of music, which are certainly culturally-derived and added on. And I'd suggest that most of our mood aspects are merely cultural connotations - minor and major don't have anything *naturally* sad or happy about them, they're merely cultural accretions... but, there are things about the basic bio-grammar of music (Manfred Clynes and all of that) about just the basic phenomenological level which underlies music - about fast and slow and force and lightness, which is absolutely shared, and which has been shown to be standard across a lot of cultures. That you are able to associate very basic... and these all come down to the body - how the body is incarnated in music, how music is incarnated in bodily experience. Which is exactly what we give to children, at whatever intellectual level they are, at whatever cultural level they are - we give this sharing of basic body experience which is made into musical meaning... (IV 270-286)

Commentary

The participants of this Forum have initial problems making sense of what Aigen is trying to convey. The problem, however, seems symptomatic of a more general theoretical problem of reconciling an aesthetic theory with the clinical practice of music therapy. The discussion begins to define a 'clinical aesthetic' supported by a vocabulary of terms like 'whole', 'embodied music', 'highest moments', 'unity' - which could be seen in terms of an assimilation of the person within both the traditional precepts of musical aesthetics and clinical theory. Thus concepts such as 'beauty' and 'proportion'

are grafted onto ideas from humanistic psychology such 'transcendence' or 'peak experience'¹².

This line of theorising is countered by an alternative 'anti-aesthetic' of music therapy which resists the idea of a correlation between clinical success and 'beauty' and introduces an 'ugliness'/'falseness' dyad as a counterpart. There is an explicit reference to Winnicott's "false self"¹³ (almost the only specific reference to an outside theory - psychodynamic or other). The 'counter-discourse' re-frames 'truth' - away from 'beauty' and towards 'authenticity' or integrity of expression. This is backed up by an additional pairing of 'aesthetic'/'surface' versus 'anti-aesthetic'/'depth'. This attempt to re-frame essentially aesthetic concepts of Beauty/Truth within a psychological discourse of 'integrity' and 'authenticity' involves an interesting construction of an 'anti-aesthetic' ideology of 'expressing your ugliness'.

Subsequently an attempt is made to transcend this dialectic by redefining the 'aesthetic' in relation to the 'ugly' (with the examples of Francis Bacon's art and Yeats' line - "terrible beauty" - by way of illustration). But much of the rest of the Forum is a struggling between the different workings-out of the basic pair of opposites: 'terrible beauty' and transcendence versus 'allowed to be ugly' and the integrity of expression. There is a feeling of the basic argument being somewhat improvised within more general theoretical commitments. But there is also quite a bit of accommodation within the basic polarities of the argument - as when what could be called the 'integration theory' accommodates the previous critique of the 'aesthetic' position - redrawing the 'function' of the aesthetic as a 'clinical barometer' - ("the clinical

¹² See Woodward (in Reimer & Wright 1992) for an account of how the ideas of humanistic psychology (in particular those of Maslow) relate to musical experience.

¹³ The relevance of the psychoanalyst Winnicott's ideas to music therapy theory and practice are outlined in Pavlicevic (1997) Chapter 11, and Tyler (1998).

deficit is aesthetically apparent" says one speaker). From this the idea of the aesthetic in music therapy redraws itself as a clinical epistemology involving intuitive knowledge about the clinical process.

Essentially the argument has one of Nattiez' 'lurking philosophical projects' at its centre: the neo-Platonic Beauty/Truth equation - Keats' paraphrase of this is quoted¹⁴ and implicitly links are made between Truth/Beauty and music, aesthetics and music therapy.

Some other important themes and subjects run tangentially to this main argument, such as the cultural aspects of an aesthetics of music (and music therapy). This comes somewhat from the re-defining of music in order to accommodate it to a 'clinical aesthetic'. Speakers gloss various theories (with their roots in ethnomusicology and music psychology - Clynes (1977), Blacking (1995) and Bright (1993) being mentioned by name - using these ideas to attempt to reconcile the divergent strands of music, aesthetics, culture and therapy. These ideas dig up some of the contradictions inherent in some of the received dogmas of music therapy: for example the viability of the 'interval theory' in the Nordoff-Robbins approach¹⁵. This in turn led to discussions on the status of theory (including aesthetic theory) in music therapy.

¹⁴ "Beauty is truth, truth beauty - that is all / Ye know on earth - and all ye need to know" (John Keats *Ode on a Grecian Urn*).

¹⁵ Derived from Rudolf Steiner, this phenomenological account of the nature of intervals can be found in the Nordoff-Robbins approach to training music therapists. See Nordoff & Robbins (1977) and Robbins & Robbins (eds) (1998).

FORUM V : Working with profoundly disabled people: does this disable or enable us?

The facilitator comments at the end of Forum V that the discussion had seemed more focused, and came up with more *answers* - rather than more *unresolved arguments*. It would be worth speculating why she may have thought this, and whether the text bears out this interpretation, and why.

Categories

Category 17 : The Institutional Context: problems and issues arising from this (related to practising music therapy in institutional settings).

- I'm interested in that X and Y were saying that, in working with very institutionalised people music therapy felt very invasive or challenging or stimulating...
- Not always, but could...
- Any sort of attempt at communication with some of them can seem invasive - not just music. Some of them are so terrified that if you go near them they yell and scream...
- Can you say why?
- I don't know how far back it goes.... I suppose it's their sort of protective shell or barrier to keep other people out, or a bit of both... (V 54-8)

Category 18 : Music-therapeutic strategies and approaches with clients with Profound Learning Difficulties.

- So patience does come into it - and all the business that we emphasise during training, about not wanting too much, and yet having goals...
- ... not expecting...
-not expecting - and yet knowing where you think you're going... (V 208-10))

Category 19 : Theorising CMT with PLD clients

I've worked quite a bit with children with mental and physical difficulties - and I've always felt that it's worth it - I felt that it was giving them an opportunity, even if it was only a tiny one... but perhaps then the whole ethos of the way I was working was to do that... to give every tiny opportunity. Almost sometimes, I felt was... a bit make-believe, really - because some of the opportunities they couldn't really take... but it was felt... at least give them that sort of borderline...experience around them, even if they weren't able to fully enter into it. I always felt it was worth a go... I remember one child in particular, who literally could not move anything intentionally, he couldn't see, we doubted whether he could hear very much... and we used to put him on top of the piano, and just play. I'd come to the end of the time with him thinking, whether this has gone in anyway... everybody did keep trying. I'd felt uncomfortable, I think, with the thought, Just leave him to that - but then that's a slightly different way of looking at it, isn't it? You're more looking at it perhaps, Do they have the right not to have to make that amount of effort? (V 413-30)

Category 20 : Personal Implications for therapists of working with PLD clients.

The thing I find most hard to deal with, personally, with a client who is unable, or unwilling to respond to anything I offer her, is rejection. Which isn't a conscious process - but I feel, if I had a day working with people who give very little - I feel totally rejected. My music's rejected, if they want to leave the room I'm rejected as a person. How to deal with that all day? (V 178-184)

Commentary

In contrast to other Forums, nearly all the participants in Forum V are actively working with the client group (people with 'profound learning difficulties'), which might explain the earlier comment that the material is more about solutions than the rather abstract matters which have occupied past discussions. It is indeed more 'practical' - with a much higher incidence of case examples cited, and much of the discussion of both

practical and theoretical matters centres around a single case. One speaker describes it as 'a pooling of experience'. Also more common is a concern for the *context* in which the work takes place - especially when this is with institutionalised clients. More time and care is spent classifying and defining clients and contexts than would perhaps be usual in music therapy. The context of the work, and of clients' life is seen to influence many aspects: the relationships, communication needs and wishes of clients, what is expected of music therapy, what it can achieve, but also why it may sometimes be contra-indicated. All of these matters are fundamental parts of the discussion, and serve to construct another 'frame' for music therapy.

The emphasis in Forum V centres on *music (therapy) as communication* - which, though not unique to this client group, is focused and emphasised in this Forum in a more graphic way. Participants talk both of 'response', 'feedback' and 'interaction' - but also of their clients' in terms of 'protective shell', 'invasion' and 'isolation'. This dual discourse of 'communication' and 'territory' characterises much of the discussion, which centres on:

- How therapists aim to use music to communicate with the clients' 'personal selves' (as opposed to their 'institutional selves').
- Strategies and approaches used with non-communicating adults - where the music is seen as the agent of access.
- 'Communication' as the basis on which to build a more abstract theory of music therapy with PLD clients (characterised as 'giving them a voice').
- Communication (or lack of it!) being significant to the therapist's personal experience (and the

impact of non-communication on the therapists' music and self-esteem).

There are even fewer references in this Forum than the others, and theorising is of a very 'weak' form, with perhaps one exception. This is when a therapist elaborates a theory on the 'threshold of awareness' of severely disabled clients - making distinctions using paired concepts of 'evoked/non-evoked', 'direct/indirect', 'conscious/non-conscious'. This is another example of what I have called *indigenous theory* - which emerges from the therapist's practice and thinking in a 'local' context, rather than coming from borrowed established theory. One speaker in Forum V remarks 'We've done a lot of thinking about these things at X over the years', relating the ideas to a context of a music therapy 'team'. The response of the next speaker, after this remark is indeed indicative of it being 'indigenous theory' - in that she says (I paraphrase) 'I've never thought of it like that....'.

7.6 Perspective B: 'Domain Analysis'

It was suggested earlier that 'talk' about music therapy at this 'medium focus' level may be functioning not to define or delimit a fixed entity 'music therapy' as a singular praxis, discipline or profession. Rather, it might be functioning to 'map out' certain inter-relating 'discursive domains' which characterise 'music therapy' or, more specifically, Creative Music Therapy. These are then debated, conceptualised and imagined against a network of existing discourses and constructs.

Within the tradition of textual analysis in qualitative research there is the idea of 'domain analysis' (Coffey & Atkinson 1996: 89) designed to map out conceptual domains of texts, usually by following guiding

metaphors. An example Coffey and Atkinson give is how the word, metaphor and concept of <fieldwork> characterises anthropology as a practice and discipline. Nattiez (1990: 186) also discusses how the investigation of 'semantic fields' is used to identify musical elements and activities in other musics when attempting to reconstruct 'ethnotheories' .

I aim to extend this approach in the current analysis by mapping the 'core constructs'¹⁶ which emerge from my data categories to see how the relationships *between* them reveal the 'discursive domains' around which talk moves. These domains map out a varied territory within which constructs such as <music>, <therapy> , <music therapy> relate to each other, building in turn wider connections. Each construct is not fixed but is both constructed and contested in talk. A hypothesis at this stage might be that a discourse of music therapy perhaps establishes and delimits a territory within which thinking and talking moves - without necessarily defining, fixing or limiting the constructs within it.

The following set of 'domain' diagrams progressively builds up such a 'discursive map' of music therapy - as represented in the talk of the Forums. It works outwards from the 'core constructs' to a more complex web of relationships.

¹⁶ I am not using the term 'construct' in the sense Personal Construct Psychology talks of a 'personal construct' (as used by Aldridge 1996 Chapter 6) in an analysis of music therapy). Whilst this approach attempts to elicit 'personal constructs' (that is, idiosyncratic meanings) originating in the individual subject, I use the term to indicate a 'discursive construct' - theoretically working the other way: ie that certain meanings are socially (disciplinarily) available and then personally used by individual speakers in discourse. A 'construct' in the present analysis indicates a site for complex and contested understanding of a given concept. A construct will be indicated by the form < >.

Domain 1

A primary group of four constructs¹⁷ map out the basic domain which Creative Music Therapy attempts to position itself within (Fig. 7-3).

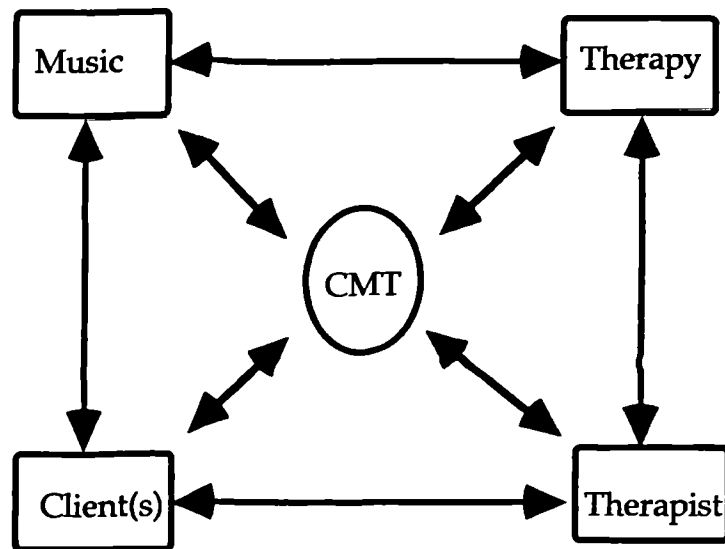


Fig. 7-3 Domain 1: The primary group of constructs

Within the Forums Category 1 (Music therapy /CMT is..) is most concerned with this domain, but necessarily many of the others (4, 5, 6, 9, 10, 11, 12, 13, 14, 15, 16) are involved in this core area.

Domain 2

From this basic set of relationships evolves a more complex pattern of 'domains' which grow out from it. The first of these attempts to negotiate an identity for both <music therapy> (in general) and <CMT> (in particular) by talking 'between' the axis of the core constructs <music> and <therapy> (Fig. 7-4). Category 1 is again central here, but also 4, 5, 6, 9, 10, 11, 12, 13, 14, 15 & 16 concern themselves with this basic aspect:

¹⁷ In the following diagrams the thickness of the connecting arrows indicates the primary or subsidiary status of the relationships between the domains.

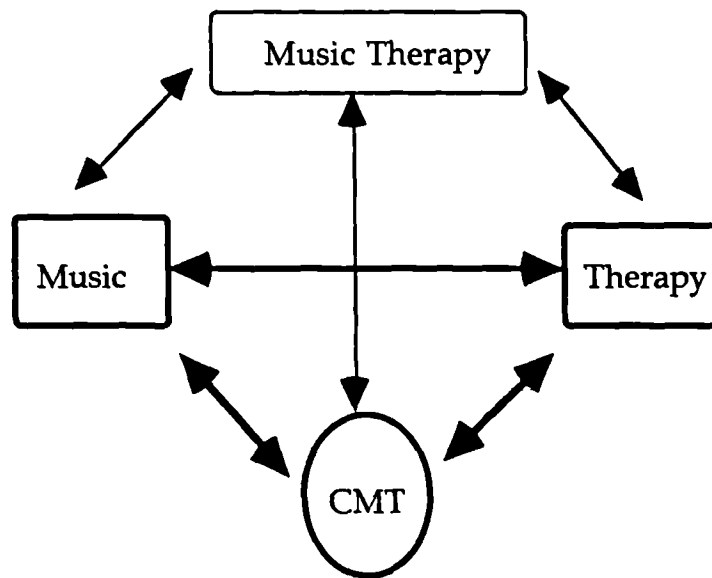


Fig. 7-4 Domain 2

Domain 3

A third domain then takes the <therapy> / <therapist> axis as its backbone (Fig. 7-5), and here the talk concerns the relationships between the therapist's values and personal philosophy and the constructs <therapist>, <therapy> and <CMT>. Categories 6 (Values and value judgement in CMT), 7 (Classifying clients and therapists) and 8 (characterising the therapist) concentrate on this domain:

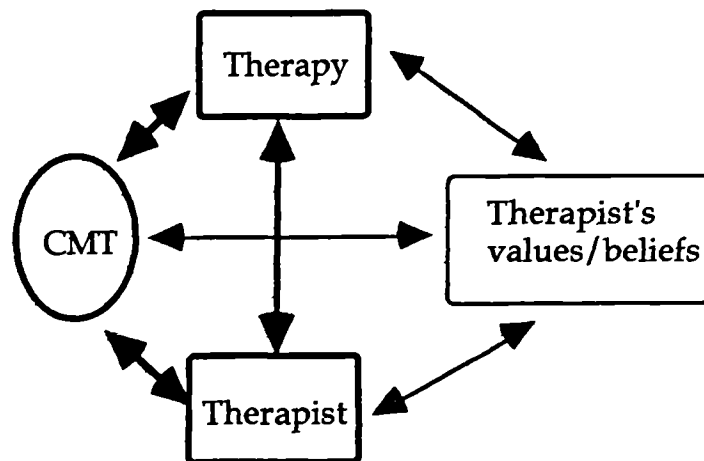


Fig. 7-5 Domain 3

Domain 4

A next domain further digs into the relationships between being a therapist, having a certain training with certain skills and practising in a given clinical context, working with certain clients or client groups (Fig. 7-6). Here the talk attempts to explore in another way what is essential to CMT, and what therapists feel required to give within a given clinical context. Categories 7 (Classifying clients, classifying therapists) and 17 (the institutional context).

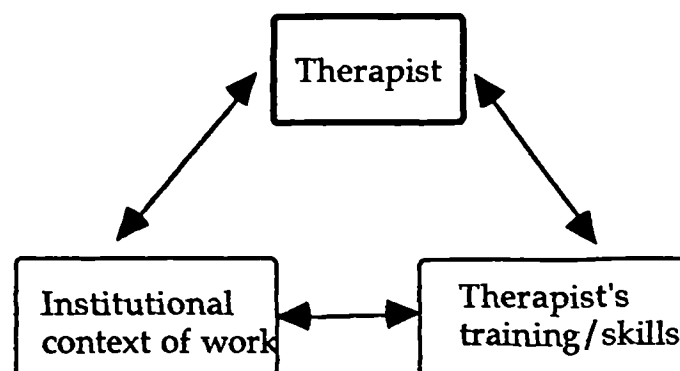


Fig. 7-6 Domain 4

Domain 5

The next domain (Fig. 7-7) establishes an axis which looks at the relationship between <client> and <therapist> and how this relates to the clinical context in which the work happens. Categories 2 (With x clients music therapy is y) and 20 (Personal implications for therapists working with PLD clients) apply here especially, but 3, 7, 8, 17, 19 are also involved.

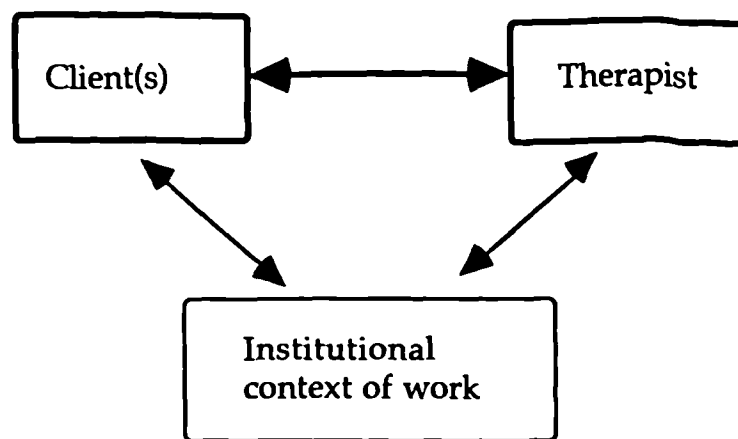


Fig. 7-7 Domain 5

Domain 6

A similar domain to the last centres on the clients and their relationship with (i) their pathology (ii) the clinical context in which the music therapy intervention occurs (Fig. 7-8). Categories 2 (With x clients, music therapy is y), 3 (At x , music therapy is y), 18 (Clients with PLDs), 19 (Theorising CMT with clients with PLDs), 20 (Personal implications for therapists working with clients with PLDs). Also 7, 8 and 17.

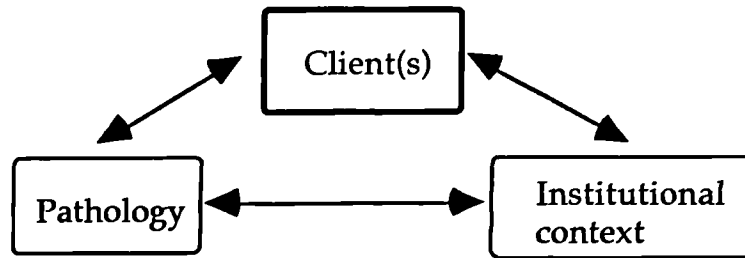


Fig. 7-8 Domain 6

Domain 7

This domain is then enlarged by adding <CMT> into the equation. Here the talk attempts to negotiate how the basic theoretical formulations of CMT are appropriate both to the client or client group and the institutional context of the work (Fig. 7-9). Category 19 (Theorising CMT with clients with PLDs in particular, but also 1, 2, 3, 6, 7, 8, 17, 18 and 20).

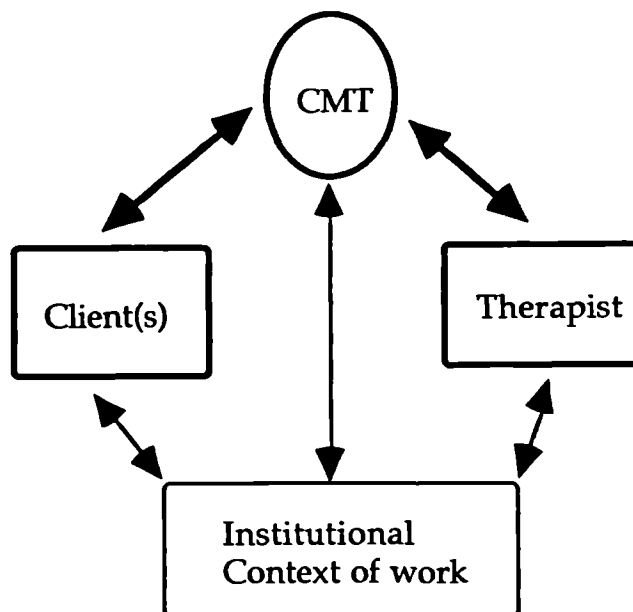


Fig. 7-9 Domain 7

Domain 8

Finally we see how the attempt to relate the <music> and <client> constructs goes through the territory of culture and aesthetics and where these need to be re-negotiated within a clinical and therapeutic context. There are two categories here: (i) musical/cultural questions, and (ii) aesthetic questions involving a debate between music as 'artform' and music as 'therapy' (Fig. 7-10). Categories 9 (Aesthetic aspects of CMT),¹⁰(Aesthetics as a concept in music therapy),¹¹ Music/aesthetics within the music therapy process),¹² (An 'anti-aesthetics' of music therapy,¹³ (Culture, musical aesthetics and music therapy) - but also 1,2 & 4.

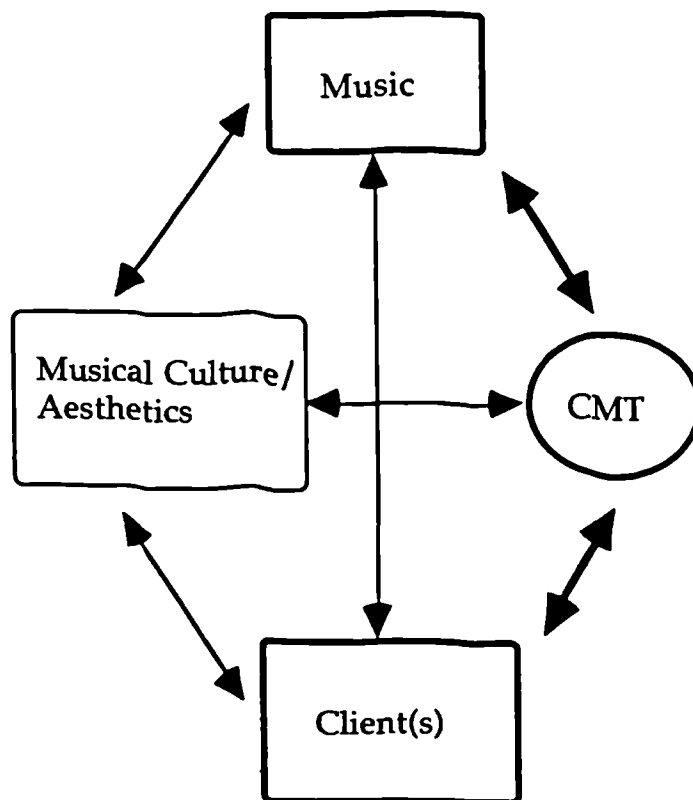


Fig. 7-10 Domain 8

When all of these domains are put together we get the following matrix, which illustrates the whole geography which the talk assembles (Fig. 7-11):

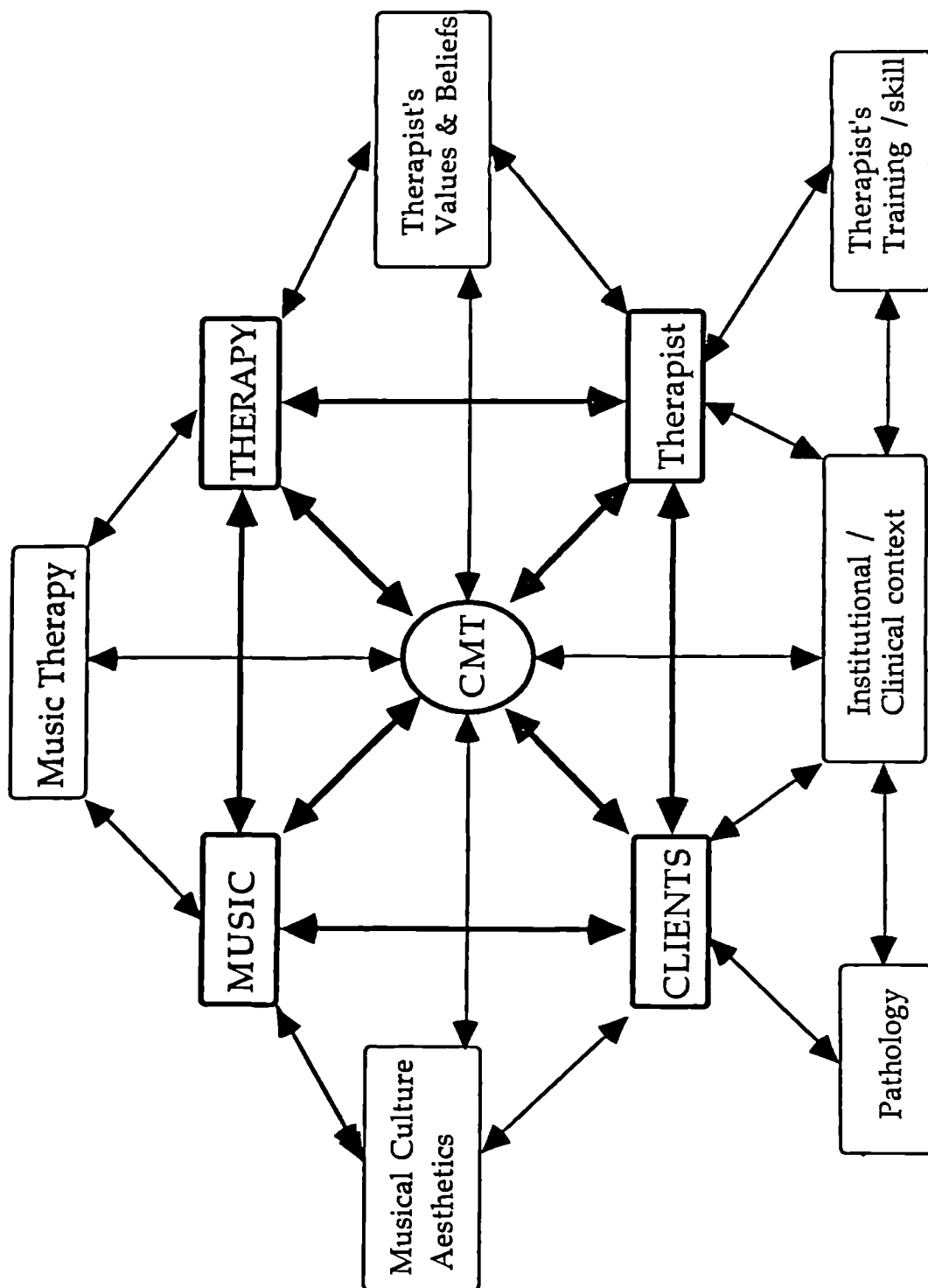


Fig. 7-11 Complete Domain Model

PART 3: DISCUSSION

7.7 The functions of 'talk'

Earlier in this chapter I quoted the sociologist Gale Miller, who writes that:

Ethnographies of institutional discourse involve attending to both the discursive categories and practices associated with social settings, and how setting members use them (sometimes in distinctive ways) to achieve their practical ends. Discursively focused research on social settings emphasises how social realities are always under construction. It considers how setting members continuously assemble and use the interactional and interpretive resources 'provided' by social settings to construct, defend, repair and change social realities. (Miller in Silverman 1997: 26-7)

The analysis of the Forums, which has attempted to follow this discourse analytic and ethnographic focus, has I hope demonstrated that the situation Miller outlines in regard to institutional discourse resembles how talk about music therapy seems to function in the Forums. Although only nominally based within a physical institution (the Nordoff-Robbins Centre) the Forums nevertheless demonstrates how group members' discourse attempts to define, characterise, construct, challenge or defend a contemporary understanding of one tradition of music therapy. It is certainly possible to see that the discourse of the Forums is an *active* agent - it is language used to achieve certain personal, social, intellectual, disciplinary and professional goals, and not simply to represent fixed and incontrovertible realities.

To return to the main research questions addressed to this data:

-
- 1 *What* kind of 'things' do people talk about? What are the objects, themes and 'domains' of the talk, and how do these 'domains' relate to each other?

The 'category' and 'domain' analyses demonstrated that the seemingly informal discussion of the Forums nevertheless almost systematically maps-out a 'geography' of both the concrete and conceptual areas which constitute music therapy as a contemporary practice, discipline and profession. By 'concrete' I mean discussion of the types of clients therapists work with, the institutions they work within; by conceptual the individual (and often contested) constructs of <music>, <therapy>, <pathology> etc. Importantly, however, it is the relationships *between* the areas which is the complex territory around which the discourse of music therapy essentially 'moves' - and where it works to define, contest and delimit disciplinary and professional space.

It is difficult to compare these findings with other comparable studies, given analyses of music therapy from a meta-theoretical angle are rare. In one of the few of these Rohrbacher (1993) writes from an ethnomusicological perspective about both the practice of music therapy and the talk and documentation of it within the relatively closed institution of a hospital in the United States. One of his chapters presents a model which attempts to map the logic of music therapist' talk about music therapy - the result of which is not dissimilar to that which I present in terms of the Forums¹⁸. From this Rohrbacher concludes that:

Ultimately the function of therapists' statements was to clarify from their perspective the context from which meaning was derived for particular behaviours related to

¹⁸ In common, however, with researchers not taking an essentially 'critical' approach to language itself, he does not look 'underneath' the therapists' statements - taking them largely at face value.

their work, whether their behaviours or the residents' behaviours.

(Rohrbacher 1993: 95)

He also comments that 'therapists statements are rich in descriptions that ultimately reflect acknowledgement of particular values' (1993: 140). This brings up an issue which Aigen (1996) has also addressed in his study of the transcripts of teaching material by Nordoff and Robbins from an early 1974 training course¹⁹.

2 *How do they talk about these things? What terminology, jargon, metaphors and figures of speech are used in their representations?*

The analysis showed that there was a relatively narrow range of specialist vocabulary or jargon used within the Forums. Much of the talk uses everyday language, only occasionally using certain words in a jargon way (e.g. 'meeting in the music'). Other professional discourses and terms are seldom referred to (even ones which might have been expected - eg psychological, medical, music psychology, musicology). It could be that this is particular to a group of Nordoff-Robbins music therapists talking together²⁰, or that talk at this informal level automatically operates at a less obviously inter-discursive level. Alternatively, is it that the level of analysis given to this material did not pick up implicit use of another discourse (one that was not indexed by the use of specific terms)? Related to this point, it is noticeable that many of the constructs which build up the 'domain analysis' are often given relatively idiosyncratic characterisations (rather than quoting chapter and verse of extant canonical texts).

¹⁹ This will be discussed later in Chapter 8.

²⁰ The training approach of Nordoff-Robbins music therapists in many ways positively discourages the appropriation of other psychological or medical discourses for automatic descriptive or theoretical work - encouraging instead a phenomenological attitude to the work - letting its meaning emerge in its own terms (see Ansdell 1997b).

3 *What is the style of the talk? How formal or informal? Does it proceed by statements, arguments or stories?*

By nature of the situation the style of the talk is informal, conversational and argumentative in a mild sense. There was no pre-planning of material, so the resulting discussions often have the feeling of improvised theorising and debate. This may explain the previously mentioned lack of references to other sources or texts and to the feeling that the Forums are a blend of the sharing of experiences and the 'putting on the table' of convictions - about the work itself, the motivations for doing it, along with a chance to defend or challenge perceived misunderstandings of 'theoretical positions'. In keeping with all of this, the narrative style of the Forums seems to be a blend of informal 'indigenous theory' agreed or disagreed with, along with illustration provided by clinical material in the form of short case stories. Some speakers contribute mainly by providing such concrete examples - essentially sharing clinical experiences, whilst others weave this in with more theoretical statements, attempting to sketch some of the wider context of the argument. An example of this would be when a discussion of what to do when a client wants to speak in a session rather than play music, and how this clinical example becomes part of a larger 'ideological dilemma' within Nordoff-Robbins music therapy about the role and significance of talking within the construct <CMT>.

4 *What are the larger theoretical perspectives lying behind the 'surface level' of the talk?*

Having said that much of the material of the Forums has the character of individual conviction or 'indigenous theory', there is nevertheless the feeling of a strong underlying foundation of theoretical agreement. As the philosopher David Davidson has written:

'Widespread agreement is the only possible background against which disputes and mistakes can be interpreted' (in Fiumara 1995). This is not surprising given the cohesive nature of the membership of the Forums - all music therapists having been similarly trained. What *is* perhaps surprising is the lack of explicit reference to the central tradition - there are only a handful of mentions of Nordoff and Robbins' 'canonical' writings in the whole of the Forums (or indeed those of any other music therapy theorists). Does this reflect an active resistance to theorising, or is it an effect of the kind of talk going on in the Forums? Notwithstanding these comments, there is clearly (in Nattiez' phrase) a 'lurking philosophical project' which underlies much of the talk - whether the participants are conscious of it or not²¹.

5 *What is the 'function' of the talk? To clarify, represent to others, debate, establish theoretical positions...?*

I have emphasised in this chapter how the talk of the Forums can be seen to have a determinedly *active* function within its immediate and wider context. Rather than passively representing given formulations of music therapy praxis and theory the talk is actively *constructing* such realities. It does this by defining, re-defining, contesting, extending and creating the concepts and constructs which form the 'domains' of music therapy discourse as represented by Fig.7-11.

From another angle, we can see how what Billig (1988) calls 'ideological dilemmas' provide a focus for these processes of definition, contestation and creation of meaning. Again we might cite the dilemma in the Forums about whether (and how) to talk in music therapy as typical of this process. In the debate on this issue strong (seemingly bi-polar) views are held about the

²¹ This will be further investigated in Chapters 8 & 10.

particularities of practice, the implications for the integrity of the approach if changes of attitude are made and the identity of therapists and clients. Most aspects of CMT are both touched and contested by this one key issue. Talk is therefore functioning discursively to organise the meanings of phenomena, constructs and practices, to warrant the voice of certain arguments and to promote or contest their legitimacy.

7.8 A semiological perspective on the 'talk' data

Looking at this data from a 'tripartitional' perspective is useful in showing its difference to the talk about music therapy elicited by the 'listening and description tests' presented in the last chapter. For these latter the necessary focus of attention on the direct 'evidence' of the music therapy process in real time (via the tape) led to the focus on the central 'trace' site of the tripartition (see Fig.1-3. p.37). In contrast, the 'talk' data is not concerned with this 'close-focus' on the music therapy process itself, but on almost everything else which pertains to the clinical work being both possible and meaningful. In tripartitional terms, that is, the focus of the talk is now on the 'poietic' and 'esthetic' nodes of the tripartition; on the contexts and conditions of production and reception of music therapy praxis:

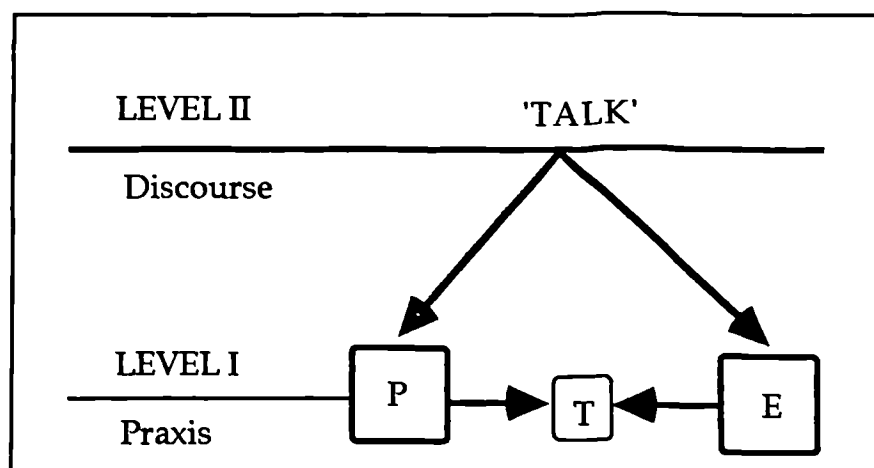


Fig. 7-12 A Semiological model of the 'Talk' data

Put another way, the emphasis is not on a praxis level, on the 'craft' of the clinical work, but on music therapy at a discipline and profession level. From this angle the construction of the domains through talk is important to music therapists in terms of the relationship between their specific work as practitioners and their more general concerns.

The next chapter presents the third and last unit of data - which again presents speech about music therapy from another angle, where language begins its life as an intentionally produced text.

Chapter 8

Text: Data Unit 3

Textually ordered knowledge packages and stabilises the order of things as they appear within a wider realm of discourse. Indeed a text instructs us how to see the world, how to differentiate the parts within it, and thereby provides the means by which we can engage with the world.

(Prior 1997: 66)

PART 1: INTRODUCTION

8.1 Music therapy texts

A short story by Borges imagines a library of books secretly talking to each other. Literary theorists, rather less imaginatively, call this 'intertextuality' - which, again, connotes the image of texts as 'weaving together' strands of meaning. As Bannister writes:

One of the functions of any text is to bring to life...a network of relationships, and as we move on to link this network together around the objects the text refers to we can start to map the different versions of the social world which co-exist...the discrete ways of speaking that are at work in the text.

It is the discourses that "form the objects of which they speak" [Foucault], and not authors who speak through the text as if the text were a kind of transparent screen upon which the writer's intentions were displayed.

(Bannister 1994: 92)

The previous two data chapters of this study (*Commentary* and *Talk*) concerned spontaneous speech.

This third and final data chapter examines, in contrast, how music therapists represent music therapy in written texts - in the form of articles, chapters and books intended for a professional or general readership¹. Here is a necessarily more formal metalanguage of music therapy, and one which (in my earlier diagram) represents a 'long focus' on the subject - one, that is, which by nature of the medium has the potential to take a more considered and inclusive view of its material.

Ten years ago the literature on music therapy was scant (especially in Europe), but in the last decade a variety of publications has emerged to characterise praxis, debate theory or present research. However, as with the other data chapters, the material selected here is intentionally limited to the single tradition of Creative Music Therapy. Within this approach a recent wealth of new texts has supplemented the original books by Nordoff and Robbins (Nordoff & Robbins 1971; Nordoff & Robbins 1977) This increasing number of publications by other therapists has characterised developments of Creative Music Therapy in clinical fields, theory and research.

8.2 Data rationale & collection process.

I selected texts for analysis in this chapter on the basis of the following criteria:

- They were written by therapists either trained in, or writing about, the Nordoff-Robbins approach.

¹ In fact, from the theoretical perspective this thesis takes, little differentiation is made between texts deriving from spontaneous speech and those intentionally written as prose. Both can be seen as *discourse* as defined earlier in Chapter 4.

-
- The collection spans a time-scale from the earliest texts of Nordoff & Robbins to recent writing about the work.
 - The texts present a variety of focus in subject-matter: covering clinical work, theory and research areas.
 - The collection represents a variety of published forms: journal articles, book chapters and complete books.

Whilst the selection does not claim to be exhaustive, it aims to present a sample of the available material which I judge to be sufficient for the analytic purpose of the study - which is to comment in some depth on a limited group of texts, not to make generalisable conclusions about large bodies of data.

8.3 Analytical Perspectives

The nature of the data for this chapter does not lend itself to the pattern of the two previous chapters - that is, data organised and presented, followed by analysis. For the present chapter the texts which comprise the data are publicly available, and consequently the bulk of this chapter concerns the critical readings I make of them.

This critical reading largely follows the semiological perspective suggested by Nattiez which I outlined in Chapters 4 and 5. As Nattiez states, discourse about music is 'both a semiological and an anthropological fact' (1990: 201). The analysis of the texts in this chapter will attempt a reading of the music therapy texts on both of these levels.

The semiological perspective follows, as in previous chapters, Nattiez' 'tripartition' model. In terms

of this, the texts are seen to have conditions of production, a 'trace' level of immanent form and conditions of reception (from which a 'lineage' of mutually-influencing texts can potentially be traced). This 'tripartition' angle is in turn the basis for broader anthropological questions concerning how the texts are nested in certain contexts and how the authors are part of a social dialogue conducted within the disciplinary and professional arena of music therapy.

Overall, the analysis will attempt to tease out certain aspects of the texts: the practical and intellectual context within which the text locates itself; what it argues for (and against); what form the representations take; and, what possible readings of the texts are possible.

Certain analytical concepts from Nattiez's work are used to sharpen these investigations and to give form to the analysis²:

- **Poietic Space** - where the text originates: its conditions and context of production; how it is inscribed in time and place; how it is 'situated' in terms of already existing cultural or intellectual factors (what are the influences on it?); possible 'genealogy' in relation to other texts; authorial *a priori*.
- **Immanent Form** - the basic physical structure of the text and its representation(s): textual, visual and narrative forms, organisation and presentation. Analyses address the possible significance of these.
- **Analytical Criteria** - vocabulary and terminology for description and/or analysis within text [The

² A more detailed exposition of these concepts and of the background to Nattiez' musical semiology can be found in Chapters 2, 4 and 5.

subtlety of the metalanguage depends...on the analytical criteria that support it'³]. What are the units of analysis for (i) musical (ii) extra-musical representation? Origin of terminology? The overall style and seeming function of descriptive and analytic workings in the text.

- **Analytical Situations** - all description and analysis considers its object from a certain standpoint. What is the 'analytic stance' of the author in relation to the object(s) of the analysis? What relevance is this orientation to the intended use(s) of the analysis?
- **Theoretical & Transcendent Principles** - Nattiez remarks that 'behind ...analysis lurks a philosophical project' (1990: 173). Observation of vocabulary and interpretants attempts to trace both conscious theoretical principles and unconscious assumptions of the authors (philosophical, ontological, disciplinary) which form 'transcendent principles'. Ideological factors are examined in their relationship to theoretical positions and transcendent principles.
- **Analytic Plot** - A 'plot' (as in a novel) arranges the information and orientates the way the narrative unfolds - the significance of events and the shape of the whole. 'On the basis of his or her personal baggage, ideology, philosophical points of reference and knowledge the musicologist is effectuating a particular set of traits that he or she arranges according to a plot' (1990: 176). In the text: What plot is chosen? Why? How does this influence the text? What are the elements of the plot? How does it function?

³ (Nattiez 1990:161)

This semiological angle naturally dove-tails with the broader discourse analytic perspective of the study, which takes interest in how texts function discursively: how, that is, they form not just descriptions but constructions of the material represented. The analysis attempts to tease out the discourses at work in these texts (of music, therapy, music therapy, etc.) and to ask critical questions in relation to their use:

- How does the form and style of the text influence the way it is read and used?
- In what ways do the texts manage to reconcile the demands of representing in verbal language the praxis and theory of music therapy?
- What discourses are found within the texts?
- What overall constructions of music therapy do such 'discursive practices' make?

PART 2: ANALYSIS OF TEXTS

8.4 Introduction

In this section the sixteen texts are organised into three groups, representing three 'generations' of writing about Creative Music Therapy⁴. The analysis takes each of the 'generations' in turn, looking at the groups of texts within the analytical categories suggested by Nattiez' ideas. These categories are, however, not mutually exclusive, and there will inevitably be both points of overlap and difficulties in placing discussions of aspects of the texts only in one category, so sometimes several of the categories will be applied. To deal with this problem I have also used occasional analytic 'case studies' to present a fuller picture of some of the issues raised in the texts.

8.5 Group 1: 'First Generation' texts: presenting the work.

The first group comprises the first generation 'canonic' texts of Nordoff & Robbins (along with a study by Kenneth Aigen of early archive material):

Text 1 Paul Nordoff & Clive Robbins - *Therapy in Music for Handicapped Children* (1971: book).

Text 2 Paul Nordoff & Clive Robbins - *Creative Music Therapy* (1977: book).

Text 3 Kenneth Aigen *Being in Music: Foundations of Nordoff-Robbins Music Therapy* (1996: monograph).

⁴ Full bibliographical information for these texts is given in the Bibliography of this thesis.

Poietic Space

*Therapy in Music for Handicapped Children*⁵ (Nordoff and Robbins 1971) was the first text widely available on the approach, and was clearly intended to present the work to a general audience, not within an academic context. 'The book is in the nature of a clinical biography' they write, and the text largely concerns the clinical work; characterising the places they worked in, the children they worked with and the practical and theoretical development of the approach from 1959-67. A Preface by Benjamin Britten serves to secure the musical credentials of the work.

Though this text is clearly an attempt to chart this new approach of 'therapy in music' the 'poietic space' it emerges from is not explicit: there is almost no background, either in terms of statements about music or therapy, or how it relates to past or current systems of music therapy. Additionally, given the book presents Nordoff and Robbins' tour around Europe with this work, little is written of where they worked and the influence of these contexts.

The clinical work described is not put into relationship to any current theoretical framework (musical or psychological). Unlike other early music therapy texts (Alvin 1975) no token appeal is made to Greek sources, and no account given of other extant approaches to music therapy (such as the behaviourist tradition in America, which was established by the time of Nordoff and Robbins' first writing in the late 1950's). Indeed, almost the contrary line is taken, presenting the work as an ongoing empirical investigation, with the two therapists as discoverers of a new musical-clinical approach which in turn generates its own 'indigenous theory' ('new principles of the therapy became

⁵ Henceforth *TiM*

evident'(1971: 40)). However,'rationale' is a word used several times and is perhaps symptomatic of the underlying agenda: to provide 'a rationale of the practices of individual music therapy'. Some statements seem to present an implicit critique of other models of therapy or education. They write, for example, of researching their approach within a context of '...the absence of any restricted system of psychological thought' (1971: 19). But the only statement acknowledging the influence of others comes in a passing reference to the positive effect of the ethos of a Rudolf Steiner establishment where they worked. Throughout the book almost no references are made to other ideas or texts.

Six years later in 1977 Nordoff and Robbins published *Creative Music Therapy*⁶. Though in many ways substantially different from *TiM* there is again no reference to other sources, or background to the ideas or practices presented - it, too, has the feel of coming from nowhere⁷. Though the material is indeed pioneering there is no attempt to contextualise it within previous or current practices or ideas. Perhaps only the epigraphs to the book suggest a critical agenda, where, in addition to quoting Heine and Langer on musical phenomenology, Nordoff and Robbins cite Zuckerkandl's critique of behaviourist thinking:

...the fact before which associationism and all related theories come to grief: the fact of creation. It is clear that any theory which attempts to refer the possibility of the artistic experience back to conditioning, repetition, habit, learning, to sequences that have become mechanical, cannot but leave the element of creativeness out of account. Since every work of art is essentially creation - more accurately, creative discovery - no associationist or

⁶ Henceforth *CMT*

⁷ The nearest clue to material which influenced the writers comes in the Bibliography. Of interest here are the references to work by Blacking, Cooke, Jung, Meyer, Langer, Steiner, Storr and Zuckerkandl.

behaviourist theory can ever give an adequate interpretation of artistic phenomena.
(Zuckerkandl 1956: 52)

Emphasising this statement is the nearest the text comes to a critique of other approaches, or indeed an explicit theoretical statement of its own beliefs. Is this a conscious policy, or an unwillingness to be constrained by theory? Also in common with *TiM*, no dominant influence of another therapy system is detectable in the vocabulary used in *CMT* (with the exception of one reference to 'ego' in the Scales of Assessment). The overall feel is of a pragmatic terminology - sometimes suggesting a pseudo-behaviourism of 'response', 'activating', 'reinforcing', but this alongside a clear affiliation with humanistic psychology, demonstrated in the dominant concepts of the text: responsiveness, experience, communication. This trend is illustrated by the central concept and metaphor of the book - the *music child*⁸ which attempts to synthesise this perspective on page one of the book.

Immanent Form

In keeping with both the lack of academic focus and the need to publicise this approach to music therapy, the format of *TiM* seems to want to *show* the work, rather than present a detailed rational argument. The modest volume concentrates on describing and characterising clinical practices through verbal descriptions and annotated photographs. However, given its appeal to the importance of the musical content of music therapy, it

⁸ The concept of the Music Child presented itself as a means of summing up the depth, the intensity, the variety and the intelligence in the responses of some hundreds of handicapped children in musical interactivity... The Music Child is therefore the individualised musicality inborn in each child; the term has reference to the universality of musical sensitivity - the heritage of complex sensitivity to the ordering and relationship of tonal and rhythmic movement; it also points to the distinctly personal significance of each child's musical responsiveness'. (Nordoff and Robbins 1977: 1)

is perhaps surprising that no musical notation is included to represent such material.

Somewhat in contrast, *CMT* is an impressive large-format book, with text, photographs, extensive musical notation and an accompanying cassette of clinical examples. It has become the key teaching text of the approach.

This book takes a rather hybrid form, reflecting perhaps the several uses for which it was designed. Like *TiM* there are case vignettes to present aspects of the work, but also three detailed case studies, cross-referenced to examples on the tape. Two final sections present practical material: musical exercises for training therapists in techniques of 'clinical improvisation' and a section on clinical assessment for use by therapists. The book has no conclusion, and overall it has the feel of consisting of diverse material rather than being a coherent single statement. This impression is compounded by the changes of tone between the sections: some presenting an outline of an 'indigenous theory' of CMT (as in *TiM*) along with the more rigorous quasi-scientific tone of the assessment section, and the inevitably instructional tone of the improvisation exercises.

Analytical Criteria & Analytical Situations

The vocabulary in *TiM* is largely non-technical and, while occasional use is made of terms such as 'ego', 'soul', 'self' or 'psyche', these seem unrelated to a consistent theoretical frame. Music, when described (it is never transcribed), is handled with an equally conventional, non-technical vocabulary, reflecting the stated belief: 'As the interaction is within the order of musical structure the character and extent of the children's activities can be accurately described in musical

terms' (1971: 53). There is, however, a level of 'clinical description' which describes the 'client-in-music' in musical-behavioural terms:

She beat simple rhythmic patterns as they were played, imitated accented beats and made *accelerandi* with me...

He was immediately attentive to variations in dynamics and sensitive to changes of tempo and *rubato*... (1971: 104)

In contrast to *TiM* the long case studies of *CMT* with their detail of musical and clinical description attempting to account for the joint musical-behavioural events show a recognisable straining of language. Indeed the use of the following compound terms in the texts seems to characterise this attempt to define an area both musical and therapeutic: 'functional-expressive', 'activity-experience', 'musical-psychological structure'. The nearest *CMT* comes to presenting an analysis of music itself is on page 198 where something of a taxonomy of music is presented in terms of: (i) structural and (ii) expressive components. There is no explicit investigation of music in terms of the underlying phenomenological orientation, leaving the 'analytic criteria' informal rather than systematic.

Case Study: analytical criteria in CMT

Taking the famous study 'Edward' (1977: 23-37) as an example of how the material is represented, there are three forms: verbal description, musical transcription and aural evidence on the tape. The basic level of representation begins with 'musicological'⁹ criteria: notes, modes, rhythmic patterns, whereas 'tones' takes us further into a qualitative description of the music - its function and effect in relationship to the

⁹ By 'musicological' I mean a taxonomy of musical components evolved from a music theory (at whatever level) rather than any form of extra-musical theory.

person. The 'objects' of the metalanguage in this case are progressively:

- 1 **music** - objective aspects: components expressed in musicological terminology.
- 2 **music+** - subjective (qualitative) aspects of music expressed in figurative and metaphorical language.
- 3 **client-music relationship** - combination of vocabularies 1 and 2 used.
- 4 **client-therapist relationship** - combination of vocabularies 1 and 2 used.

For example, the following passage is taken from the case study 'Logan':

Drum-cymbal waltz: Logan listens through the first phrase, then begins beating cymbal-drum-drum (right-left-left) exactly on the first beat of the second phrase. In the repeat of the waltz, his 3/4 beating controlled and even, he makes a perfect *accelerando-crescendo* with the piano through the first six measures and a *ritard* in the last two.
(1977: 84)

In terms of Nattiez' 'analytical situations' the agenda for the verbal accounts of the case studies is to give an *inductive poietics* of the situation: that is, to describe the formative processes which would account for what happened in the real time of the therapy. In addition to this there is a level of *inductive esthetics* which attempts to present the music therapy meanings of the work - though in this text no explicit system of interpretation is presented.

Theoretical & Transcendent Principles

Kenneth Aigen, a researcher at the Nordoff-Robbins Center for Music Therapy in New York, has recently written a study on material in the Nordoff-Robbins archive. In particular he was interested in investigating the discrepancy between the lack of explicit theoretical statements in Nordoff and Robbins' work and his strong impression that the clinical work is somehow underpinned by a 'transcendent principle'. 'While searching the first written document of the archive' writes Aigen, 'I began to realize that there was in fact an entire world-view and value system underlying this approach' (1996: 4). In particular Aigen examined the taped transcripts of one of the last joint training courses run by Nordoff and Robbins in 1974. His study of this material was published as the monograph *Being in Music': The Experiential Foundation of Nordoff-Robbins Music Therapy* (Aigen 1996).

If the essence is not to be found in method, then I believe it is the basic world-views, values and underlying theories of Paul Nordoff and Clive Robbins to which one must look. Yet these original formulations are rarely stated directly, whether one considers published manuscripts or the unpublished written, audio or video records comprising the NR archive. However, these foundational elements are nonetheless embodied in *living* CMT. They inform and feed the clinical work as well as provide the rationale for specific interventions.
(Aigen 1996: 6)

Aigen characterises in this study how, with teaching and writing alike, the work of Nordoff and Robbins encapsulates the dilemma of presenting this approach to music therapy in verbal and theoretical terms whilst remaining faithful to the clinical (practical) essence of it. Aigen presents Nordoff and Robbins as 'committed empiricists' in their work: 'in the true meaning of the word in that no external idea was held over what they experienced in both their hearts and minds in the clinical

setting' (1996: 29). There was, however, a level of 'tacit knowledge' that was seldom rendered explicit. But as Aigen comments, the fact remains that 'if one is to write about clinical work in a way that goes beyond pure description, it is apparent that this must be done by communicating techniques, principles, theories and other abstractions' (1996: 6)¹⁰.

Aigen's view is largely born out in reference to the first two Nordoff and Robbins texts. Although they do not mark their intellectual 'trail' as such in these, it is not possible to read them without being aware of the implicit theories and discourses of music and therapy embedded in these texts.

TiM develops an emerging 'indigenous theory' in regard to 'therapy in music': namely that the 'words' of music as a 'language of communication' are the components of rhythm, melody, harmony and form - with the 'expressive content' being carried by the use of these components. The theoretical agenda of the book seems to be to demonstrate two fundamental ideas. Firstly, the fundamental relationship between musical experience and the human being, and how the potency of music as communication can be mobilised as therapy. The second is that, in playing with a music therapist, the client presents a 'musical portrait' of how he or she is: physically, emotionally, socially... and that this portrait represents both the pathology *and* the potential of the child. These ideas are expressed clearly in the following quotations from *TiM*:

¹⁰ Aigen's study attempts to tease out this 'tacit knowledge' which he believes to be foundational to the approach. Firstly he presents ten Categories which summarise the underlying corner-stones of the approach which had emerged from the transcripts of the teaching. Secondly come a series of more general Themes which Aigen has induced from the material which concerns 'the more personalized world-view and value-system that contains this work'.

Music is a universal experience in the sense that all can share in it; its fundamental elements of melody, harmony and rhythm appeal to, and engage their related psychic functions in each one of us. Music is also universal in that its message, the content of its expression, can encompass all heights and depths of human experience, all shades of feeling. It can lead or accompany the psyche through all conditions of inner experience, whether these be superficial and relatively commonplace or profound and deeply personal. (1971: 15)

In attempting to depict the central motivating power of music therapy - *a child's commitment to his musical activity* - we have become all too aware of the limitations of words to describe musical experience. Only music itself can convey the meaning of its experience, and much more is involved in this than auditory stimuli, the 'tune', associations, and so forth. The statement of music is made moment by moment; what it expresses comes to live as it moves in time. Our experience, as we live with it, is defined by the character and iteration of its structural elements. Our mood is charged by its mood. Our emotions are tempered and held by the changing tensions of its harmony. When we live in the movement of a melody we become identified with it - as children do when they sing. When we live in the tonal and temporal structures of a musical composition - as children do when they play instruments in it - our participation integrates our responding faculties. It is out of this completeness of the relationship between music and the human being that music therapy in its truest sense arises. (1971: 17)

The children were making musical 'self-portraits' in the way they were reacting to music thus improvised. Each was different, and it was becoming evident that there must be a direct connection between an individual's pathology, his personality, and the musical self-portrait he revealed; that the reaction to music in each case could be descriptive of the psychological condition. If one could learn to interpret it adequately, the way a child lives in the world of music could be taken as an aid to diagnosis, as a help in assessing his needs and potentialities. (1971: 34)

The following themes attempt to characterise these implicit 'transcendent principles' of both texts (which to an extent remain constants within later developments of the work):

1 An underlying value-system for 'therapy in music'

'Universal values can live in music' (1971: 56) - an argument against therapy as 'normalisation'. Music/music therapy are based on a value system. Nordoff and Robbins write of finding a new 'moral reality' in the art of music via music therapy (1971: 144). As Aigen points out, the value-system includes both musical and human realms equally.

2 A phenomenological approach to music

It is not possible to say definitively from the text whether this is grounded in any received philosophical background (except for the epigraph and bibliography references to Zuckerkandl in *CMT*), but many of the features of a phenomenological approach to music are here: music as experience; music and its components related to their qualities and functions; music and its relationship to bodily and emotional life.

3 An evolving theory of music therapy based on a Humanistic perspective

Nascent in *TiM* are the ideas of music therapy helping people to become more themselves, to reach full individuality and conditions of creative freedom. There are references to music and music therapy as 'personality development', along with a vocabulary of 'self'/'psyche' and 'worlds of experience'. The text is not fully coherent about this, however - the evolution of the indigenous theory of the approach being at an early stage.

4 An aesthetic dimension to music therapy

This was a genuinely new attitude to music therapy at the time: that the *musical* quality within music therapy was both a necessity and an area of interest. As Nordoff & Robbins write: 'There had to be a high standard of artistic quality in the music they worked with. This was not merely for reasons of aesthetic taste, but because the emotional and psycho-moral content of such music is so much more developmentally effective' (1971: 114).

Overall, the 'lurking philosophical project' of the text is most explicit in the Epilogue to *TiM :To the Musician Therapist*:

Music is a world. Every one of us has his own experiences in that world. There are endless depths, infinite varieties and facets of musical experience for the listener, the student, the performer, the composer, and for the therapist... What he [the music therapist] discovers when he experiences the art of music as therapy will shed new light for him on all music.
(Nordoff and Robbins 1971: 141)

Is this a descriptive or a prescriptive statement? What are the implications (practical and philosophical) of taking this view of music therapy? How does this theme emerge implicitly within representations of the work? These are questions worth pursuing in the texts of the subsequent 'generations' of the work.

Analytic Plot

Consistent with many of the comments already made about the two initial texts is the fact that there is a discernable analytic 'plot' we could dub the 'you see it working' plot. Rather than presenting an explanation in non-indigenous terms, this plot attempts instead to

demonstrate through various layers of description the logic and validity of the work.

8.6 Group 2: 'Second Generation' texts - continuing the work.

A second group represent 'second generation' texts. After Paul Nordoff's death in 1976 Clive Robbins continued to develop, teach and write about the work (subsequently in collaboration with his wife Carol Robbins). Group 2 presents Clive Robbins' writing from this period, in collaboration with others. Though not published until the early 1990s, these texts give an account of clinical work and thinking about Creative Music Therapy within this next period. Of the three texts I examine here, two mainly concern clinical material and a third a theoretical area originating from earlier work by Nordoff and Robbins.

Text 4 Clive Robbins *The Creative Processes are Universal* (1993: book chapter)

Text 5 Clive Robbins & Carol Robbins *Self-Communications in Creative Music Therapy* (1993: book chapter)

Text 6 Clive Robbins & Michele Forinash *A Time Paradigm: time as a multi-level phenomenon in music therapy* (1991: article)

Poietic Space and Immanent Form

Both *The Creative Processes are Universal* (Robbins 1993) and *Self-communications in Creative Music Therapy* (Robbins & Robbins 1993) are published within larger books: the latter in a collection of case studies of music therapy covering many traditions, the former in a collection of material resulting from the 1992

Music Therapy Conference. The impression is that (like the earlier Nordoff and Robbins texts) the priority is to present the clinical work descriptively, and to emphasise its musical-empirical basis rather than present it in terms of an 'external' clinical theory. Consequently, both of these chapters (like the earlier books) are presented as 'clinical stories' - case studies around which are woven 'layers' of information, attempting both to describe and account for the clinical process as shown (to 'fomalise clinical stories' in Aldridge's phrase). Both texts have transcribed musical material and the second chapter has symbolic diagrams to illustrate concepts presented.

A somewhat rhetorical tone to the two clinical articles suggests an agenda to validate and legitimate the work by emphasising its place within the larger scheme of things. For example, an evolutionary metaphor characterises music therapy as giving 'a new purpose to music' and as 'the next stage of evolution...between mankind and music'. This unashamedly Romantic narrative is perhaps to an extent a more explicit version of the understatement of the early Nordoff-Robbins texts.

However, in comparison to the earlier texts, attempts are made in these two later chapters to place the clinical work within larger contexts of music therapy and other psychological theory. There are explicit references to aspects of Humanistic Psychology (to Maslow's 'peak experiences'), to a Sufi aphorism, and some developments are made of the earlier Nordoff-Robbins 'music child' concept. These are woven around suggestions of a theory of 'self' (though the reader is left uncertain whether this refers to an extant psychological system, there being no references). To be fair, the theory is characterised as a 'working model', the overall sense being again of an 'indigenous theory' elaborated. But there is also an element of theoretical ambition, as when

Robbins writes: 'This process can be described in terms of the four major psychological orientations: behavioural, psychodynamic, humanistic, transpersonal' (1993: 70). Although he admits 'this may appear to be over-reaching or presumptuous' we may fruitfully ask what the motive is for such large-gesture theorising. To present an overall universalising frame to the work? To make it seem inclusive and assimilable within current models (psychological or music therapeutic) so that the approach doesn't seem insular?

Analytical Criteria and Analytical Situations

In these texts the difficulty of writing about music therapy is openly acknowledged:

One runs out of concepts and words eventually, in trying to put what music therapy is into words.
(Robbins and Robbins 1993: 71)

Robbins goes on to make an explicit statement about how music is typically represented in music therapy writing:

One still reads so many music therapy research reports, both in product research and in process research, that are musically non-specific. We learn that music therapy took place, but are told nothing musical about it, only that it was done by a music therapist or music therapy student. The music is left faceless, anonymous. It is as if music itself didn't matter, that all music was the same, and all uses of music in therapy were equivalent. How can a researcher meaningfully study and measure the behaviour of a patient when the clinical musical behaviour of the therapist is disregarded, especially in a clinical situation that is so potentially interactive?
(Robbins and Robbins 1993: 16)

Against the background of this critique Robbins tackles this issue in his own chapters by providing both verbal and notated musical descriptions of the clinical material. The 'analytic criteria' of this, however, are

conventional and show no basic change from that of *TIM* and *CMT*. Songs are notated and verbal descriptions use a basic vocabulary comprising of musical elements and expressive qualities and, along with this, the client's musical responses and the 'function' of the music. For example: 'N. was becoming intrigued with playing the piano' ... 'the therapist...provided a defined, dependable and enjoyable framework'. Beyond description is a level of inference¹¹ involving 'musical intention' and 'understanding' - and this, in turn tends then to be followed by a theory statement, as in the following passage:

Nicole's musical activities were securely based on her sense of the basic beat, the pulse of the music. Moreover she felt how the pulse was organised into metre. This enabled her to repeat her rhythmic phrases accurately within the measure structure. In turn this dependable sense of rhythmic structure was forming the basis for her exploration of melodic phrases. In following one melodic phrase with another, she was exploring melodic development.

(Robbins and Robbins 1993: 13)

Another characteristic of these chapters is the rapid reduction from the universal to the particular via the single case study. Consequent with this pattern the typical 'analytical situation' of the musical commentary is (as in previous texts) 'inductive poietics' - aiming to trace back and describe the formative conditions and processes behind what is heard as the musical trace.

Theoretical and Transcendent Principles

In comparison to the earlier Nordoff and Robbins texts, here the 'transcendent principles' are more explicitly stated, as when Robbins writes:

¹¹ This progression from description to inference to interpretive comment shows a similar pattern to that observed in the Commentary data of Chapter 6.

In my experience, the development of music therapy is best served by a romantic vision, not one that in any sense relates to the sentimental, but to the wonder, enthusiasm and fortitude that connect to a great creative enterprise. (Robbins and Robbins 1993: 16)

Here again is the implicit moral worldview which Aigen identified (in his analysis of the earlier Nordoff-Robbins material) to be the source of the work - both in practice and in the representations of it. Music has a moral force, a destiny; its connection to the human being and his development is not to be judged by behavioural indices but in spiritual, moral, and transpersonal terms. In keeping with this, the representations and theorising of the work are 'value-led' and, from detailed case description to grand theoretical statements, follow a basic 'plot': musical description leading to music-therapeutic 'accounting' (why the client did something musically) and ending with a statement of the humanistic/transpersonal significance of music therapy, of the following kind:

The creative processes are inherently therapy processes - and therapy processes are intrinsically artistic processes - and they are indeed universal. (Robbins and Robbins 1993: 25)

It is also perhaps significant that in this period Clive Robbins chose to publish material related to earlier theoretical developments of the work. In contrast to the two articles focusing on clinical material, the article by Clive Robbins and Michele Forinash *A Time Paradigm: Time as a multilevel phenomenon in music therapy* (Robbins & Forinash 1991) presents itself explicitly as a theoretical paper. This consists of a transcribed dialogue between Paul Nordoff, Clive Robbins and a medical doctor called Herb Geuter¹², along with a commentary by Robbins and Forinash on aspects of CMT. Geuter was an

¹² The original dialogue took place in 1962.

anthroposophist with whom Nordoff and Robbins worked in the early development of the approach, and in this paper glimpses are given of the way that some of the root concepts of CMT were developed in relation to the ideas and 'thinking method' of Rudolf Steiner. These are significant 'transcendent principles' of the work.

Robbins and Forinash remark on the importance of 'developing concepts' and of having a 'supportive conceptual perspective' on the clinical work, and in keeping with this agenda the article opens up some of the 'poietic space' of CMT both in its subject matter (the empirical/philosophical relationship between time, music and therapy) and in its methodology (the implicit anthroposophical and phenomenological approach). A representative remark quoted from Dr Geuter in the discussion is:

I have noticed in your playing, Paul, that when you particularly want to bring out or emphasise the life that is in a melody or a harmonic sequence, you will deliberately lift the music out of physical time so that the expressive content lives.

(Robbins & Forinash 1991: 48)

A statement at the end of the article perhaps sums up the attitude towards thinking (and writing) about CMT which characterises this 'second generation' of texts - one which is still attempting to reconcile a musical and empirical practice with a conceptual perspective:

A clinician can gain security from a supportive conceptual perspective, one that provides a realistic framework for the artistic processes with which he or she is personally familiar through practical musicianship - and one that can differentiate and elucidate the ongoing phenomena of creative music therapy... [the multilevel concept of time] is a valuable component in articulating clinical events and in the construction of a practical philosophy of creative music therapy.

(Robbins & Forinash 1991: 56)

Analytic Plot - 'clinical stories'

As mentioned before, the two clinically-based chapters are 'plotted' as 'clinical stories'; their form leading the reader from detailed narration to more inclusive theoretical statements. Musical description leads to music-therapeutic 'accounting' (why the client did something musically) and typically ends with a statement of the humanistic or transpersonal significance of music therapy.

8.7 Group 3: 'Third Generation' texts: extending, debating and contextualising the work.

A final group presents 'third generation' texts - written by therapists trained in the approach in order to convey various developments in clinical work, theory and research:

Text 7 Mercedes Pavlicevic *Music and Emotion: aspects of music therapy research* (1995: book chapter)

Text 8 Colin Lee *The Analysis of Therapeutic Improvisatory Music* (1995: book chapter)

Text 9 Colin Lee *Music at the Edge: the music therapy experiences of a musician with AIDS* (1996: book)

Text 10 David Aldridge *The Music of the Body: music therapy in medical settings* (1993: article)

Text 11 David Aldridge *Music Therapy with the Elderly* - from *Music Therapy Research & Practice in Medicine* (1996: book chapter)

Text 12 Gudrun Aldridge *"A Walk through Paris": The development of melodic expression*

in music therapy with a breast-cancer patient
(1996: article)

Text 13 Jacqueline Robarts *Music Therapy for Children with Autism* (1996: chapter)

Text 14 Sandra Brown & Mercedes Pavlicevic *Clinical improvisation in Creative Music Therapy: Music aesthetic and the interpersonal dimension* (1997:article)

Text 15 Elaine Streeter *Talking and Playing: the dynamic relationship within music therapy* (1995: article)

Text 16 Kenneth Aigen *An Aesthetic Foundation of Clinical Theory: an underlying basis of Creative Music Therapy* (1995: book chapter)

Of the eight authors of these texts only one was trained directly by Nordoff and Robbins, the others representing a 'second generation' of Nordoff-Robbins music therapists. Their writings, published in the second half of the 1990's I have characterised as 'third generation' texts - being, that is, accounts of work that was independent of the founders of the approach, and representing a dissemination of developments made during the 1980s and early 1990s. These therapists both: (i) took the principles of CMT into new clinical areas such as adult psychiatry, HIV/AIDS, chronic illness, and (ii) 'relocated' CMT within other contexts: in theoretical models such as psychodynamic theory, early interaction research, aesthetics - either approached informally or formally through structured research projects.

For this long group of texts several of the analytical categories will be considered together this time, to avoid fragmenting the information too much. Also, each text

will not be considered in terms of all the analytic categories - I will focus the discussion on the category most pertinent to each text, again using short case studies for particular examples.

Poietic Space and Immanent Form

Mercedes Pavlicevic's *Music and Emotion: Aspects of music therapy research* (Pavlicevic 1995) illustrates well the change of emphasis in texts about CMT mentioned above. A summary of a doctoral research project in a book of similar chapters, it presents both a different clinical area (adult psychiatry) and an explicit theoretical and methodological perspective. As such it positions itself within an intellectual tradition of theoretical modelling and its empirical testing, which in turn places CMT in a different relationship both to other disciplines and to its own critical inquiry.

There is no direct reporting of clinical work, and no musical description or notation in this chapter. The conventional academic format (introduction, referencing, symbolic diagrams) suggests both a different agenda for writing and a different expectation of what the readership will be.

Case Study: poietic space and the construction of theory.

The 'poietics' of this text are easier to trace and establish than previous texts examined in this chapter. In keeping with its aspirations to a level of scientific status, and with its explicit association with other theories, Pavlicevic surveys areas of psychology for their relevance to aspects of music therapy practice (theories of emotional communication and mother-infant interaction studies). Psychological and philosophical literature

is referenced and critiqued, and early in the chapter Pavlicevic makes certain 'foundational' statements which establish her stance in relation to the clinical essence of the work:

My understanding is that in music therapy it is the person's emotional creativity - or the person's capacity for authentic autonomy - which is tapped, rather than their 'purely' artistic creativity (Pavlicevic 1990). In music therapy emotional creativity is sounded *through* the musical act; music and emotion are 'fused' so to speak. (Pavlicevic 1995: 51)

It is my understanding that the process of *forming*, of moving towards coherent and fluid form, is the therapeutic process. (1995: 52)

From these we can trace one element of the intellectual 'poietics' - the reference to the psychoanalyst Winnicott's concepts of 'artistic/emotional creativity' and 'authentic autonomy'. Pavlicevic then begins to construct her own theoretical model based on the idea of *dynamic form* - a central concept which links the two key areas of music and emotional communication, and helps to organise the argument of the study:

In my view, it is dynamic form that the therapist elicits in music therapy, and dynamic form is at the heart of the therapeutic process in music therapy... dynamic form is a consequence of its psychological function. (Pavlicevic 1995: 55)

Subsequently she explores how the concept of 'dynamic form' can be related 'functionally' to music therapy: (i) to clinical technique (the therapist *elicits* dynamic form in improvisation); (ii) to interpreting clients' musical utterances (the therapist *reads* dynamic form); (iii) theoretical 'justifications' (music therapy works '*on*' dynamic

form as the interface of music and emotional health). Pavlicevic refers back to the literature of CMT in an attempt to relate what these writers were implying in terms of the dynamic form concept - giving, that is, a new explanatory frame to the traditional music therapy dilemma of causally linking descriptions of musical behaviour with inferences about the internal world of clients. At the same time it could be remarked that Pavlicevic's project is a re-formulation of established 'discourse themes' of music therapy: music as emotional experience and communication; music as biological correlate; music therapy as a mode of intersubjective understanding; music therapy as more than just an aesthetic activity.

Later in this chapter I will look at the implication of this theoretical work in terms of the 'transcendent principles' underlying Pavlicevic's work.

Two texts by Colin Lee also derive from material from a doctoral study¹³ analysing the musical content of music therapy sessions with clients living with HIV/AIDS. These are written-up in two different ways: As a chapter - *The analysis of therapeutic improvisatory music* - within a book of research reports (Gilroy & Lee 1995) and secondly as a full-length book *Music At the Edge* (Lee 1996) which presents a single case study of working with one client¹⁴. Both texts are unique in the music therapy literature in the extent of transcribed musical material presented. The book chapter I examine here has eight pages of complex transcription, including music-analytic diagrams such as could be found in a

¹³ Lee was Research Fellow in Music Therapy at City University, London from 1988-91.

¹⁴ I discuss here just one chapter of this book: *Written on the Wind* (Chapter 4).

musicology article. The book is also accompanied by a CD on which examples of the music are included, indexed to verbal descriptions in the text.

Though *Music at the Edge* essentially presents the 'human side' of the research (told explicitly as a story, and leaving out methodological considerations), the poietic space of both texts consists of the same ideological starting-point (which in turn derives from the same 'transcendent principles'). This is expressed by Lee's declared belief that:

Music is most commonly referred to as the intermediary object through which the therapeutic process passes. Thus the quality and content of the music often takes second place to the therapeutic aims. It was the intention, therefore, of this hypothesis to investigate certain improvisations in terms of musical and therapeutic processes and outcome.
(Lee 1996: 43)

Like Pavlicevic, Lee wants to present his argument as an empirical investigation, and the first chapter is presented within a scientific discourse of 'hypotheses', 'data', 'formula' - all of which is modelled within a cause-effect logic:

Through the analytical and methodological framework of the research I attempted to discover a formula for viewing therapeutic improvisation at both macro and micro levels... the investigations being juxtaposed between specific musical analytic procedures and verbal data collected from the client, plus perspectives from three outside validators.
(Lee 1995: 34)

Lee attempts to graft together aspects of empirical investigation derived from a social science research position and the hermeneutic activity of a structuralist music analysis. Like Pavlicevic, the poietic space consists of cross-disciplinary currents which are potentially conflictual.

A third perspective on the poietic space of these texts emerges from the work of David Aldridge, a medical researcher who has been working within a music therapy department for the last decade¹⁵. Along with some collaborative work with his music therapist wife Gudrun Aldridge and other colleagues, his writing represents a distinctive and important developmental trend in representing and investigating CMT.

From Aldridge's large body of work I selected three texts which show a range of style and subject matter. The first *The Music of the Body: Music therapy in medical settings* (Aldridge 1993c) is largely a theoretical presentation, whilst the other two texts - *Music Therapy with the Elderly* (Aldridge 1996) and '*A Walk through Paris*': *the development of melodic expression in music therapy with a breast cancer patient* (G. Aldridge 1996) elaborates ideas around a basic single case study format - an approach recommended by Aldridge as especially suitable for music therapy research.

Interestingly, the first of Aldridge's texts is one of the few to contain a direct critique of another music therapist's work:

Lee fails to be clear about clinical objectives. There remains the possibility that immunological parameters can be influenced by creatively improvising music. Research on this possibility should aim at linking musical analyses with clinical information about immune reaction such that therapeutic correlations could be attempted.

(Aldridge 1993c: 30)

The vocabulary in this passage locates the theoretical 'poietic space' as at least partly medical, with the writer in the first text characterising himself as an

¹⁵ He currently has the Chair of Qualitative Research Methodology at the Universität Witten-Herdecke, Germany, and works within the Nordoff-Robbins Institut für Musiktherapie in the same university. His book (Aldridge 1996) collects together much of his writing in music therapy.

objective researcher¹⁶. Aldridge's declared intention in his writing is to find a way of accommodating the *art* of music therapy within the *science* of medicine by expanding both medical and musical concepts in order to re-draw the relationships between them. He aims to legitimate music therapy within medical practice and the music therapist as (in his phrase) a 'credible practitioner'. To do this he uses themes and language from the CMT tradition (of innate musicality, the body as music, music as representation of the person, etc) to propose analogies with physiological functioning (as he describes it, the 'symphonic' rather than 'mechanical' organisation of the self) and with processes of health and illness. Overall he presents this as a reconciliation of epistemologies: of how a 'medical understanding' of people (seen as a scientific or quantitative perspective) can be complementary with a 'musical understanding' (seen as an artistic or qualitative perspective). Whilst this seems an original angle on current CMT practice it can also be seen to have firm roots in the tradition: in anthroposophical medical thought, which also has a phenomenological base which attempts to reconcile artistic and scientific, or intuitive and rationalist perspectives; and in the original emphasis in CMT that music is fundamental, and 'sympathetic' to the whole self.

Whilst the first text presents its argument in a theoretical way, summarising the music-medicine literature and proposing a new perspective through music therapy, the chapter *Music Therapy with the Elderly* grounds this theory by investigating one area of music therapy practice. The logic of this chapter will be further investigated under the 'analytical situations' category later in this chapter.

¹⁶ Amongst the texts examined here Aldridge is unique in not being a music therapist himself and yet writing on the subject in depth.

A further example of an attempt to 'position' CMT theoretically in relationship to other disciplinary perspectives can be seen in Jacqueline Robarts' chapter *Music Therapy for Children with Autism* (Robarts 1996). This comes within an interdisciplinary book on a single pathology, *Children with Autism*, and Robarts is explicit in the fact of music therapy needing cross-disciplinary theory and legitimation.

In keeping with both the subject matter and the agenda of this text the 'poietic space' is somewhat complex. Robarts positions herself as a Nordoff-Robbins music therapist, but the impression is of her wanting to build something new on something old. Interestingly, Robarts refers explicitly to the original Nordoff & Robbins texts to perhaps legitimate and support the new - which is unusual in writing about CMT. The first part of the chapter builds up a cumulative argument in seven sections - a range of references and the drawing of connections attempting to:

- Link music and emotion via the theory of 'dynamic form' and the research on early interaction and 'basic communication'.
- Link CMT with contemporary psychodynamic thought - in particular 'self psychology'.
- Defend the phenomenology of music and the use of the kind of microanalytic techniques of observation in music therapy pioneered by Nordoff & Robbins.
- Legitimate the use of improvisational music therapy for children with autism by showing it to be based on sound principles and research.

The exhaustive surveying and comparison of the extant literature gives the sense of striving for theoretical synthesis, of wanting all of these perspectives

to fit not only well but naturally. Inevitably the language sometimes reveals the strain, and there are some of the awkward compound nouns of the kind that appeared in the Nordoff-Robbins texts:

At a fundamental level of sensory-motor-affective functioning, music can provide a medium in which the autistic child can experience and explore a sense of equilibrium and healthy autonomy through a range of emotional-developmental levels adjusted to that individual child's needs and personality.
(Robarts 1996: 146)

The implications of this complex poietic space on the clinical accounts in this chapter will be examined in the 'analytical criteria/ analytical situations' section later in this chapter.

The trend for theoretical debate and attempted synthesis in Robarts's writing is also a key feature of the final three texts I examine. In different ways all tackle a central theoretical issue in the contemporary practice and discourse of CMT. This is the relationship between music-aesthetic and psychodynamic epistemologies - the debate as to the relative importance in a music therapy session of the 'music itself' versus the 'interpersonal dynamics' of the therapeutic relationship as modelled by psychodynamic theory.

Clinical Improvisation in Creative Music Therapy: Musical Aesthetic and the Interpersonal Dimension by Sandra Brown and Mercedes Pavlicevic (1997) is a self-consciously theoretical 'position' paper. An Introduction outlines the literature and characterises the various positions within the current debate in terms of a dilemma between 'purely musical improvisation' (improvisation as 'artform') and 'clinical improvisation' (improvisation as 'therapy'):

We believe that the music therapist is a highly competent musician whose improvisational skills can be more than just musical - they are *clinical* improvisational skills. This means that the therapist is trained in clinical musical techniques (pioneered by Nordoff & Robbins) which enable the client and therapist to form and work with a dynamic, interpersonal relationship through the music. (Brown and Pavlicevic 1997: 398)

The authors investigate these theoretical positions by means of a qualitative-style experiment in which they each take roles as 'client and therapist' or 'two musicians playing together' and see what differences can be heard on listening back to the tapes and analysing them as a music therapist would.

Elaine Streeter tackles a similar area but takes a simpler approach in her paper *Talking and Playing: the dynamic relationship within music therapy* (Streeter 1995) - which is published in the Journal of the Institute of Psychotherapy & Counselling. Streeter is the only author in the current selection to introduce (and by implication justify) music therapy with reference to the historical discourse of the 'harmonia' (citing Pythagoras), building up the legitimacy of music as the expression and reflection of physical, cognitive, emotional and (reluctantly) spiritual realms. Streeter is explicit about her own theoretical position in music therapy:

There continues to be a debate amongst music therapists as to what constitutes a so-called 'psychodynamic' approach and how, if at all, verbal interventions are to be used. My training in, and subsequent practice of, psychodynamic counselling has taught me new ways of understanding and using words. (Streeter 1995: 1)

Within the overall argument about the place of psychodynamic theory in CMT Streeter sets the polarities of the debate as music/words - as a praxis-

based version of the more theoretical 'music as artform/therapy' polarity given by Brown and Pavlicevic. Using neither references nor specific musical examples Streeter presents her opinions on the debate and along with this her implicit criticism of other theoretical positions. The basic territory around which the argument circles is, however, identical to that presented by most of the 'third generation' texts of the present chapter: that is, a questioning of the nature of the 'musical content' in relation to 'therapeutic meanings' and the nature of the client-therapist relationship both inside and outside of the musical interaction:

The ways in which client and therapist negotiate between spoken and musical language and the content of that music in relation to what is said form two interlocking concepts.

(Streeter 1995: 3)

A final text (a chapter within a book of diverse music therapy approaches and topics) presents yet another perspective on this same argument: Kenneth Aigen's *An Aesthetic Foundation of Clinical Theory: an underlying basis of Creative Music Therapy* (1995) is a philosophical angle on the relationship between aesthetic and clinical processes in music therapy. Again, this is not 'hidden' theory' but the up-front presentation of a position, which Aigen summarises: 'Essential to this chapter... is the idea that aesthetic considerations are essential to clinical music therapy process' (1995: 235). He writes as a clinician-theorist, with the intention that philosophical argument might clarify clinical praxis, but his mode of representation is unusual in the music therapy literature - where philosophical discussion is rare. He takes his argument from the common currency of music therapy debate, and positions himself effectively in opposition to the main current of practitioners, to whom the concept of the *aesthetic* in music therapy is at

best an irrelevance, at worst an embarrassment. Aigen sets out to challenge this prejudice by reference to ideas outside of music therapy, in particular Dewey's concept of *aesthetic experience*. He then uses fundamental notions from Nordoff & Robbins' work to develop a thesis which integrates the idea of 'living in the music' with that of 'aesthetic experience' - developing, that is, a notion of a *clinical aesthetic* from which a music therapist can work:

Experience in this aesthetic realm is not peripheral to the therapy but is the therapy. It is only the degree to which clinical music progresses in aesthetic quality - a quality that reflects increasing degrees of personality integration - that it can be considered an indication of growth.
(Aigen 1995: 241)

Aesthetic considerations transform discharge into expression. Their manipulation provides the only possible rationale for music therapy treatment. Why else would we employ an artistic medium unless those factors that define it as such are integral in its application?
(Aigen 1995: 247)

Though seemingly different from the kind of theoretical expositions given by Lee, Aldridge and Streeter, there is nevertheless the same theoretical manoeuvre being made here by Aigen in trying to causally link aspects of the musical content of the therapy (in this case its aesthetic quality) with the therapeutic significance of it for the client. That is, Aigen (as with the other authors) attempts to bridge 'music therapists' gap'. Apart from the theoretical material Aigen provides a case example (though with very little musical detail) to illustrate his idea of 'aesthetic tension' and its clinical relevance.

Analytical Criteria and Analytical Situations

Whereas in Text 7 Pavlicevic includes no musical transcription and rarely refers directly to music, in contrast Lee's work (Texts 8 & 9) steps directly into the territory of analytical criteria and analytical situations, and it is these I shall concentrate on here.

Case Study: linking analytical criteria to analytical situations.

Given the approach Lee takes, we would expect him to come up against 'music therapist's dilemma' in a particularly acute way. In comparison to previous texts in this collection, Lee's writing needs particular examination from the perspective of 'analytical situations' and 'analytical criteria'. Take, for example the following passage from Text 9:

The improvisation illustrated, I felt, a clearer depiction of Francis' character. Coinciding with this clarity came a dramatic change of style that was both shocking and disturbing. He plunged into music that was tumultuous and violent, developing toward a peak of overwhelmingly powerful chords. I felt uncomfortable with what appeared to be this expression of chaos. After the climax his music became harmonically simpler, easing toward a passage that was melodically and pianistically simple. The improvisation closed with a coda that was quiet and evocative. Francis left the room in silence.

Reflecting on this improvisation, I felt his later expression of beauty and calm provided a balance with the bold opening. The depiction of opposites, which I have termed 'antithetical expression' could be seen as being crucial in allowing the contradictory sides of his personality to find expression. The distinction between the open nature of the semitone and the established major-key progressions was clear and balanced.

(Lee 1996: 54)

This kind of prose is a typical example of what Nattiez terms 'impressionistic' musical discourse. Clearly, however, there is a more complex agenda intended, with the text attempting to cover the following areas of representation:

- **Music as fact:** The musical 'surface', represented by 'musicological' description softened with 'impressionistic' characterisation. An analysis of the 'trace' aspect of the tripartition.
- **Music as representation of the 'subject':** the client becomes a 'virtual subject' within the musical trace. The music is taken to represent or reflect his internal psychological state. There is some cross-over between structural and interpreted elements (e.g. the concept of 'antithetical expression'). Overall this is therefore an 'esthesis' hermeneutic analysis of the material.
- **Music as emotional experience:** Lee often describes the music filtered through his personal reactions (which included his reaction to the client as 'person-in-music'). This is another esthetic reading of the music.

The remainder of the book continues this basic pattern, attempting to reconcile an increasingly complex musicological thesis (a structuralist-style examination of the cell-like construction of the musical material) with the attempt to causally link this to the supposed 'representations' of the client's psychological and existential states within the music. This leads Lee to the nub of 'music

following quotations illustrate the development of Lee's theory:

Each client's use of the cell/seed was unique to his own personal growth within the improvisation and music therapy process as a whole. What was common was the crucial nature of the cell/seed in transferring into musical expression aspects connected with living with a terminal illness ... The concept that a small group of notes provides the basis for a conscious and/or subconscious containment and/or global expression of therapeutic and musical meaning suggests that therapeutic improvisation can originate from a core which develops through various stages towards a complete unification of musical and therapeutic ideals.

(Lee 1996: 45)

The development of the quasi-analytic, quasi-metaphysical concept of the seed/cell in this work also derived from comments given by the client Francis (the focus of Text 9) who was a trained musician and, in common with the 'collaborative research' commitment of the project, informed Lee's theoretical elaborations. As Francis is quoted as saying: 'The cell...provides me with a structure in which I can focus my feelings, particularly when exploring issues of death and dying' (1996: 55).

David and Gudrun Aldridge's writing (Texts 11 & 12) also attempts to link concepts of music therapy with specific pathologies (dementia and breast cancer respectively). Like Lee, these also come up against dilemmas of how to reconcile musical and clinical perspectives.

In Text 11 *Music Therapy with the Elderly* Aldridge follows his review of the (mostly medical) literature on the pathology itself with the idea of there being a significant relationship between music and dementia (an area well documented). He then reviews the literature of

music therapy with the elderly, working around to the CMT approach and the presentation of a single case, a woman called Edith. As is customary in this approach, a detailed musical description is given of her playing, concentrating on what she could and could not do under the two categories 'rhythmic playing' and 'melodic playing'. Verbal description is complemented by a page of simple musical transcription of rhythmic examples. The therapist's music-therapeutic strategies for working with this client and her playing are then outlined, followed by sub-sections on the changes in the musical playing of the client and clinical changes achieved (some improvements in cognitive areas, motivation and lessening of depression).

Having covered these areas, Aldridge draws together their significance by outlining the use of music therapy as a sensitive tool for assessing people with dementia, claiming that jointly improvised music-making can make accessible to the therapist the perceptual and cognitive abilities of the patient as well as qualities of intention, creativity and relationship. Aldridge constructs tables correlating medical and musical criteria for assessing function and ability in Alzheimer's patients. He also gives attention to how music therapists build up their 'clinical picture' - how they construct their understanding of how people play music. Thus again we find this overall attempt to reconcile the two epistemologies; two clinical 'ways of knowing' which Aldridge promotes as both rigorous in their own ways, but complementary within clinical practice. The logic of the progressive reading of the musical 'text' is seen to conform to Aldridge's three-layer model¹⁷ of: 1. 'the musical experience itself'; 2. 'the neutral (musical) description'; 3. 'interpretation'. Thus, for example, an Alzheimer patient's playing at level 1 can be seen to show

¹⁷ Derived from Nattiez' 'analytical situations' Aldridge outlines this model in Aldridge (1996:165). See also earlier in this thesis, Chap. 6 page 221.

a loss of rhythmic precision at level 2, which in turn can be clinically interpreted as a sign of progressive deterioration at level 3. As Aldridge writes:

The benefit of this approach is that we can be clear about the material we are using as a basis for our description, and elucidate the stages of interpretation as they move away from the experience itself.
(Aldridge 1996: 209)

This approach indeed seems to work well with the example of the Alzheimer's patients and the logical links made between the medical and musical aspects. That there can be a problem in the approach, however, is perhaps indicated by the similar path taken in Text 12, Gudrun Aldridge's paper "*A Walk Through Paris*": *The development of melodic expression in music therapy with a breast-cancer patient*.

Case Study: problematic issues in analytical criteria and analytical situations - Text 12.

The logic of the argument in Text 12 is similar to that in Text 11 discussed above: a survey of the medical literature concerning the pathology and of the history of music therapy intervention with this pathology, followed by the isolation of one theme from this literature along with one musical component. In this case the author takes the idea that cancer patients are said to have a problem with emotional expression and links this to the thesis that melody in music is representative of emotional expression. Again the material is focused from the general to the specific with the aid of a single case study, and a detailed analytic section looks at the melodic playing of this patient (transcribed musical material being central here).

The problem with the argument in this paper (in comparison to Text 11, but similar to Texts 8 &

9) is that the 'gap' being bridged between the medical/psychological and the musical is less easy to present convincingly. Here the dyad melody/expressivity seems assumed rather than qualified, and hence the analysis of the musical material fails to live up to its promise. Aldridge asks 'What does it mean for this client to express herself through the nature of melody?', but in fact the chosen music-analytical method - of presenting the musical *structure* of the patient's melodic playing - does *not* show the 'nuances of her emotional expressivity' (1996: 25) but instead how her melody is constructed and developed. The analytical criteria which support the analysis are resolutely musicological (motif, melody, rhythmic-melodic motif, period, phrase....) and seem incapable of describing the phenomena the project aims to investigate, the melodic-*expressive* world. As with Colin Lee's work, this is another example of an interesting idea which has fallen down 'music therapist's gap', with the music-analytic criteria being unable to logically support the correlation being attempted between the musical and the non-musical realms.

In comparison, Robarts' chapter (Text 13) seems not so problematic in terms of 'music therapist's gap', and it may be worth examining why this might be so, as in many ways it takes the same form and approach to other texts examined so far.

Whilst the first part of this chapter makes theoretical connections between various disciplinary areas and music therapy, a second part of the paper presents a case study of Colin, a 3-year-old child with autism. Though there are no musical examples in the text an extensive sequential description of the sessions is

given as the musical narrative of the work, interleaved with separately-titled 'interpretations' sections which relate the clinical material to theoretical aspects. The impression of a good fit between the descriptive and interpretive sections perhaps has something to do with the way in which the basic theoretical stance ('dynamic form' and 'basic communication' theory) itself often uses musical metaphor. Its theory, that is, seems naturally compatible with the musical/phenomenological discourse of the music therapy descriptions. An example of this would be the description of the musical phenomenon of the 'anacrusis' and its clinical significance for Colin:

Using a melodic phrase on the up-beat (known in musical terminology as the 'anacrusis') as a preparatory, tension/attention-creating device, I then resolved the tension with a slight hesitation on an accented beat... Colin's attention was engaged and held by certain familiar aspects of the temporal-affective structure, and even more so when the resolution (or cadence) of the phrase was withheld, creating an increase of tension (and attention) that accompanies anticipation.
(Robarts 1996: 156)

In Text 14 Brown and Pavlicevic ended up describing and analysing the recordings of their own playing as part of the experiment they were undertaking into the relationship between musical and relational factors in CMT. An interesting spin-off of this was the problems of description they encountered when describing their material from this unusual perspective:

While acknowledging the element of denial or discomfort in hearing ourselves as clients, and all that this implies, the lack of vocabulary was a surprising revelation. As therapists, we have a verbal facility for describing what happens in music therapy. As clients, we found ourselves unusually inarticulate: describing the session, beyond recalling the highly personal experience of playing, was difficult.
(Brown & Pavlicevic 1997: 401)

In common with virtually all the other music therapy analyses the analytical situation was that of 'inductive poietics' - though once again the use of conventional music-analytic criteria seem not to satisfy the analytic needs of the project (there is no musical transcription in this paper). The basic theoretical polarity of either 'musical' or 'therapeutic' is kept as a basis for description and analysis of the clinical material: for *musical* aspects the criteria are 'tempo', 'rhythmic pattern', 'dynamic' and 'mood'; for *therapeutic* 'supporting/being supported', 'mutuality'. A network of metaphors (support, holding, containing, strength/weakness, resistance/defence) helps to articulate the descriptions.

To an extent Elaine Streeter's paper (Text 15) gets around the problem of analytical criteria in music therapy by explicitly using psychodynamic terminology: 'dynamic', 'dynamic relationship', 'musical countertransference', 'transference' and 'countertransference'. However, perhaps because the intended audience for this article is not music therapists, Streeter's approach to musical description is much simpler than previous authors' treatments. Here too the theoretical exposition narrows down to case material, but the 'neutral' level of the tripartition is unusually absent in the descriptions - the analytical criteria used being basically *non-musical*; describing, that is, largely the clients' ways of playing and not the structures and qualities of the musical material itself. There are terms like 'musical motif', 'new rhythm', 'the next idea', 'rhythmically independent' with much of the description in the following form: 'She starts a fast-moving section with little scale passages and jumpy, rhythmic melody...' (1995: 7). This generic and general musical description is supplemented by historical information and

psychological comment about the client, often attempting to link this with the musical presentation as an interpretation:

The last part confirmed my musical countertransference: I'd felt unable to keep up with her or meet her at her level and then had felt a failure and had wanted to withdraw. (Streeter 1995: 8)

In this way this text provides a direct contrast with other trends of writing in CMT (particularly Lee) in down-playing the attention given to musical detail, and emphasising the need for specifically therapeutic epistemologies of music therapy praxis.

Theoretical and Transcendent Principles, Analytic Plot

Though Pavlicevic (Text 7) is explicit in presenting the theoretical origins of her work, there is nevertheless still an 'underside' of this which can be read as the 'lurking philosophical project' of what purports to be a scientific enterprise. The concept of 'dynamic form' could be seen as a new player being put on the field of an ongoing game in the music therapy debate; namely, the search for a relationship between the music in music therapy as, on the one hand, immanent form and, on the other, of therapeutic (psychological) significance. One agenda that Pavlicevic has (and which she defends in the Conclusion to her chapter) is that the extant theorising of CMT is inadequate to defend its therapeutic value and efficacy. Her marshalling of theoretical and experimental support from parallel disciplines is primarily an attempt to legitimate clinical practice. But another implication of this project is indirectly to contribute to one of the most central 'philosophical' debates in the contemporary arena of CMT; namely, that music therapy is 'not just making music' but that it requires legitimation as 'therapy' on grounds other than those implicit in the act of making music together with clients.

Though the perspective is quite different, Lee's writing (Texts 8 & 9) also present several levels of possibly conflicting transcendent principles. This centres around the questionable success as bed fellows of musical structuralism along with the attempted positivist agenda of his quasi-scientific investigation. Take for example a statement such as this: "...behind the exterior aural layers of therapeutic improvisation lies a wealth of musical and therapeutic treasures to be harvested" (1995: 71). Here is a clear demonstration of how there are both positivist and non-positivist epistemologies at work simultaneously within these writings. By using 'structural analysis' as his main methodological tool for looking at the musical content of his work his whole argument becomes in turn part of the ongoing debate between the so-called 'old' and 'new' musicologists¹⁸ - where the truth-claims of structural analysis (based on the epistemology of Structuralism) are challenged by the contextual hermeneutics of the 'New Musicology'. The *a priori* assumption that Lee has of structural analysis discovering some 'truth' about the 'essence/reality' of the musical-therapeutic process leads to disquiet about the level of claims made. To be fair, Lee is explicit about his intentions as regards the investigation:

I tried to bridge the gap between art and science: art can be investigated 'scientifically', as indeed can behavioural responses to a therapeutic intervention.
(Lee 1996: 46)

The ideas that Lee develops from this basic perspective - for example the idea connecting the musical cell/seed to the client's expression of 'therapeutic and musical meaning' - emerge from underlying 'transcendent principles' of Lee's work, which are in turn representative of many of the key dilemmas of music therapy theory:

¹⁸ See Ansdell (1997): 'Musical Elaborations : What has the 'New Musicology' to say to music therapy?'

-
- The music analysis aspect is dominated by an 'organicist' vocabulary and epistemology (with roots in Schenker's model)¹⁹. The basic seed/cell concept suggests an organic or developmental unfolding of both the musical and therapeutic processes (which are seen to parallel each other), and can therefore be 'read' from the transcribed musical text in order to arrive at the 'essence' of the client's 'therapeutic expression'.
 - An 'expressionist' epistemology underlies the thinking of both therapist and client. This begins as an 'absolutist/expressionist' one²⁰, but then changes over at key points into a 'representationist/expressionist' one - where music is seen to represent non-musical aspects (emotions) and sometimes even non-affective ones (such as 'issues of death and dying').

Overall, these two texts by Lee bring up some fascinating questions regarding the academic treatment of music therapy material, with its joint musical and personal focus. Though at first seeming to be a music-analytic concept, the seed/cell idea can also be seen to function within the overall argument in interesting ways, carrying an almost metaphysical weight. It is, in many ways, designed to be no less than the link between the musical and the therapeutic - to bridge the infamous 'gap' inherent in 'music therapist's dilemma'. Rather like Descartes' suggestion that the pineal gland is the interface between the mind and body, so Lee's cell/seed can be seen to double as both a structural agent within the music as well as the symbolic container for expression and representation of the 'person-in-music'.

¹⁹ These themes will be elaborated in the Conclusion (Chapter 10).

²⁰ I use Meyer's categories here - see Nattiez (1990: 109).

The basic attempt to link the clinical and the musical is of course the central dilemma which all of the writers of these texts are struggling with. The texts by the Aldridges (Texts 10, 11 & 12) represent an important articulation of this theoretical dilemma in that they show the underlying 'transcendent principle' of this being an attempt to reconcile the scientific with the artistic, through the perennial theme of the Music/Healing tradition: that music and musical communication articulates human identity and its re-negotiation within creative dialogue. Fundamentally it is an expressionist doctrine fully grounded in the humanistic tradition of artistic, psychological and spiritual thinking.

With the Brown and Pavlicevic paper (Text 14) we would expect something of the 'transcendent principles' to be readily apparent, given a theoretical 'position' is the starting-point of its argument. However, at another level, this argument is perhaps already operating from a philosophical project which predetermines the binary separation between 'music' and 'therapy'. This fundamental 'lurking philosophical project' is never essentially contested in the paper, and as such suggests the argument is perhaps not as mobile as it may seem to claim, but is instead the exposition and not the investigation of an epistemological position within the current music therapy debate.

Similar comments could be made about Elaine Streeter's article (Text 15), where an ideological agenda is scarcely hidden: that is, the need to include psychodynamic thinking within music therapy praxis, and with this the implicit critique of 'purely musical' ways of working (characterised as based on 'catharsis'):

The ability to think in analytic terms and to use the transference relationship, particularly the musical

countertransference, helps the therapist move the client beyond cathartic expression towards integration.
(Streeter 1995: 11)

Aigen's chapter (Text 16) is itself modelled as a philosophical argument, and as such its transcendent principle is overt. It is, however, of relevance to the concerns of this chapter how an essentially philosophical argument such as Aigen's can show up the 'transcendent principles' of many other theoretical agendas within the music therapy debate. For example, one line of Aigen's comment critiques the traditional (and unchallenged) perception of the music/emotion relationship as essentially symbolic. 'It is clear', writes Aigen, 'that the traditional philosophic and psychoanalytic conception of music as a symbol of various inner processes is inadequate' (1995: 249). His explicit discussion of the validity of an 'aesthetic understanding' of music therapy also uncovers an underlying agenda of much of the debate in the profession.

PART 3: DISCUSSION

8.8 Investigating texts 'archaeologically'

The sociologist Lindsay Prior writes that the task of the researcher examining texts in qualitative research is:

...to investigate 'archaeologically', as Foucault might say, the innumerable accidents and myriad twists and turns of human practice that have brought the text to its present form. Qualitative research, in this context, then, is not so much a question of deciding what a given text or textual extract might mean to a thinking subject, as a matter of analysing the origins, nature and structure of the discursive themes by means of which the text has been produced.

(Prior 1997: 66)

From the considerable variety of material presented in this chapter, the present discussion will concentrate on aspects pertinent to all three of the data units in respect of a music therapy metalanguage²¹:

- 1 Do textual representations of music therapy differ from those in spontaneous speech?
- 2 What modes of representation do texts 'allow'?
- 3 What part does 'music therapist's dilemma' play in such texts?
- 4 What discourses are at work in the texts? How do they operate to construct representations of music therapy? What is the relationship between discourse and theory in the texts?
- 5 How do the texts function within the disciplinary arena of music therapy?

²¹ Further detailed discussion of some of these issues will be reserved for Chapter 10.

8.9 Textual representations of CMT

In terms of my model of the three 'foci' of talking about music therapy, texts take the 'long focus' and are potentially able to give a wider and more inclusive view of clinical and theoretical material. In comparison to the often glaring deficiencies of spontaneous speech in such a complex area, writing as a mode encourages both detailed examples and general statements, a sense of context and cross-reference to other sources. All of this can be seen in the 'lineage' of texts in this chapter, representing just one tradition of music therapy. The 'three generations' of texts in the Nordoff-Robbins tradition both construct and mirror the practical and theoretical elaborations of the approach over a period of thirty years. They trace an ongoing intellectual dialogue on many of the key issues. They function to present, defend, argue and legitimate practices and views about practices; to *con*-textualise the work and the ideas within the ever-widening disciplinary and professional arena of music therapy.

It is noticeable how consistently the themes established in the 'first generation' texts are conveyed through the subsequent generations - which re-work these themes within various clinical and disciplinary arenas (musicology, psychodynamic theory, medicine, particular pathologies). In a later chapter I will suggest this process to be one of 'abductive reasoning'²², which seems typical of how a music therapy metalanguage operates in these cases. In addition, I will also suggest (in section 3 below) how the consistency of 'transmission' of the original texts and practices of CMT is based on how these texts are framed by stable 'discourse themes' of music, therapy and music therapy.

²² For the time being I will define this as an alternative to the traditional inductive/deductive options. This theme will be discussed in more detail in Chapter 10.

8.10 Textual representations and 'music therapist's dilemma'

A primary consideration which the analysis of the texts has highlighted concerns what Nattiez called the 'analytic criteria' of critical commentary. What kind of 'objects' does a music therapy metalanguage bring into being? And, from this, are the current linguistic possibilities of description in a music therapy metalanguage (which attempt to describe such 'music therapy objects') adequate to support analyses from which further interpretations or theoretical conclusions are drawn? The answer to this, from the evidence of the texts in this chapter, must be 'no'. What is provided either by informal 'impressionistic' talk about music, or its 'laboratory' equivalent, musicological structuralism, is essentially unable to provide a vocabulary and 'grammar' adequate to support serious talk about music therapy. The texts of this chapter show repeatedly how different degrees of rigour within a fundamentally structural analysis of music based on traditional criteria of rhythm, melody and form fail to give adequate descriptions of *people-in-music*. A structural analysis of a melody, for example, does *not* provide a representation of melodic *expression*.

This issue leads all textual accounts of music therapy directly into 'music therapist's dilemma' - where there is an often awkward gap between analytic intention and results. At present it seems that it is on this methodological rock that most serious theoretical treatments of music therapy material founder (or at least seriously lose their moorings).

8.11 Discourses & 'discourse themes' In the texts

As Lindsay Prior wrote, qualitative research on texts primarily concerns not their various surface meanings, but an analysis of 'the origins, nature and structure of the discursive themes by means of which the text has been produced' (Prior 1997: 66). In this way, an analysis of the seeming consistency and stability of the texts in this chapter shows how they are essentially 'underwritten' (despite surface appearance) by what I will call 'discourse themes' which establish a fundamental epistemology of music therapy (within the CMT tradition at least) based on (i) the music/Man relationship overlapping with (ii) the music/therapy relationship.

As was argued in Chapter 4, a discourse is a linguistic construct which frames 'local' meanings of objects and processes, which in turn organise disciplinary areas. A discourse often takes the "X as Y" formula ('music as medicine' for example), and consists of various 'themes' which build up a larger understanding. In the texts of this chapter we find three overall 'discourse themes', supported by a variety of metaphors, theories and statements (Fig. 8-1):

Discourse Theme I *Music as experience*

- 1 Music as a 'world of experience'
- 2 Music as universal experience
- 3 Music as direct emotional (non-abstract) experience

Discourse Theme II *Music as sympathetic to the self*

- 4 Music as biological correlate
- 5 Music as direct emotional communication
- 6 Music as a 'portrait' of the psycho-physical self

Discourse Theme III: *Music as therapeutic tool*

- 7 Music as a tool to explore the self
- 8 Music as a tool to develop the self
- 9 Music as a tool to explore the representation of extra-musical issues

Fig. 8-1 'Discourse themes' in the *Text* data

All of these can be traced throughout the various texts, in different 'strengths' and combinations, and they function to underpin the representations of music therapy in those texts. Although these are, of course, perennial themes within the age-old construction of a relationship between music and healing (as outlined in the Chapter 1), they are nevertheless firmly anchored in the early Nordoff & Robbins material within this new context - the evolving art of 'therapy in music' in its twentieth century incarnation.

These themes are in turn counterpointed with other larger cultural and disciplinary discourses: those of music (aesthetic, formalist, expressionist, phenomenological); those of medicine, anthroposophy, psychology, therapy or education. This generates a mixed discourse, but one from which it is possible to tease out the strands, and to see what are the fundamental 'structural elements' which perhaps underpins a more general discourse of music therapy.

8.12 Texts and the disciplinary arena of music therapy

This discussion has shown how the music therapist writers of these texts are using (consciously or not) pre-established discourses to organise their representations of music therapy. These lend cohesion to the texts and to their common and cumulative construction of what music therapy is, what it does and how it can be accounted for. Discourse theory leads us to acknowledge how we often speak 'out' of discourses - out of prior constructions of the world - and how, as Bannister writes 'It is the discourses that "form the objects of which they speak" [Foucault], and not authors who speak through the text as if the text were a kind of transparent screen upon which the writer's intentions were displayed' (1994: 92). This takes us from the semiological aspect of *how* texts are constructed to the more anthropological one of *why* - the declared or veiled intentions of the texts and authors.

Here it is useful to see the texts in terms of Nattiez' concepts of 'plot' and 'transcendent principles'. Both of these suggest how underlying the overt surface detail of a text is often a 'covert philosophical project' led by an intellectual 'story-line' (not necessarily accessible to the author, as she or he may be writing out of an ideological tradition which itself 'carries' the project). As has been

regularly teased out within the analysis of the texts in this chapter, there is an ongoing intellectual dialogue happening within these writings - whether the agenda of this is consciously formulated by the participants or not. Indeed it is perhaps a characteristic of 'transcendent principles' that they are *not* necessarily formulated as such, but represent the action of larger cultural and intellectual forces.

For example, in the texts there are ongoing arguments pertaining to both praxis and theory issues, namely: What is CMT in terms of current understandings of music, therapy and the relationship between them? On a concrete level this presents itself as the ongoing problem of whether music is intrinsically therapeutic, or whether it needs 'therapy thinking' from externally-formulated disciplines to legitimate it as such. This in turn leads to debate as to the place of words (and non-musical logic) within the practice of CMT. But, at a deeper level, such arguments could be seen to represent 'transcendent principles' based on more abstract criteria: a clash between phenomenological and hermeneutic readings of the Man/music relationship; between materialist and non-materialist epistemologies of human experience; between structuralist and post-structuralist approaches to analysis of musical and non-musical material.

The texts (as too with the *commentary* and *talk* data) provide a disciplinary arena where such arguments can be played out. They 'act out' both a disciplinary and a professional drama - but one that is perhaps scripted in turn within much older texts than many perhaps realise.

PART IV : Summary & Discussion

Chapter 9 - Summary & Synthesis reviews the argument of Parts I-III, concentrating on how the main theme of 'music therapist's dilemma' was reflected in each of the data units.

Chapter 10 - Conclusion: Music Therapy as Discourse and Discipline is a substantial chapter which begins by discussing 'music therapist's dilemma' in the light of the data analysis and of the critical-reflexive turn in music therapy research. A model is proposed of the 'dilemma' involving the interaction of two problematic processes of *representing* and *theorising* music therapy, with an analysis of each of these aspects given. A concept of music therapy as discourse and discipline is proposed, and the chapter then evaluates the 'trustworthiness' of the findings, and whether these conclusions can be transferred to the general community of music therapy.

An **Epilogue** suggest there are positive sides to the 'dilemma'...

Chapter 9

Summary and Synthesis

9.1 Introduction

The first section of this chapter reviews the idea of 'music therapist's dilemma' and my argument this far, whilst the second section summarises and synthesises the data analysis. This prepares for Chapter 10, in which I ask the overall question of what a 'discourse of music therapy' might be (and whether this is possible) by examining the larger issues which emerge from bringing together the theoretical perspectives of Parts I & II with the 'evidence' of the data units in Part III of this thesis.

PART 1

9.2 Revisiting '*music therapist's dilemma*'

At the beginning of this study I characterised 'music therapist's dilemma' as the now widely recognised problem of having to talk about music therapy. More specifically, it concerned the problem of using verbal forms to represent music-therapeutic processes. Named after 'Seeger's Dilemma' in musicology, it was suggested that the age-old problem of talking about music has found a new host in music therapy, in particular within the so-called 'music-centred' models where the detail of music-making is considered important to the therapeutic process.

Historical perspectives on the perennial music-healing theme show a constant tension between theory and praxis - often resulting in music-healing practices being re-described within 'foreign' theoretical discourses (be these magical, scientific or psychological). Within the various forms which comprise the pre-history of contemporary 'music therapy' we can see an alternation between those presenting themselves largely as a theory in search of a praxis or, alternatively, as a praxis in search of a theory.

This historical perspective is relevant to any discussion of the 20th century incarnation of music therapy (and its rapid international development), which has emerged, I would argue, largely as a praxis in search of a theory. As such it has inherited the established problems of the music-healing tradition in linking theory with praxis and in developing appropriate ways of talking about its clinical work. Contemporary developments of music therapy as a discipline and profession have further necessitated the establishment of a metalanguage of music therapy, and in doing so ensured that practitioners, teachers and researchers have often become ensnared in 'music therapist's dilemma.'

The literature of contemporary music therapy emphasises the problems of 'talking about' music therapy as a major theme. Kenny's comment can stand as representative:

For years now, when I have asked music therapists... what they feel they need to support their work, their reply boils down to 'a new language to describe our experience'. (Kenny 1989: 23)

Thirty years of music therapy literature shows a clear development in regard to this 'language problem'. Whilst the earlier generation of music therapists saw it largely as a praxis issue, concerning the limitations of words to describe musical experience, recent writing

(notably by Ruud, Aldridge, Pavlicevic and myself) has begun to examine music therapy from a metatheoretical or reflexive angle - taking problems of language to be symptomatic of broader philosophical issues. These writers are interested in how praxis and theory relate, and how language mediates this relationship when music therapists 'talk about' their work.

The argument so far suggests two approaches to 'music therapist's dilemma' - with contrasting (though perhaps not incompatible) 'explanations'. The first implies that 'music therapist's dilemma' is fundamentally a dilemma of *representation*, revolving around analytic nomenclature. As such the solution is to develop an 'expanded' musical metalanguage appropriate to music therapy, an essentially technical matter of a descriptive vocabulary - as exists, for example, for the structural analysis of classical music, or (in linguistics) for language. The second approach to the 'language problem' sees instead the 'dilemma' to be one of *discourse* : indicating a whole system of thinking in and through language about music therapy (and implicating all the theoretical issues that the concept of 'discourse' entails). Questions of vocabulary are, in this view, but one part of how language as discourse is not just 'talking about' but 'thinking about *in language*' music or music therapy - and as such is part of a larger complex of theoretical, cultural and ideological issues.

Chapter 2 investigated how these two 'explanations' of 'music therapist's dilemma' are reflected in mainstream contemporary thinking about music. At one level the roots of 'music therapist's dilemma' clearly lie in 'Seeger's dilemma' and in the Romantic tradition which constructed a basic antipathy between music and words. Seeger reformulates this in his useful delineation of 'music knowledge' and 'speech knowledge', declaring that speech knowledge of music

was 'ontologically imprecise' as it distorted what happens in music process and experience (which we 'know' wordlessly, as it were). This led to his memorable statement that 'gaps in our speech thinking about music may be suspected of being areas of music thinking' (1977: 48). However, at the same time as considering the 'gap' between music and words to be somehow 'natural', Seeger nevertheless saw musicology as a quasi-scientific enterprise which he hoped would develop a descriptive musical metalanguage equal in usefulness to that of modern linguistics - and therefore bridge the 'gap'.

Likewise, music therapists might simply interpret 'music therapist's dilemma' as the absence of an adequate descriptive vocabulary to represent the kind of 'objects' they want to describe in music therapy praxis. This way of thinking is consistent with traditional Western concepts of music as an autonomous 'imaginary object' (in Nicholas Cook's phrase), meaning something in and of itself - from whence comes the main analytic (structuralist) question: 'How does music work?'. In contrast, recent thinking about music in several different sub-disciplines (the so-called 'New Musicology' and its cousins - ethnomusicology, sociology of music, music psychology) has repositioned the music/language issue within a broader (postmodern) intellectual context. As it became clear that many non-classical forms of music simply fell through the traditional analytic sieve, the question asked has shifted from the exclusive 'How does music work?' also to 'How does music mean?' - re-focusing interest on music as a complex social signifying practice which involves both words *and* 'humanly organised sound'.

Consequently, these contemporary approaches to studying music give as much attention to the words and thoughts which *surround* music as they do to the music itself as an autonomous structure. Nicholas Cook states

that 'words function as music's midwife' (1998: 125), and this image suggests that talk about music is not seen to be a nuisance, but as part of the social dialogue by which music becomes meaningful. Such meaning is by nature contextual and is built up by the discourses which surround it - musical practices are surrounded by 'discursive practices' which are in themselves constructive agents of musical experience. Such is the so-called 'constructionist' theory of music.

This contemporary stance of thinking about music clearly has implications for how 'talk about' music therapy is understood. A 'constructionist' understanding would suggest that 'music therapist's dilemma' concerns not only attempts to *represent* the 'objects' of music therapy, but how an evolving discourse of music therapy naturally 'surrounds' practices, and actively *constructs* music therapy as a praxis, discipline and profession.

Much of this new thinking about music has its origins in 'critical theory'- which also informs the qualitative and reflexive trends of some current music therapy research. Chapter 4 traced back the origins and implications of this thinking as based in a new attitude to language itself - one which is synthesised in the concept of *discourse*. This suggests that language is not transparent, and its function is not primarily to depict the world, but to actively construct representations of that world. Language is a tool we use, and as Foucault wrote, discourses are therefore 'practices which form the objects of which they speak' (1979: 49). This concept was elaborated in the various theories examined in Chapter 4 (discourse theory, social constructionism, musical semiology), all of which can be seen under the general umbrella of 'critical theory' - the tenets of which influenced the main methodological angle of my research.

Influenced by this overall perspective my aim in this study was to take a 'critical perspective' on the three types of 'talk about' music therapy I chose to examine. Rather than accept 'un-critically' their 'talk about' music therapy as representing things as they 'naturally' are, the analyses aimed to probe how and why music therapists use language in certain ways. In particular it gave attention to how their verbal accounts cope with the contradictions and complexities of music therapy material. On a larger scale attention was given to a second important theme of 'critical theory'; how 'ideology' works within discourse. This concerns how the texts constructed certain larger narratives as theoretical positions where 'beliefs are held as values' (where versions of events are presented as 'the facts'). Given 'critical theory' is at root a political theory of how power and knowledge are reproduced in society through 'discursive practices', any analysis of a discourse of music therapy must needs involve seeing how its practices can be 'disciplined' by its discourse, and how music therapy as a *discipline* constructs and regulates its 'body of knowledge'¹.

Part II presented a semiological model of music therapy as a cumulative structure of praxis, discourse and critical investigation (that is, people do it, talk about it, and research it). This was based on concepts from Nattiez' 'musical semiology', which usefully combines a 'discourse perspective' on the relationship between music and its analysis within a more general cultural understanding of music. What emerged from this rather abstract modelling of the music therapy situation was a sense in which it was both similar to the practices of mainstream musical culture (where there are music-makers, -takers, and analysts), whilst at the same time having some crucial differences. These differences could

¹ Chapter 10 will examine these issues in some detail.

be significant to any analysis of 'music therapist's dilemma'.

Nattiez' useful concept of the *tripartition* was applied to the music therapy situation, and informed much of the subsequent analysis of this study. The tripartition shows that each of the levels of what constituted music therapy- doing it, talking about it, investigating it - were likewise built upon similar processes of producing, preserving and interpreting symbolic forms (*poiesis*, *trace* and *esthesis* in his terms - each forming a 'site' of symbolic activity). This structural model helps to make more explicit the complex relationships between the levels in the music therapy situation; showing how, for example, discourse has both varying objects of attention and varying functions in relation to the 'sites' of the praxis level. The tripartition was, however, used only as one map of the territory of music therapy discourse - not as a grid to fit the data onto.

PART 2

9.3 ***Commentary, Talk, Text: a summary and synthesis of the analysis of the data units***

Part III presented three different occasions when music therapists (trained in one 'school' of music therapy - the Nordoff-Robbins/Creative Music Therapy approach) were 'talking about' music therapy at different levels of formality and with subtly different purposes. Overall it could be said that this simply demonstrated that (as with people talking about music in general) there is a pragmatic level at which people always manage to say *something*; where they gloss over difficulties and contradictions by 'stretching' language or simply by omitting talk about certain areas. At the same time, analysis of these three different attempts to 'talk about' music therapy revealed the (perhaps essential) problems of using verbal forms to talk about music-therapeutic processes. The three occasions were designed to show talk at different 'focuses' ('close', 'medium' and 'long') in relation to the basic praxis of music therapy - making music together.

At the 'close focus' level (the 'Commentary' data) where attention was nearest to the musical material itself, it can be seen that there is indeed a problem of metalanguage as *representation*, which is very much in the same territory as Seeger's original dilemma. However, the other two sets of data (which take a 'medium' and 'long' focus on music therapy - as more general *Talk* and written *Text*) take the issue of 'music therapist's dilemma' beyond that of representation. There is more to such talk than simply describing music-therapeutic 'objects' and processes. *Talk* and *Text* show the tentative negotiation of a *discourse* of music therapy. Though arguably this was a 'sub-discourse' representing just one 'school' I will argue that there are many aspects

of this which generalise to any 'music-centred' approach to music therapy. The discourse attempts to link practices and theory, to contextualise, dispute and develop the 'territory' in which practices and ideas work. What we see in this data is 'talk about' music therapy as a *discursive practice* working to construct and 'position' music therapy as a contemporary praxis, discipline and profession.

To summarise the findings of each of the data units in turn:

Summary of Data Unit 1: *Commentary* (Chapter 6)

The 'listening and description tests' aimed to simulate an aspect of 'music therapist's dilemma' close to the *praxis* of music therapy; where therapists 'talk about' the content of clinical work at a 'close focus' to the musical material. The tests showed how the therapists attempted to talk about the excerpts they heard both as a musical *structure* and as a 'trace' of a complex music-therapeutic *process*. Comment thus immediately went beyond the usual limits of conventional talk about music. Looking at the commentary process in terms of the 'tripartition' showed talk focusing simultaneously on the 'trace' site and on the *poietics* of the music-therapeutic process.

My analysis of this data suggested a model of three interacting levels of comment, each with a different intentional object of perception, and accompanied by a different mode of verbal comment: *Level 1* where music is described as a structure; *Level 2* where 'people-in-music' are identified and characterised; *Level 3* where accounts and interpretations are given about the 'therapy-in-music' that is inferred to be taking place. These three levels involve changing language forms: from the relatively conventional musicological

terminology of Level 1 through to the increasingly idiosyncratic formulations of Levels 2 & 3.

What the listeners seemed to be doing overall was to construct a narrative *plot* of what they heard - the 'characters' of this plot being the two (or more) players and 'music' itself. They attempted then to comment on the 'drama' of the dynamic interaction of these three 'characters'. The plot forms the bridge between describing the music as an object and placing the musical-interactive events within a 'context of meaning' which accounted for or interpreted the larger significance of such events (the latter involving a more or less idiosyncratic 'theory' deriving either specifically from Creative Music Therapy or from more general music therapy concepts).

Part of the problem of 'music therapist's dilemma' at all levels of comment is the imposition of a subject-object grammar on essentially dynamic processes of musical-personal interaction - 'speech knowledge' of music being, as Seeger stated, 'ontologically imprecise'. Listeners coped with this partly by using metaphorical and figurative language, as they do when describing music in general. Two fundamental aspects of 'music therapist's dilemma' emerged from the Commentary data which are pertinent to an overall perspective on 'talk about' music therapy (these will be discussed further in the conclusion - Chapter 10):

- 1 The 'analytic criteria' of music therapy (the fit between 'objects' of attention and available terminology) seems inadequate to support comment at a 'close focus'.
- 2 The logical 'fit' between descriptive and interpretive ('theoretical') levels of comment often seems problematic and ambiguous.

Summary of Data Unit 2: *Talk* (Chapter 7)

The second data unit ('medium focus') studied transcripts of a series of discussion groups during which Nordoff-Robbins music therapists talked about praxis and theoretical issues. The analysis of the material followed a discourse analytic perspective, focusing as much on the function of the talk as on its content.

It was notable that there was little mention of specific musical material at the 'close focus' level in the discussion groups, so one aspect of 'music therapist's dilemma' did not come much into play. The tripartitional focus of the talk moved from the 'trace' to the ('poietic') processes of doing music therapy and the ('esthesis') processes of interpreting it within certain contexts - concretely within work-places and with certain client-groups, and more abstractly within various theoretical 'frames'. The result of this was that, in contrast to the 'commentary' data, the talk in the groups was more concerned with music therapy as a discipline and profession and less with the musical details of practice.

The analysis looked mainly at the two questions: *What* is the talk about? and, *How* does it function actively to do certain things? In terms of the first question, it is clear that the talk is equally a sharing of clinical experience about clients and work-places, and a debate of personal convictions as to how 'theoretical' versions of music therapy frame such praxis. There was a lot of concern over definitions, and in general over the 'language problem' of music therapy (in its widest sense). Consistent with this, although the vocabulary used to describe work or theory is surprisingly free of jargon, it is often idiosyncratic and seems to lack specificity (speakers express their frustration at this - or their lack of understanding of others). There was a sense in which discussions seem to lack a 'normative discourse' in which to fully share experience and ideas - a surprising fact

given that the Nordoff-Robbins approach is often seen to be especially cohesive at this level. Very few references were made to other thinkers (even the founders of the approach).

A possible explanation for these observations is that rather than representing given formulations, the talk is actively *constructing* such realities. The 'domain analysis' suggested how the talk was functioning to map out a 'geography' of contemporary practice and thought about music therapy (much of which involved recent developments): linking concrete aspects (practices, contexts) with abstract theoretical themes. Basic concepts were often challenged in the debates - what <music>, <therapy> or <music therapy> 'were' - and new relationships on the 'map' were proposed. In this way talk 'maps out' a possible territory of music therapy, its possible domains and the relationships between these domains. The discourse of music therapy at this level is not then a talk about an already existing map, but an active process of *mapping-out* the territory.

Equally, the talk can be seen at a more individual level as 'discursive practices' by a set of individuals within a group who share enough agreement to disagree. Talk serves to define, contest, dispute and delimit the disciplinary and professional space of the map. People 'put on the table' their personal experience, interpretation of events and theoretical frames (however informal these may be) - achieving at once personal, ideological and disciplinary gains.

The ideological level is clear in how speakers bring practical experience along with 'beliefs held as values' - as 'framings' of their work. The element of dispute could be seen as a case of Billig's 'ideological dilemmas' at work. For example, the issue of how to manage (and how to *value*) verbal material within music therapy sessions took on a seemingly bi-polar quality - perhaps

standing for theoretical and ideological disagreements which are part of larger historical and intellectual disputes - within and without Nordoff-Robbins music therapy, and the profession overall (a fact further explored in the 'Text' analyses). The debate on this issue - which involved case examples and a variety of arguments - provided a focus for the processes of definition and contestations of meaning which could be seen to be developing both the discourse of Creative Music Therapy and, more generally, the whole culture of music therapy.

Summary of Data Unit 3: *Text* (Chapter 8)

The third data unit examined a series of written texts about Creative Music Therapy, published over a period of thirty years. These represent a 'long focus' of 'talk about' music therapy, in that they can place detailed treatment of clinical material within wider contexts of discussion and reference. What I characterised as three 'generations' of texts (forming somewhat of a 'lineage') were examined in a similar way to the other data - using semiological and discourse-analytic perspectives to show both what the texts were concerned with, and how language is used (and the problems of such language use).

'Music therapist's dilemma' can be seen as a constant throughout the three 'generations' of texts - whether this is simply posed as a problem of talking about the work, or as the more specific ('methodological') problem of linking the music to the therapy within sometimes elaborate analytic accounts. The texts could be seen in one way as valiant efforts to reconcile the musical-empirical practice of Creative Music Therapy with a theoretical perspective which accounts for its process and effects.

The first generation of texts (written by Nordoff and Robbins themselves) presents the work directly through 'clinical stories', showing a strain in language when attempting to represent and account for joint musical and behavioural events. Terminology is either musicological or idiosyncratic, and perhaps related to this is a notable absence of 'poietic space' to the texts - minimum theoretical background being given, nor acknowledged allegiance to other therapy systems. Closer reading (including the later research by Aigen) suggests a tacit knowledge and value system working 'beneath' these texts, organised in language by a series of 'discourse themes' which lend coherence to the seemingly untheoretical narratives: (i) Music as experience; (ii) Music as sympathetic to the self; (iii) Music as therapeutic tool. These are what Nattiez calls 'transcendent principles' which will inform discursive formations and guide analysis of material. The origins of these themes can be traced (and are subsequently written about) to prior influences on Nordoff and Robbins - anthroposophy, phenomenological thinking about music and humanistic psychology.

The subsequent two generations of texts remain essentially faithful to these fundamental themes, elaborating them within different clinical or theoretical contexts. The 'second generation' of texts are Clive Robbins' further writings on Creative Music Therapy which, whilst still trying to give priority to descriptive presentation of the clinical work, do show a more explicit attempt to outline a 'practical philosophy' to contextualise this within the now- developed arena of the music therapy profession.

The 'third generation' of texts shows some significant changes, with new agendas for writing (research being the most notable of these). Some writers attempt to articulate Creative Music Therapy with new

client-groups (adult mental health, chronic illness, HIV/AIDS, palliative care). Others are 're-positioning' the praxis and principles of Creative Music Therapy within other theoretical and disciplinary contexts (infant interaction studies in psychology, analytic musicology, medicine, psychodynamic theory). Partly these cross-disciplinary 're-framings' of Creative Music Therapy are no more than re-formulations of the basic 'discourse themes'; partly they are attempts to get beyond the perceived impasse of reconciling musical and therapeutic elements in verbal accounts.

The close analyses I made of some of these texts examined some of the difficulties of these theoretical and discursive alliances. For example, how Colin Lee's use of musicological structuralist analytic principles on a transcription of music therapy material along with hermeneutic (psychological) reading seems to lead directly into 'music therapist's gap' - where analysis is incapable of supporting its 'explanatory' promise. A similar problem was seen in Gudrun Aldridge's work, where again the music-analytic criteria (the relationship between the objects of attention and the available analytic terminology) were unable to support the correlation being attempted between the musical (melody) and the non-musical (personal expression) realms.

Looking at the texts overall, two inter-relating perspectives are possible, as with the other forms of 'talk about' music therapy. On the one hand, the texts can be seen as relatively straight-forward attempts to represent Creative Music Therapy practices and ideas, coming up against the seemingly inherent issues of 'music therapist's dilemma'. Equally they can be seen from a wider discourse perspective as doing active 'cultural work'- agents of individual, social and ideological

processes within the larger disciplinary and professional arena of music therapy

In terms of the first situation, the texts show no basic change from the previous forms of 'talk about' music therapy in the inadequacy of 'purely musical' vocabulary for description and analysis of music therapy material. Use of either impressionistic characterisation of music or the 'analytic criteria' of musicology lead to 'music therapist's gap' - where forms of representation and analysis based on structural and static criteria fail to represent music therapy phenomena ('people-in-music' and 'therapy-in-music') as expressive interactive *processes*. If anything, the detailed work of many of these texts further shows up the problems which are perhaps evaded in spontaneous speech.

Another process is happening in these texts however - moving from the semiological question of how the texts are constructed to the more anthropological *Why?* we can see an ongoing intellectual dialogue happen through and between these texts. This is not always a conscious one, and often represents the action of larger cultural forces, but nevertheless the 'discursive practices' taking place in these texts are working to present, defend, argue and legitimate practices and theories about practice. Moreover, the seemingly 'small-pond' disputes and claims to truth find their origin in 'transcendent principles' which in turn represent more essential ideological and philosophical levels.

9.4 Conclusion

Both the review of what other music therapists have written about the 'language problem' and the examination of the data suggest that 'music therapist's dilemma' is indeed a genuine problem for the contemporary music therapist working within a music-centred approach such as Nordoff-Robbins Music Therapy.

Whether music therapists would agree as to the exact nature of 'music therapist's dilemma', and what its solution might be, is another matter. My survey suggests that the formulation of the 'language problem' has been subtly different at the different stages of music therapy's development. The simplest version would be that a 'purely musical' metalanguage is not enough to talk about music therapy. Usually a plea for a specific 'music therapy language' is made - though this is seldom accompanied by any detailed thought about how such a new metalanguage would relate to musical language or to theoretical formulations (from music therapy or from allied disciplines). It is perhaps not too simplistic to say that the nub of the matter is just how to formulate a mixed discourse for a mixed discipline - in order to represent and account for the subtle inter-relationship between musical and therapeutic processes. So is it just a matter of time before a suitable metalanguage evolves - one which will provide a unified discourse for music therapy?

The 'critical' and discourse theory perspective of my study problematises any too simple a formulation of 'music therapist's dilemma'. For, as such theory suggests, and, as I believe, the data analyses demonstrate, more is happening in our 'talk about' music therapy than simply the transparent representation of given phenomena. It suggests instead that 'talk about' is inseparable from

'thinking about' music therapy - 'discursive practices' which construct and 'frame' events in complex ways.

The concluding chapter of this study will examine in more detail what I take to be the central area of interest to have emerged from this synthesis of the initial research questions, previous thinking about this area and the conclusions from the data analysis: to what extent is 'music therapist's dilemma' one of *representation*, and to what extent is it a dilemma of *theory*? Any conclusions about the status or possibilities of music therapy as a *discourse* - and the relationship of such a discourse to music therapy as a *discipline* rest upon such questions.

Chapter 10

Conclusion: Music Therapy as Discourse and Discipline

I want to underline the importance of establishing some way of talking about and discussing music therapy as a profession, as a field of theory and practice, or as a kind of metadiscourse. This metadiscourse, or rather metacritique, should hopefully enable us to maintain a rational dialogue concerning our way of thinking about ourselves.
(Ruud 1998: 6)

10.1 Introduction

This concluding chapter attempts to put my reading of the 'Commentary', 'Talk' and 'Text' data within the wider perspective of contemporary debates in music therapy concerning language, theory and discourse, and to suggest angles of thought which might help the further exploration of this complex area.

This chapter is divided into six sections: **Part 1 : The Critical-Reflexive Turn - from language to discourse; from theory to metatheory** revisits 'music therapist's dilemma' as the main research focus of the study and suggests a model of 'discoursing' on music therapy, based on the two operations of *representing* and *therorising* . Each of these is seen, however, to involve certain key dilemmas (which impact on any music-centred music therapy). These are outlined in **Part 2 : Dilemmas of Representing music therapy** and in **Part 3: Dilemmas of Theorising music therapy** - where interpretations of the data are juxtaposed with current thinking in the music therapy literature. **Part 4 : The View from Metatheory**

proposes how the dilemmas of representing and theorising music therapy can be 're-framed' from a meta-theoretical or critical perspective. **Part 5 : Discourse and Discipline** presents the implications of this 're-framing'. **Part 6 : Assessing Trustworthiness and Identifying Future Directions** does just that!

PART 1: THE 'CRITICAL-REFLEXIVE TURN'

From language to discourse; from theory to metatheory

10.2 The significance of 'music therapist's dilemma'

My study suggests that what I characterise as 'music therapist's dilemma' originates in an essentially problematic relationship between music and verbal language - and as such is probably common to any 'music-centred' approach to music therapy. Though presented as a 'language problem' this dilemma (which has been apparent during much of music therapy's development) has nevertheless been seen to have important implications for the profession's development. As Carolyn Kenny (1989: 24) reports, her informal survey amongst music therapy practitioners found that the search for a 'new language' was seen as the most important way the profession could be supported.

Many music therapists have commented on this need, and recently several writers have used the term 'discourse' when discussing the 'language problem'. David Aldridge appeals for arts therapists to search for a language of artistic process "...such that we can maintain a unified discourse about what we do" (1996: 17), and Leslie Bunt writes about it being time to "...discover a methodological framework from within the discipline of

music therapy", linking this to the idea of a "discourse of music therapy" (1997: 264). On the other hand, Mercedes Pavlicevic hopes that her recent book "...contributes to a less certain discourse, a less exact meaning, and to more musings" (1997: 185).

Do these music therapy writers want the same thing, and do they all mean the same by the word 'discourse'? All are clearly concerned with 'talking about' music therapy (mostly intra-professional talk), but it is not certain whether their use of the term 'discourse' implies more definition or less. It is common that discussion of the dilemma of talking about music therapy is implicitly related to the dilemma of theorising about it. This brings us back to characterisation of music therapy I gave in the Introduction: of the 20th Century incarnation of music therapy being part of a perennial music-healing tradition which has variously presented itself throughout history either as a praxis in search of a theory or a theory in search of a praxis. The ambivalence of this pattern has found its way into the contemporary discipline of music therapy, where it could be argued that there is also an essentially uncomfortable relationship between praxis, theory and language.

It is, however, characteristic of the stage of development which music therapy has now reached, that therapists are showing more concern with epistemological and theoretical questions, and the impact of these on praxis, theory and research initiatives. This can be seen as a general consequence of how music therapy has become involved in the 'paradigm shift' to a qualitative perspective on research and theory (as outlined in Chapter 3). The concerns with language and meaning within social contexts inherent in this paradigm have directed some music therapists towards perspectives developed in the humanities - which are in turn closely associated with qualitative styles of data analysis. The

traditions of 'reflexive' or 'critical' theory outlined in Chapter 4 have recently influenced music therapy theorists in their examination of aspects of the discipline. Importantly, these methodologies have been able to 're-frame' the dilemmas of language and theory which my study has highlighted. Even Ruud has been central in articulating this perspective, and in the quotation I use for the epigraph to this chapter he appeals for the establishment of:

..some way of talking about and discussing music therapy as a profession, as a field of theory and practice, or as a kind of metadiscourse. This metadiscourse, or rather metacritique, should hopefully enable us to maintain a rational dialogue concerning our way of thinking about ourselves.
(Ruud 1998: 6)

The aim of a 'critical approach' is not to 'de-construct' music therapy in order to undermine it, but to establish a rational dialogue (as a 'meta-discourse') about its problems of language and theory. The varied methodology of my study (semiology, discourse analysis, critical theory) has examined the Nordoff-Robbins approach in the light of these ideas. The remainder of this chapter will suggest some of the ideas that have come out of this 'critical study' in relation to the central concerns of 'music therapist's dilemma'. The next two sections begin by 're-framing' the dilemmas of language and theory from the perspective of discourse and metatheory.

10.3 *Discoursing* on music therapy

If someone writes now about 'the *discourse* of music therapy', the term 'discourse' may simply be a synonym for 'language' - and refer to any verbal statements about it (I will call this the 'weak definition' of discourse). This in turn begs the questions of what exactly therapists mean when they talk of a 'new language' for music therapy, and how they conceptualise this? Is their expectation that

some *Esperanto*-style hybrid language will emerge? Use of the 'weak definition' of discourse also suggests that a discipline can be identified by its particular forms of language (and language use). Hence medicine, sociology or psychoanalysis are recognisable as disciplines by their discourses as well as their practices. However, if we consider statements made about music therapy from this angle it might be arguable whether they add up to a recognisable (let alone a cohesive) 'discourse'.

There is, however, another way of using the concept of 'discourse' to examine music therapy from a critical perspective (what I will call the 'strong definition'). This view of discourse (outlined earlier in Chapter 4) suggests a radical way of understanding any form of talk or representation. Fundamentally we could state (after Foucault) that discourses are "...practices which form the objects of which they speak" (1972: 49). This is radical in two ways: firstly, it suggests that discourse is something *active* (it is a practice, hence the formulation 'discursive practices'), and secondly that discourse does not simply duplicate aspects of the world, but *constructs* things in speaking about them. Discourses as it were 'lurk' in speech, texts, images - the most radical version of discourse theory suggesting that rather than us speaking discourses we are spoken by them (as current cultural worldviews).

This understanding has significant implications for a discussion of 'music therapist's dilemma'. It suggests on one level that the 'dilemma' is unlikely to be resolved by simply finding an 'appropriate language of description' - if, that is, language is understood only as a way of representing an already-existing neat world of music-therapeutic objects and processes. If instead we consider language as discourse to be rather a constructive *activity* then talking about music therapy is a process of *thinking about music therapy in language* - and consequently 'music

therapist's dilemma' is one of *discoursing about music therapy*.

This view prevents any simple formulation of the relationship between music therapy practices and the 'discursive practices' which are intertwined with them. Whether the fundamental dilemma of talking about music therapy is characterised as a 'discourse of music therapy' (suggesting the possibility of a unified system) or 'discourse *on* music therapy' (suggesting 'talking about' it in general) - fundamental questions lead from this perspective concerning the relationship between the basic musical level of praxis through to the metalinguistic levels which comment on this praxis in another symbolic medium (words); and subsequent to this the relationship of metalanguage to theory.

A discourse perspective on the data of this study has suggested that rather than looking for a static discourse of music therapy, the process of talking about music therapy is better seen as a process of *discoursing* (discourse as a process rather than a product). My discussion in this chapter will consequently emphasise the 'discursive practices' of music therapists instead of trying to locate and define any monolithic 'discourse of music therapy'. This squares with the data, where I studied music therapists in the *discursive activity* of commenting directly on clinical material, talking generally or writing texts. All of these showed the therapists actively representing and theorising material in such a way that it is recognisable as 'talking about music therapy'. But the fact that such talk seems at one level innately problematic suggests that *any* metalanguage of music therapy meets similar problems, whether the medium is talk or text; whether the style is informal or formal. The model of 'discoursing on music therapy' presented in the next section attempts to define this situation more specifically.

10.4 A model of '*discoursing* on music therapy'

I want to suggest a model where 'discoursing on music therapy' can be seen as a linguistic 'frame' containing two essential interacting 'activities of language' - *representing* and *theorising*. Thus talking about music therapy involves firstly *representing-in-language* the objects, events, interactions and processes that come within the 'frame' we currently understand (in whatever complex ways) as <music therapy>. Representation in turn allows the process of *theorising-in-language* - as a more or less coherent set of statements which relate, contextualise, explain, dispute and give meaning to certain identified and describable phenomena and their interactions. However, such a discourse¹ is nevertheless still a 'dilemma' because both the processes of representing and theorising music therapy entail essential problems - which are evident both in the extant music therapy literature and in the data of this study. I will go on to examine some of these.

The model was suggested by a clear and useful diagram in Mercedes Pavlicevic's book *Music Therapy in Context* in the section 'Music Therapists Speak: Choosing a Discourse' (1997: 14) where the relationship between description and theory is debated. Pavlicevic explains her model as follows (see Fig.10-1):

Words...can move along a spectrum from being rigorous and systematic, close to music therapy practice, to being weak and distant from practice. Each of these four polarities, when taken as an entity is unsatisfactory and potentially hermetically sealed. Thus graphic descriptions (d) - such as, client played this and therapist did that and then client did this and then that, etc) may leave the audience wondering what 'doing this and that' means, especially when the description is weak on theory. Similarly a presentation that is rigorously theoretical, but weak on description (b), while

¹ I use interchangeably in this chapter the noun and gerund forms 'discourse' and 'discoursing'. The noun form is intended to suggest the gerund form of 'discoursing' rather than any unified object.

entertaining our sophist tendencies, may leave us unclear about the basis - both clinical and musical - for these ideas. Talk that is weak on theory and abstract in description (c), we hope to abandon altogether. The ideal seems to be a dialectic (both/and) between description and theory, positioned at (a), rather than treating theory and description as a duality (either/or). (Pavlicevic 1997: 13)

For my purposes I want to adapt Pavlicevic's diagram in two ways: (i) to replace verbal 'description' with 'representing' - as aspects of representing music therapy can involve non-verbal processes, and (ii) to suggest the 'discourse frame' which contains the dialectical process of 'representing' and 'theorising'. The model now looks like Fig.10-2. When people call for a 'new language' or a 'unified discourse' for music therapy they are probably imagining the ideal situation of (a) in my diagram, where 'strong' forms of representation support 'strong' theory. I want to question in the remainder of this chapter the possibilities of such an expectation.

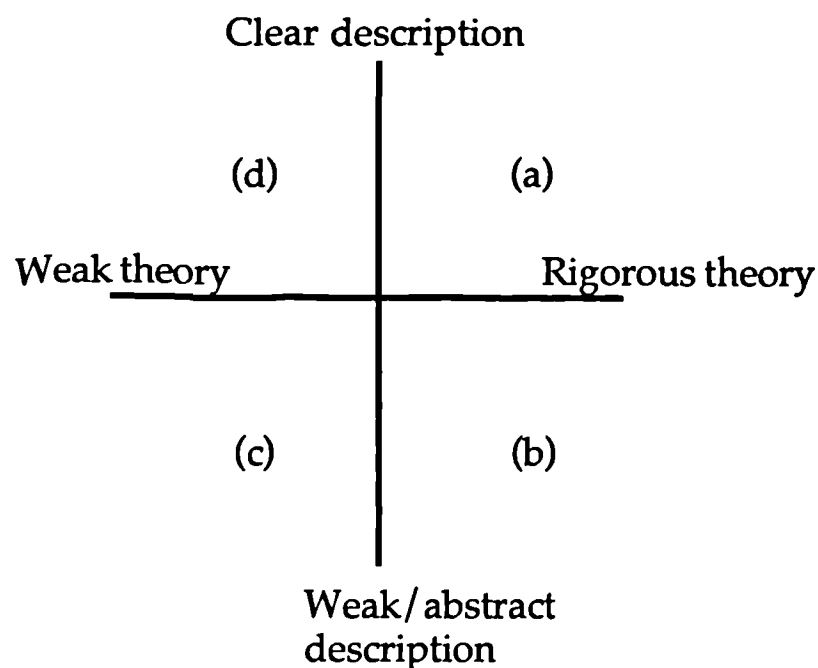


Fig. 10-1 Pavlicevic's model of 'Relationship between music therapy theory and description of clinical work'. (1997: 14)

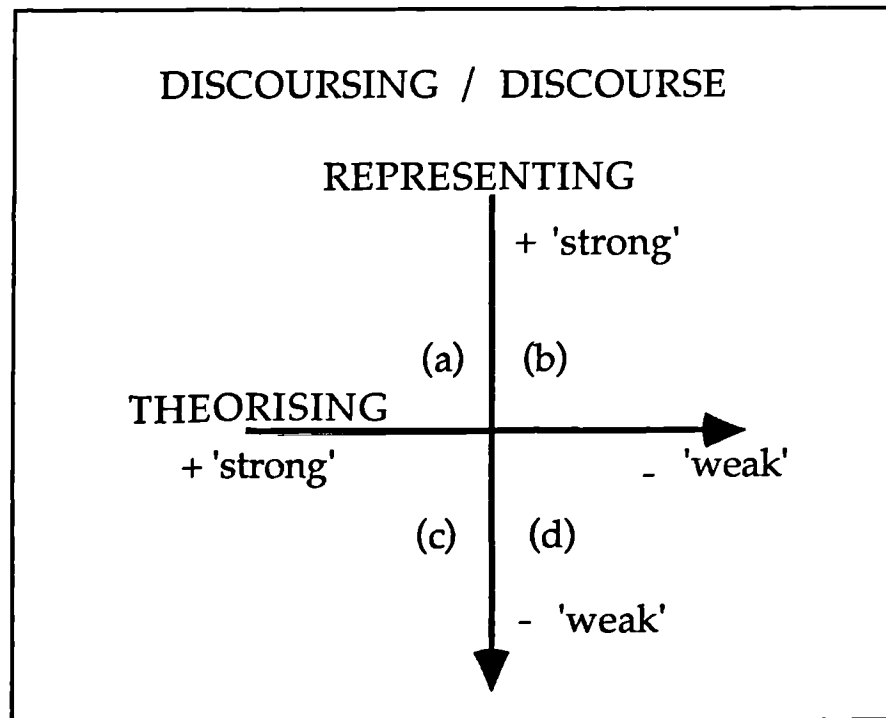


Fig. 10-2 Adapted model (after Pavlicevic) of the dialectical process of *Representing/ Theorising* within a 'frame' of discourse/ discoursing.

This model can be juxtaposed with the analysis I made of the data in Chapter 6, where the commentaries on the taped excerpts of music therapy were categorised into three levels (see Table B, p.202). In this, Level 0 is the area experienced but not talked about whilst Levels 1-3 comprise of 'talk about' music therapy which involves *representing* (Level 1 - Describing, Level 2 - Characterising) followed by *theorising* (Level 3 - Accounting and Interpreting).

It is significant that Pavlicevic's model not only gives a succinct way of analysing talk about music therapy, but also criteria for making value judgements about the quality of such talk. I want to suggest that this evaluation is based on questions of the *adequacy* of the available metalanguage (musical or music-therapeutic) for supporting either the process of representing or theorising music therapy.

The evidence suggests that both representing and theorising music therapy are perhaps inherently problematic. The next two sections of this chapter will attempt to clarify the nature of these problems which together make up 'music therapist's dilemma' and which ultimately determine the adequacy, if not the viability of, any notion of a 'discourse of music therapy'.

PART TWO: DILEMMAS OF REPRESENTING MUSIC THERAPY

The central problem in musical theory is the problem of description.

(Blacking 1995: 54)

Where we are dealing with something musical and tonal, something essentially action, not structure, can the eye of science feel the true character of music and its unique power to animate the person?

(Sacks 1973: 283)

10.5 Epistemological dilemmas: forms of knowledge, forms of representation

Several music therapist researchers have recently turned their attention to epistemological questions - to what music therapists can know, and to how forms of representation both structure and convey this knowledge (Kenny 1998; Ruud 1998b). This concern can be seen as one side of the current 'metatheoretical revolution' in music therapy (the other side being how descriptions of music therapy process are subsequently theorised)². This focus is paralleled in the disciplines of psychotherapy and the other arts therapies (Mitchell 1993; Byrne 1995; Parker 1998).

An epistemological perspective attempts to define what the intentional objects of the music therapist's interest are, and how these are represented in language. In my study, the *Commentary* data and analysis (Chapter 6) showed how listeners, when attending directly to

² In the parallel discipline of psychoanalysis Mitchell (1993) characterises two recent revolutions which have transformed the profession: the 'revolution of theory' and the 'revolution of metatheory'. These are further characterised respectively as 'What does the patient need?' and 'What does the analyst know?'. This idea is parallel to the recent epistemological investigations in music therapy, where the foundational question is: 'How does the music therapist know?' and 'Where is this knowledge?' (in Seeger's terms, is it 'music knowledge' or 'speech knowledge', and what is the relationship between these two 'forms'?)

music therapy material, attempted to represent a variety of intentional objects and processes in a variety of different forms of language (see Table B, p.202). The 'objects' ranged from 'music' (where 'musicological' vocabulary mostly seemed adequate) to 'people-in-music' (where characterisation was sometimes difficult) to 'therapy-in-music', which as a complex *process* strained the limits of verbal representation (going beyond description and towards theory).

10.6 A 'baseline of descriptive agreement'?

Recent studies by other music therapy researchers have come up with somewhat similar schemas to this. Ruud's (1998) phenomenological analysis of a single music therapy improvisation also suggests three levels of interest and representation: (i) *structural* (musical process), (ii) *semantic* (what the musical structures 'mean'), and (iii) *pragmatic* (the 'therapeutic function' of the improvisation). However, whilst 'Level 1' in Ruud's schema begins with verbal representation, both the schemes by Aldridge (1996: 165) and myself begin with a level of non-representable experience. Aldridge also suggest a 3-level schema, with his Level 2 being 'revelation and description' and Level 3 'interpretation and discourse'.

It is perhaps not surprising that all three models present a similar progression from conventional musical description to various modes of interpretation based on therapeutic theories. From this, most of the writers argue for the possibility of a 'base-line' of descriptive agreement about the praxis of music therapy - either to guarantee some perceived objectivity of research initiatives, or to allow dialogue between different theories (therapists, it is proposed, may agree at the descriptive level, but disagree at an interpretive one). In this way Ruud writes:

The structural or syntactic description should be clearly set off from the next steps, which include speculations about meaning and expression. It seems to me that this description of a territory of an observed musical code, where we can claim or reach intersubjectivity, is necessary if our description is to achieve scientific credibility. Included in this concept of science is a necessary element of intersubjectivity, or at least the possibility of checking that our way of seeing the reality is the same as that observed by fellow music therapists. In this way, we might describe elements of the music that could lead to significant changes in the client's behaviour, which might in turn lead to changes in behaviour defined as "therapeutic" (Ruud 1998:166).

Aldridge makes a very similar argument when he claims that communication between music therapists and other clinicians will be helped by knowing at what level they are talking:

My contention is that we can...find a common language at Level 2, which is based upon descriptions of the artistic process yet not too far removed from the activity of therapy itself. This is the level where personal construals emerge as revelations, where we put a name to what is going on. It is a level of description. By doing so, we can then discern when the therapeutic process is being described at Level 3, i.e. that of interpretation and inference, where there may be a unity in the grammar of verbal discourse. At this level we begin to find commonalities between individual discourses... (Aldridge 1996:166).

10.7 The dilemma of 'analytical criteria'.

The aim to find a 'common language' at the descriptive level is congruent with Nattiez' 'trace' site of the 'tripartition'- where likewise the description of the immanent object of musical structure is seen to provide quasi-empirical representations which act to control wilder interpretation. But Nattiez also makes this argument more problematic, in questioning the *criteria* of such a descriptive metalanguage, and it is this which perhaps goes to the heart of the problem of representation in a music therapy metalanguage - a level which Ruud

and Aldridge's wish for a 'common language' perhaps conveniently overlooks.

In his study of how a musical metalanguage allows analysis of the 'trace' site (music as structure), Nattiez considers terminological words as the semiological units of the analysis. But he found that the available terminology (for segmenting melody and harmony, for example) changed in different historical periods and varied in its ability to represent the musical objects of perception. This led Nattiez to conclude that "analysis operates on the basis of a fuzzy and ill-defined terminology" (1990: 159). Nattiez defines the available analytical terminology as the *analytical criteria* of analysis, stating that "the subtlety of the metalanguage depends...on the analytical criteria that support it"³ (1990: 161).

Nattiez argues that the quality of a descriptive language relies upon the accuracy and specificity of the analytic criteria which support it, but also that such criteria are not 'neutral' - they (and the so-called 'pure descriptions' which they assemble) are not separate from other considerations. Consequently, we need to ask:

- What aspects of the phenomenon do *analytical criteria* give descriptive priority to and what do they exclude?
- What are such descriptions for? (their 'analytical situation' orientates their 'function')

³ "As soon as we parse out our musical units, specify variables, and conclude that both are organised according to certain rules, we have already *constructed* a piece-image; the constructed objects thus obtained are, so to speak, isomorphic with choices effectuated by the musicologist. These choices are guided by his or her cultural presuppositions, past experiences, knowledge of the musical domain, and individual esthetic reactions" (Nattiez 1990: 174).

-
- How do the *analytical criteria* relate to the 'transcendent principles' of an analysis?⁴

Overall this is to state that no description is 'innocent' - it is a form of selection, also perhaps involving a 'plot' which guides it. As Ruud states, we can potentially see "...how every step of description includes a possible interpretation" (1998: 175).

Looking back to the model presenting the two axes of 'representing' and 'theorising' (Fig.10-2), the view presented above concerning a 'descriptive level' would suggest that where representation is 'strong' (segment (a)) this is based on there being adequate analytic criteria to support an appropriate metalanguage. At some points in the development of music therapy it has been assumed that this is the case, as when Nordoff and Robbins wrote: "...as the interaction is within the order of musical structure the character and extent of the children's activities can be accurately described in musical terms" (1971: 53). In what ways, then, did the representations of music therapy included in my study support this supposition?

10.8 Analytical criteria 1: *representing* in transcription

Detailed representations of music therapy were central to the *Commentary* and *Text* analyses. Both of these included musical representation in the form of transcriptions of music therapy material along with verbal description. My analyses focused both the capabilities and the problems of description (and

⁴ The terms 'analytical criteria', 'analytical situation' and 'transcendent principles', which derive from Nattiez' semiology of music, are explained earlier in detail - Chapter 5.

implicitly *notation*) from different angles; but both involved the dilemma of 'analytical criteria' at root⁵.

My motivation for transcribing the two 'listening and description tests' was firstly a pragmatic one; so that I could map the listeners' comments onto the 'music-therapeutic events' of the excerpt - in order that the material could be presented visually and compared. But this process also showed up some of the issues of representing music therapy in this way - for what I did by transcribing the excerpt was essentially to re-describe a *process* as an imaginary musical *object* - which as Nicholas Cook (1998: 72) remarks, is the root-metaphor of the Western classical tradition of music. It was no surprise that the first excerpt was easier to transcribe than the second. The first, with an adult client who was musically aware, neatly conformed to the 'analytical criteria' my brain and pen had to hand; that is, discrete pitches, familiar chords, predictable rhythmic patterns, phrase shapes, pauses and so on. The expressive gestures were likewise usually accommodated within the repertoire of available symbols (<, >, etc), though I was aware of not notating all of the expressive aspects that I was hearing on the tape. The problems came with the second excerpt, which consisted of an autistic boy making a series of unpredictable and bizarre (if strangely musical!) gestures, which were supported by the therapist's more conventional structure. This time my transcription had sometimes to revert to graphic representations to cope with many undifferentiated (to my ear at least) pitch and rhythmic events. These neither fitted with the 'analytic

⁵ Notation, as Nicholas Cook (1998) reminds us in Chapter. 4 - 'An Imaginary Object' - is probably the central aspect of understanding musical cultures. Notation is a shared way of imagining music, and conceals as much as it reveals. It has three basic purposes: to conserve music, to communicate it and to help conceive it. Conventional use of notation in the Western classical tradition is to help composition and performance. Transcription of improvisation, as in the case of studying music therapy, is in some senses notation back to front - being a selective non-verbal description which attempts to make a concrete object from a process, in order to examine it as structure.

criteria' available 'to ear' or hand. My representation of this excerpt leaves out more of what happened. Yet this begs the question: What does the first transcription leave out too?

In the third data unit (*Text*) I examined music therapists' writings where transcription of music therapy material was important to the discussion of music therapy. Some like Lee (1995; 1995) were explicit about the problems of transcription (he made complex transcriptions of a music therapy improvisation using a MIDI system), whilst others make little comment, presenting small sections of transcribed melody or rhythm from sessions in the texts as being unproblematic - as if they were perhaps transcribing speech. The problem of *not* finding a problem regarding the 'analytic criteria' of transcription are already documented in the musicological literature by ethnomusicologists and theorists of popular music, where the question of how to analyse non-notated musics has emerged as a major methodological and philosophical issue. It is worth a brief detour into this material, and its relevance for the process of representing music therapy in transcription.

10.9 Dilemmas of transcription.

Middleton, a musicologist who studies popular music, argues against the 'notational centrality' of the musicological tradition, where, in the analysis of non-notated music:

...this terminology acts like a sieve, letting anything foreign to its sphere of competence escape and, moreover, setting its own observations within a powerful ideological context. (Middleton 1990: 112)

This 'ideological context' which Middleton writes of is what Cook tackles when he states that notation is not just a way of representing music; notations "transmit a whole way of thinking about music" and "a score sets up

a framework that identifies certain attributes of the music as essential" (Cook 1998: 64). And these 'attributes' naturally conform to the available 'analytic criteria' of that musical tradition. Here lies the problem for ethnomusicologists and analysts of popular musics (and to music therapy); that whilst the 'analytic criteria' of conventional transcription privilege certain features of the music (constant pitch, fixed rhythm, predictable expression) they ignore others (or cannot notate them). In non-notated 'process' or improvised musics, however, it is often the performative variants (of pitch, rhythm or expression) which are essential to understanding the idiom or the significance of individual expressive acts (particularly the communicative 'co-action' of therapist and client in music therapy). If transcription begins with a 'biased' selection of the aural phenomena then arguably any subsequent analytic work on such a text (as a 'musical object') is also compromised, practically and ideologically. As John Blacking commented on his work with the Venda, the music will be better understood "...if music is not detached from its context and regarded as 'sonic objects' but treated as *humanly organised sound* whose patterns are related to the social and cognitive processes of a particular society and culture" (Blacking 1995: 55).

The musicologist Charles Keil (Keil & Feld 1994) has made a particular study of these aspects of certain performance-based (non-notated) musical traditions which fall through the 'analytic net'. He maintains that it is what is 'between the notes' - the aspects of playing that conventional notation ignores - that much of music's meaning and communicative significance lies (as true for a performance of a Chopin Prelude as of a Blues solo). These *participatory discrepancies* characterise the micro-variants of tuning and timing that are termed 'blue-notes' or 'groove' or 'swing' - all of which define the essence of an idiom and the subtle inter-communication of

of performers⁶. These are performance aspects, known primarily through the *reception* of music rather than notation. It is the 'playing around' time and tone which leads to the qualities of participation and involvement which are central to much music. These aspects were also central to the interaction happening between the autistic boy and the therapist which I attempted to transcribe for L&D test 3, but which conventional notation essentially failed to 'register'.

To identify these phenomena is one thing; but to *represent* them is a dilemma which many have grappled with. Seeger, who did so much to challenge the grip of a limited 'speech knowledge' in musicology, went so far as to invent his 'melograph' which transcribed every nuance of timing, dynamics and pitch - but, as Cook comments, "the resulting graphs are so complex that nobody has ever really figured out what to do with them!" (1998: 62). So the dilemma of *representing* at this level is to find a path between a conventional (and easily interpreted) notation whose 'analytic criteria' omit aspects of key significance to 'performance' musics, and on the other hand non-conventional modes of representation which may be too complex to interpret.

Music therapists cannot ignore the implications of this argument, given that the very aspects which need to be central to their discourse are hard, if not impossible, to represent verbally. Music therapist Even Ruud also finds relevance in Keil's ideas when discussing the key 'meaningful moments' of a music therapy interaction⁷:

⁶ "It would not be that much of an exaggeration to say that the whole art of performance lies in the interstices of notation, in those aspects of the music that the score cannot reach". (Cook 1998: 63)

⁷ It is also significant for the present study that Ruud suggests that the concept of "participatory discrepancies" goes right to the heart of Nordoff and Robbins' work:

'It is my impression, after listening to many of the original tapes from these founding years, that the enthusiasm stemming from the improvisations with the children have their roots in the "swing" or "groove" of the musical interaction. Those happy moments of

It is likely that no analysis of excerpts from a musical improvisation would catch those microseconds of mutual understanding and coactivity that lead to "meaningful moments". This is the dilemma of any attempt to analyse music therapy situations within the frames of the traditional musicological analytical apparatus. Efforts at such transcription and analysis, despite their sophistication, and triangulated cross-references, may risk loss of those microseconds of rhythmical discrepancies or particular out-of-tune references that are the essence of the participatory musical experience.

(Ruud 1998: 158)

This perspective may explain some of the problems of representing and theorising music therapy which I have come across in my study. Risking oversimplification, we could say that the dominant 'music-analytic culture' most music therapists were trained in allows them precise descriptions of musical structure, but *not* of musical process (music, but not 'musicing'). As Oliver Sacks has written:

Where we are dealing with something musical and tonal, something essentially action, not structure, can the eye of science feel the true character of music and its unique power to animate the person?

(Sacks 1973: 283)

The dilemma involves going from Level 1 (in Table B, p.367) - where discrete musical-structural elements are notatable and verbalisable - to Levels 2 and 3 where the 'objects' of description are musical-personal *processes* (and reflect all the problems of notation and verbalisation covered in the discussion above). Consequently, attempted causal accounts of music-therapeutic process tend to fall into what I have called (after Seeger) 'music therapist's gap' - where such representations seldom reconcile structure and process. An example of this (in the

anticipation and surprise, those moments of reaching and going beyond the expected, and those openings that were to be filled in by the children can be regarded as evidence of a musical performance tradition manifested as the power to get people to participate. (Ruud 1998: 159)

Text data analysis of Chapter 8) was Gudrun Aldridge's analysis of the melodic playing of a cancer patient⁸. Her 'analytical criteria' (both in musical transcription and verbal comment) were the traditional ones for melody (motif, phrase, etc - no expressive aspects being indicated on the transcription). Whilst Aldridge asks: 'What does it mean for this client to express herself through the nature of melody?' her chosen music-analytical method is only capable of presenting the musical *structure* of the patient's melodic playing. It perhaps hints at, but is incapable of representing in detail (for demonstration of the author's argument), the "nuances of her emotional expressivity" (Aldridge 1996: 25).

In an attempt to make a rigorous study of the music therapy process Colin Lee did pioneering work in making detailed transcriptions of music therapy improvisations, on which were based intricate structural analyses. However, again on the basis of normative 'analytical criteria' this work also reflects the fundamental 'structure/process dilemma' and is consequently problematic in terms of how forms of representation condition forms of analysis.

10.10 'Analytical criteria' II: Verbal representations

This discussion of transcription as a mode of representation for music therapy could be seen as tangential to the central concern of this study - *verbal* representations. The significance is that notational representations show up much of the 'analytical criteria' on which verbal representations (and the problems of them) are constructed. Or at least they do up to a point - and this is a point of special interest here.

⁸ See earlier, Chapter 8 for a fuller discussion of this case.

The *Commentary* and *Text* data showed a progression from relative ease of verbal representation at Level 1 (see Table B again) to relative difficulty (or at least idiosyncratic forms) at Level 3. This is congruent with the discussion above on transcription: Level 1 presents the structural domain of 'musical objects' which fits with the available 'analytical criteria' of the musicological taxonomy. Level 2 adds, as it were, 'live people' to this scenario, where the listeners comment on hearing someone playing (or somehow 'within', as 'people-in-music') the musical-structural components. Here, the commentators can usually represent in words what they hear. For example:

Level 1: "The phrases would get longer and more extended".

Level 2: "He's playing some chords not in any metre, but with a pulse".

Where it gets more difficult is where the commentators try to *account* for musical processes and the music-therapeutic effects which are inferred to relate to these processes. At Level 3 commentators are trying to represent 'therapy-in-music':

Level 3: "The voice was gradually finding more and more emotional freedom, as well as expressive, melodic freedom".

It is not that this last statement makes no sense, but that no listeners were able to go on to describe exactly *how* the voice was finding this 'melodic freedom' - which, whilst probably the centre of significance to any account of the music-therapeutic process, is also the most resistant to verbal representation (perhaps the domain of 'music knowledge' but not 'speech knowledge'). At times these two modes are bridged, or rather patched over by metaphor and figurative language, which is the nearest

the verbal language of objects has to a language of process - but this tends to fix such process with a single image. So we have in the *Commentary* data a profusion of spatial and temporal metaphors of music⁹: pushing/pulling, catching/following, coming together/falling apart and so on.

Such talk shows language as *bricolage* - coping pragmatically. As George Steiner writes, 'verbiage' about music "...uses what glue, string or rusty nails lie more or less to hand" (1997: 64). This includes the enlistment of "metaphor, simile, analogy in a more or less impressionistic, wholly subjective magma". For Steiner the problem is as much one of the 'logics' of grammar as of vocabulary (a problem he sees shared by theological propositions):

Logic has no purchase on musical sense... It may be that such [theological] propositions embody a frustrated endeavour to transcribe into the constricted code of linear grammatical statements necessities of feeling, of intuition, which are in some radical sphere 'musical'.
(Steiner 1997: 165)

David Aldridge has made a similar proposition to this, suggesting that the different 'grammars' of art and science lead both to epistemological and representational problems:

This language [of science] is built upon a grammar which orders subject, object and predicate and thereby influences understanding... The arts are based on verbs and doing is all-important. Arts as performed are predicated on quite different grammars; those of dynamics, of process, of becoming and being in action... What the arts offer is a common grammatical structure based on performance where space and time are lived and experienced directly, often out of the verbal realm... Importantly for the therapeutic

⁹ And, as Roger Scruton reminds us, talk about music is by definition metaphorical: hearing sounds *as* music. "To describe [music] we must have recourse to metaphor, not because music resides in an analogy with other things, but because the metaphor describes exactly *what* we hear, when we hear sounds as music" (Scruton 1997: 96).

descriptions it was the 'performing' that was significant, not solely the 'product'.
(Aldridge 1996: 163)

These insights of these authors throw light on how the limitations of traditional representations of music are predicated upon the concept of *music as a structural object*¹⁰. In comparison, the lived experience of music, as performance or music therapy, is in contrast predicated on the concept of *music as process*. Aldridge, Ruud, Steiner and the data from my study suggest that talk about music is found wanting and limiting when it does not have a processual/performative grammar to it. To talk not of melody but 'melodying' (how people are as/in melody; how therapists work in/with melody; what the meaning of 'melodying' is..), and so on seems artificial, but is perhaps conceptually and epistemologically more accurate¹¹.

The nearest we perhaps have to this in music therapy is Mercedes Pavlicevic's concept of *Dynamic Form* - inspired by research into infant pre-verbal communication - which links musical and emotional process¹². This presents the beginnings of a possibly vital theoretical narrative - but it does not yet, however, provide any of the mechanics of a viable metalanguage - though the *Commentary* data perhaps showed people edging towards this perspective intuitively - for example in statements like: 'I'm struck by the way her voice tails off in a sigh-like way', or 'The energy bursts of the vocal, that went up and down...then stillness...'. These are

¹⁰ Pavlicevic makes a similar point: "In contrast to music, which is synchronous, multi-levelled and spatial, speech language has the choice of being linear and sequential, temporal in a narrow sense. Can words really describe music?" (1997: 12)

¹¹ A recently published book by Christopher Small (1998) called *Musicking* expands on this perspective of all music-talk needing to be 'process-talk', not 'object-talk'.

¹² A recent article by Shögler (1998) makes similar use of mother-infant interaction with regard to the process aspects of jazz improvisation.

searching for a terminology which is dynamic, not static: the *how* not the *what* of musical interaction¹³.

It is of course highly speculative whether it is possible to create not just a different vocabulary but a different grammar of musical representation. But if, as has been suggested throughout this study, we take language to be part of a system of *thinking-about* phenomena, then it is perhaps possible that new possibilities of talk will arise along with new ways of thinking. And the evidence of some of the so-called 'New Musicology' is that music is being thought of in a less 'object-ified' way, less within a structuralist paradigm and more as a lived 'performative' process, isomorphic with human cultural and emotional processes¹⁴. In theory the possibility should remain that such a new orientation could lead to different ways of talking about music - and with this new possibilities for representing music therapy. For, as Nattiez has written:

To speak of a 'crisis of theory' is to admit that the tools used to describe the phenomena of a particular era are, once the material has reached a certain developmental stage, no longer sufficient. (Nattiez 1990: 217)

For music therapy the 'dilemmas of representing' which manifest at the level of musical transcription and verbal description, both indicate the inadequacy of the metalanguage and prefigure the 'dilemmas of theory' which show themselves at a more abstract level - and to which the third section of this chapter now turns.

¹³ This is not, however, a completely new issue in music therapy - Kenny reports that in the 1982 Symposium 'Music in the Life of Man': 'Most participants were committed to designing a musical language in words to describe the musical process. This meant words with movement, words of expansion and an honoring of the process of the musical experience' (1989: 16).

¹⁴ See Ansdell (1997). Also, Cook (1998: 117) states that "the 'New' musicology is now part of the mainstream", and gives a good characterisation of its emphasis on participation and process: "...One of the reasons that we need a reception-based approach is because it is inclusive. Instead of the detached, non-participant viewpoint of the traditional histories and appreciation texts, the reception-based approach says that we can best understand music by being in the middle of it...It assumes that to study music is to study your own participation in it - to study yourself..." (1998: 85).

PART THREE:

DILEMMAS OF *THEORISING* MUSIC THERAPY

If one is going to write about clinical work in a way that goes beyond pure description, it is apparent that this must be done by communicating techniques, principles, theories and other abstractions.
(Aigen 1996: 14)

Critical Theory has to do with how a theory relates to its object, and how it deals with the contradictions of its object.
(Paddison 1996: 14)

10.11 'Common language' and 'unified theory'?

Calls for a 'common language' for music therapy have recently been joined by speculation about a 'unified theory' - as when Carolyn Kenny recently stated in a conference paper: "We are beginning a discourse in music therapy about 'general theory'"(Kenny 1997: 1). As the model I am using for this chapter proposes, *theorising* is the other 'axis' of any discourse on music therapy - being the process of speculating on, and making relationships of meaning and significance between, the objects and processes which *representing* has made it possible to talk about. However, the process of 'theorising' music therapy seems as much of a dilemma as 'representing' it. Yet the Pavlicevic model suggests that the 'theory axis' also has a scale of adequacy, from 'weak' to 'strong' - indicating the potential usefulness of theorising. This section will examine these dilemmas of music therapy discourse as theory, both within the three data units of my study, and also more generally in current music therapy discussion.

10.12 *Theorising* in the data units

In the *Commentary* data it is only strictly at Level 3 (Accounting / Interpreting) where *theorising* comes into

play. Here the listeners go beyond *representing* (as musical description) and attempt to link what they hear as musical or interactive events in the excerpt with their therapeutic significance - by placing the practical work within a 'context of meaning' or system of interpretation (largely the 'clinical theory' of the Nordoff-Robbins approach). However, the problems of doing this are shown up by the fact that a group of experienced practitioners nevertheless seems to have problems talking about such connections. Little standard terminology is found, leaving an impression of idiosyncratic language at this level. Occasional non-explicit reference is made to other theoretical discourses, but this is limited. In general there is a feeling of what has been called 'indigenous theory', based upon a jointly-held 'tacit knowledge'.

In the *Talk* data therapists discussed practice, but without direct contact with clinical (musical) material. Theorising is part of this 'talk' when the therapists construct 'contexts of meaning' for their work, but in a wider frame than in the *Commentary* data. A main focus was discussion of the significance of doing music therapy with *x*-type clients in *y*-type settings. My analysis of the 'domains of talk' showed 'theorising' in this context to be a process of articulating (and disputing) definitions of certain key 'constructs' (<music>, <therapy>, <music therapy> etc) and how these related to contexts of practice. Though the groups involved a cross-section of experienced therapists, again their terminology does not seem on the surface to be notably specialist, and therapists have problems similar to the 'commentators' in using an essentially everyday vocabulary which sometimes has 'loaded' meanings (terms that have a historical or contextual meaning that often remain undefined - and yet are not exactly jargon either). This is a kind of 'normal-language' theory where 'theoretical statements' have an idiosyncratic quality which comes from speakers' individual thinking and clinical practice.

Theory is again 'indigenous' (based on a 'local' shared understanding) rather than referring to a distinct and wider currency of ideas (few references are made to any existing theory - including Nordoff and Robbins). The terminology of such thinking can seem transparent, though at the same time giving a strong impression of underlying beliefs, assumptions - even a distinct value system.

The writings by music therapists examined in the 'Text' unit might be expected to involve a greater degree of explicit theory, given they are often consciously intending to inform, teach or convince others about music therapy. But again (especially in the first 'generation' of Nordoff-Robbins texts) theory is not explicit and emerges largely as 'indigenous'. As such it contains little recognisable jargon or reference to other theoretical systems (therapeutic or other). This partly represents the attempt to present the work descriptively, remaining faithful to the clinical essence. But as my analysis showed (as has Aigen's study of the early Nordoff-Robbins material) a 'theoretical agenda' is nevertheless strongly apparent in the 'plot' of how the work is presented (based on a particular understanding and value system concerning the relationship between music and person¹⁵). Stronger theoretical statements emerge in the 'second generation' of texts, but it is not until the 'third generation' that a significant change occurs. Here practitioner-researchers 'position' their clinical work explicitly within other theoretical frameworks (musicological, medical, psychological) and cultivate cross-disciplinary terminology. These various writers are both trying to maintain the integrity of the clinical work whilst striving to explain, justify, elaborate and legitimate this by accommodating CMT within diverse theoretical positions.

¹⁵ The 'theory' can be 'inducted' as Aigen did in his study, or as I did in Chapter 8 where the 'discursive themes' such as <music as experience> were seen to be the organising principles of the material - without, however, being made explicit in the texts.

Overall, in all of the data units, it is clear that the therapists commenting, talking and writing about Creative Music Therapy are indeed theorising about their work at some level - and that they share both some form of theoretical 'pre-understanding' and enough similarities of clinical procedure to follow the basic theoretical narrative being elaborated in all of these media; that is, they agree enough to disagree. The central theoretical enterprise all are in some way attempting is to link (either causally or 'associatively') aspects of the musically-based process of music therapy with the therapeutic significance of this for clients. This involves either 'framing' the work within an already-established theory or attempting to construct from the praxis itself an 'indigenous' or 'local' theory of its own.

Within these various attempts at *theorising* it is, however, impossible not to interpret this data as indicating a 'dilemma of theory' related to the following questions:

- 1 What is the relationship between the 'dilemma of *theorising* ' and the 'dilemma of *representing* '?
- 2 What is it about *theorising* music therapy within a music-centred approach which involves such a dilemma?
- 3 To what extent is this 'dilemma of theory' a 'special case' for Nordoff-Robbins Music Therapy or, alternatively, symptomatic of other music-centred music therapies?

To take the last of these questions first, it would be in one sense easy to conclude that Nordoff-Robbins Music Therapy had a unique problem in its tradition of resisting 'importing' external (psychological or medical) theory - a trend represented from the earliest texts onwards. From this comes the 'dilemma' of not seeming to have an

adequate theoretical formulation of the work - or at least not demonstrating this through the so-called 'normative competence' of a systematic agreed-upon terminology. Pavlicevic's model would consequently assess the discourse of Creative Music Therapy as being 'weak' on the theoretical axis.

Kenneth Aigen has suggested, however, that the status of theory in this tradition is more subtle. From his study of material from the Nordoff-Robbins archive¹⁶, he concluded that behind the lack of explicit theoretical formulation or description of method there was both a world-view which informed the rationale for the work, and a 'tacit knowledge' or 'indigenous theory' which served as a foundation to the work. Aigen writes:

If the essence is not to be found in method, then I believe it is the basic world-views, values and underlying theories of Paul Nordoff and Clive Robbins to which one must look. Yet these original formulations are rarely stated directly, whether one considers published manuscripts or the unpublished written, audio or video records comprising the Nordoff-Robbins archive. However, these foundational elements are nonetheless embodied in *living* CMT. They inform and feed the clinical work as well as provide the rationale for specific interventions.

(Aigen 1996: 6)

Aigen 're-constructed' this 'tacit theory' of CMT in the way in which Nattiez describes reconstructing the ethnotheory of the musicians of other cultures - where, although the relationship between theoretical formulations and indigenous discourse may be complex (or tacit), this does not indicate that there is *no* 'thinking about music' going on (Nattiez 1991: 188). It would not be surprising then to suspect that subsequent therapists within the Nordoff-Robbins tradition (represented in the three sets of data in this study) have inherited a similar style of theorising in terms of its relationship to practice

¹⁶ See earlier (Chapter 8) for more detail about this.

problems of articulating 'thinking about music therapy' as theory in verbal forms. Whilst aspects of this issue may well be unique to this tradition (and be a weakness of it) I suspect that this is too central an issue not to be relevant to any music-centred music therapy approach. I want now to pursue these wider ramifications (and questions 1 and 2 above): firstly by looking if (and how) other music therapist writers have commented on the 'dilemma of theory' in music therapy, beginning with a brief digression on the notion of 'theory' itself.

10.13 The notion of 'theory'

'Theory' can suggest different things - especially to musicians, to whom the rudiments of music (as well as complex analytical methods) are often dubbed 'theory'. In its original meaning 'theory' means a view of phenomena, that might lead to speculation about them. Theory has since come to mean something more elaborate than this - a systematic accounting for phenomena which is not, however, simply an obvious explanation. The literary critic Jonathan Culler makes the following useful definition of theory within a non-scientific culture:

A theory must be more than a hypothesis: it can't be obvious; it involves complex relations of a systematic kind among a number of factors; and it is not easily confirmed or disproved.

(Culler 1997: 3)

Within a discourse or critical perspective, theory is not seen as separate from language, but rather as *theorising-in-language* - as a system of statements which relate, contextualise, explain, dispute and give meaning to certain identified and describable phenomena and their interactions. In turn, I outlined earlier (in Chapter 4) a further understanding of theory as 'critical theory' - where the avowed purpose is to dispute 'common-sense' explanations, and to show how theory functions in different ways within practices and disciplines.

These different aspects of theory are shown clearly in Paddison's 3-level schema: theory as codification, legitimation and critical reflection. To take firstly Modes 1 and 2:

Mode 1: Theory as codification: theory is prescriptive, even doctrinal, 'concerned largely with the codification of conventions', norms, developing technical skills. A 'theory-in-practice' where values are 'naturalised', and the emphasis is normative, it 'does not need to be conscious of itself or its terms of reference'. An example would be so-called 'theory of harmony' in music.

Mode 2: Theory as legitimation: usually descriptive, offering explanations and justifications for particular traditions of practice. Constitutes a 'body of knowledge' and tells the story of why things are the way they are. Often involves 'mythological' explanations, eg the 'theory' of the music of the spheres, or a 'theory' of the physiological effects of music. Theory in this sense functions to legitimate practices and canons. The underlying assumptions of the 'stories' are seldom examined.

(Adapted from Paddison 1996: 20-1)

This initial differentiation is useful in looking more closely at the activity of *theorising* music therapy.

10.14 *Theorising* in the music therapy literature

Given that contemporary music therapy almost never presents itself as a method, most theoretical accounts of music therapy are characterised by Paddison's 'Level 2' - theory as a discourse on practice. As such it serves to legitimate a variety of practices within certain 'mythical' narratives or more empirical theoretical

this by token mentions of Plato, or in wholehearted adoptions of other systems, as with Analytical Music Therapy). In his book *Music Therapy and its Relationship to Current Treatment Theories* (1980) Even Ruud was one of the first thinkers to examine these issues, suggesting that music therapy would always have to 'position' itself within dominant theoretical discourses to some extent, given it was essentially *pre-paradigmatic*¹⁷ as a discipline. The development of the profession (as sketched out in Chapter 1) explains much of the natural variation in how theory has related to praxis. As Ruud explains, the connection was often a pragmatic one - as music therapy either borrowed or assimilated itself within different clinical or research cultures - such as Behaviourism, Psychoanalysis, Humanistic Psychology (to which we could now add Education, New Age thinking, quantitative or qualitative research philosophies, musicological analysis, etc). And in turn, there has been a reaction to only using 'extrinsic' theory to account for the music therapy process, with calls for a so-called 'indigenous theory' of music therapy attempting a 'bottom-up' understanding of music therapy process (Aigen 1991).

Despite this historical evidence that music therapy has often sought the comforts of established theory, there is a common critique of theory being removed from praxis, as when Pavlicevic writes: "theory *must* be useful to practice, rather than being, and becoming, self-important, clever, inaccessible and creating its own paradigms and horizons" (1997: 17). Pavlicevic's own image of theory is of a lens which offers different perspectives on practice - the lenses being the 'discourses' (her term) of other disciplines: musical, medical, psychoanalytic, cognitive etc. Her understanding is that

¹⁷ Ruud uses here Thomas Kuhn's idea of the 'paradigm' and of there not being a unified structure of knowledge in music therapy which could act as a foundational theory for the discipline. This is also tackled by Aigen (1991) in regard to research models for music therapy.

music therapists use such discourses ('tap into theory') to focus different views of the objects and processes of praxis. The discourses pragmatically frame the work (as a particular body of knowledge represented in a language form) within different meanings. The metaphor is one of 'vision' - and the implication is that theory enables us to see more of what is there. Pavlicevic acknowledges, however, that, taken in isolation, none of the 'theoretical lenses' seems entirely to fit.

Another metaphor is suggested by Kenny (1989), who sees both theory and praxis as 'fields' - the primary purpose of theory being to support music therapy as a general 'field'. It is interesting here that although Kenny offers a non-hierarchical metaphor of the 'field' this is to an extent contradicted by the secondary metaphor of theory being 'supportive' - that is, in some sense foundational.

Lately a third image, of theory as a narrative, has begun to filter into writing about music therapy - theory here seen as fulfilling pragmatic purposes (a 'useful fiction'), based around intellectual and historical contexts. However this latter perspective (proposed primarily by Ruud) leads into metatheory (which I will leave until the next section). For the time being I want to ask how these various conceptions of theory in music therapy fit in with the 'dilemmas of theory' suggested by my data?

10.15 *Abductive theorising* and an epistemological dilemma

At one level therapists are concerned to 'position' their work, as Ruud suggested, in relationship to current treatment theories and ideologies - to learn by looking through different theoretical 'lenses', and make connections between their practice and others' theories.

Following this, one argument could be that, particularly in the 'third generation' of texts I examined in Chapter 8 (but also in the other data at times) *theorising* could be seen to take the form of what has been called 'abductive reasoning' (Coffey & Atkinson 1996). Rather than more scientific styles of inductive or deductive reasoning¹⁸, abductive reasoning takes a phenomenon or a practice 'out to' an extrinsic theory (from another discipline) in order to find an explanatory or interpretative framework. The music therapist searches out and tries on a theory for size and, if the fit is good enough, grafts on her practice to such a theory as part of the structure of *theorising*. Consequently, the function of such theory (examples of this in current music therapy practice might be the usefulness of early interaction studies or psychodynamic theory) is both to provide models and theoretical frames for practice and for talking about practice, especially when communicating with other disciplines. A strong function of 'abductive theory' is as a legitimating device - bridging the 'music-therapeutic juncture' associatively.

However, my data shows enough resistance to 'abducting' Creative Music Therapy onto external theory to suggest that therapists are also attempting (not always as a 'policy' - but as a natural response) to theorise in another way. But this seems inevitably to lead back to the basic 'dilemma of theory' in the attempt to show causal connections linking musical and therapeutic processes (or perhaps more accurately, music-interactive processes and therapeutic effects). Where therapists do not adopt 'extrinsic' verbal formulations about 'therapeutic process' their theorising often seems to get stuck in the 'music therapeutic juncture' (and is consequently judged as 'weak theory'). A perhaps over-simplified formulation of

¹⁸ Inductive reasoning attempts to build 'up' a general theory from the accumulation of data whilst deductive reasoning involves testing a pre-prepared theory for its predictive value. For more on 'abductive reasoning' see Coffey & Atkinson (1996) Chapter 6.

this would be that connections between musical and therapeutic processes seem often to be accessible to being heard, but not talked about.

This has echoes of Seeger's 'musicological juncture' and his similar attempts to represent and theorise uncommon musical processes. Seeger proposed 'music knowledge' and 'speech knowledge' as almost two different forms of cognition (paralleled in Daniel Stern's opposition between 'word knowledge' and 'world knowledge'). Seeger's formulation suggests the possibility that 'knowledge-about' music therapy praxis (as the basis for theorising) can be held primarily as 'music knowledge' and not 'speech knowledge'. The latter then needs 'translating' into theoretical formulations which are 'extrinsic' to some essential processes of the music therapy¹⁹.

In the same way as the 'dilemma of representing' rested on the inadequacy of the available 'analytical criteria' of notated music (the pre-existing nomenclature), perhaps the 'dilemma of theory' for a music-centred music therapy lies in the fact that the 'analytical criteria' for theorising (the pre-existing structure of 'knowing-about-it') is not 'held' completely in verbal-propositional logic, but in musical-procedural knowledge. In this sense the challenge for the practitioner is to make the 'tacit knowledge' held as 'music knowledge' communicable in theory as 'speech knowledge', without compromising the former. This is a version of what Zuckerkandl meant when he said that the "...task of theory is to transform the implicit certainty of perception into explicit, communicable knowledge; to raise thinking to the level of hearing" (Zuckerkandl 1956: 12).

¹⁹ This idea is close to recent radical thinking in psychotherapy. For example Riikonen & Smith (1997) write of relationship as 'joint action' and of the modes of knowledge associated with this: "It is not knowing 'what' (descriptive, theoretical), or 'how' (methodological), but 'knowing from' (a social situation). This type of knowledge...is participatory and practical (not external, disciplined, systematic or referential)" (1997: 4).

In the data such a perspective would make sense of how, particularly in the 'listening and description tests', therapists clearly could make sense and could theorise to themselves what was happening in the excerpts (their 'music knowledge' was not a problem) but found difficulties in articulating this understanding as 'speech knowledge'. Another way of putting this would be that 'theory' as a logic of practice can be demonstrated and heard, but not represented faithfully within an extra-musical theory²⁰.

Similar arguments have been made in regard to music-teaching, and could be made of any verbal theorising of an essentially non-verbal practice where knowledge is tacit rather than explicit. The music educationalist David Elliott uses Gilbert Ryle's useful distinction between 'know how' and 'know that'. Elliott also refers to these two forms of knowing as 'procedural' and 'formal' knowledge - which he states "...are logically separable" (Elliott 1995: 60). Donald Schön has also written about the tension between 'practitioner knowledge' (knowing-in-action) and reflexive thinking about it (reflecting-on-action) in these terms:

Whatever language we may employ...our descriptions of knowing-in-action are always *constructions*. They are always attempts to put into explicit symbolic form a kind of intelligence that begins by being tacit and spontaneous. Our descriptions are conjectures that need to be tested against observations of their originals - which at least in one respect, they are bound to distort. For knowing-in-action is dynamic, and "facts", "procedures", "rules" and "theories" are static. (Schön in Elliot 1995: 62)

Schön's formulation here makes clear the close connection between the two 'dilemmas' presented in this

²⁰ I do not mean here that a music-centred music therapy is 'purely musical' i.e. that it involves no aims, objectives or ideas about how the musical process incorporates therapeutic experiences for the client. What I do mean is that there is a dimension of the dynamic musical process which is not directly communicable as 'speech knowledge'.

chapter. Both the absence of a 'dynamic' analytical terminology and theory make attempted theorising of music therapy process (in Seeger's phrase) 'ontologically imprecise' - and consequently verbal formulations by music therapists can seem vague and not logically tenable as 'hard theory' of the type often required by purchasers of clinical services. When Aigen (1996: 14) states that "...if one is going to write about clinical work in a way that goes beyond pure description, it is apparent that this must be done by communicating techniques, principles, theories and other abstraction", he is of course correct. But the implications of the ideas in this section show the inherent difficulties of such theorising. They also question the hope of Pavlicevic's model - that there will be some ideal evolution of music therapy discourse, where the ideal position of 'strong representation' is accompanied by 'strong theory' in equal measure. We may rightly ask at the present time whether the inherent problems of representing and theorising music therapy make this too tall an order.

PART FOUR: THE VIEW FROM METATHEORY

Of any theory one can usefully ask; what is the drama that the theory is a caption for?
(Phillips 1994: 58)

10.16 Theory as critical reflection

The previous section largely concerned problems of *theorising* of which the practitioner would largely be conscious. There is, however, a further dimension to the 'dilemma of theorising' which concerns those aspects which are less available to awareness. Theory here incorporates the world-view or philosophical base from which any discourse proceeds. And as the Sufi aphorism states, the last thing fish are aware of is the sea. The investigation of how music therapy is a particular system of knowledge has been an increasing focus of recent writing (chiefly due to the work of Ruud and Aldridge). The argument has moved from theory as a discourse on praxis, to metatheory as a discourse on theory itself. This mode is also termed 'critical thinking' or 'reflexive research' and is characterised by Paddison's remaining category of 'theory as critical reflection:

Mode 3 - Theory as critical reflection:

The concern of theory in this sense is to study how meaning is produced and reproduced within a culture, and to see music as a larger 'context of meaning', as a series of discourses characterised by discontinuity. Theory in this mode - essentially inter-disciplinary and self-reflective - is critical, in that it sets out to reveal underlying assumptions and values as ideology, and to re-contextualise areas of theory and practice otherwise seen as autonomous and 'natural'. Although drawing on approaches which may include philosophy, sociology, psychoanalysis, and linguistics, it also has to be understood as a level of meta-theory in relation to the kinds of approaches which characterise 'mode 2' and the conventions underlying 'mode 1'. Theory of this kind seeks to be aware of its own terms of reference as well as of its object. It contextualises itself, and situates music (as both theory and practice) within the sign

systems, the discourses - what I call here the 'contexts of meaning' - which constitute 'culture'.
(Paddison 1996: 21)

As I outlined in Chapter 3, this 'reflexive' mode of research is a logical development from the more general 'paradigm shift' which music therapy has made in the last ten years in regard to theory and research perspectives²¹ (Ruud 1998: 15). A 'critical' view of music therapy has initiated new dialogues between music therapy and disciplines as diverse as social psychology, anthropology and the 'New Musicology' - in all of which new attitudes to theory and language provide important angles on the relationships between *representing* and *theorising* in music therapy. Indeed, as we saw in Chapter 4, Adorno's original formulations of critical theory stated that 'Critical Theory has to do with how a theory relates to its object, and how it deals with the contradictions of its object' (Paddison 1996: 14). This interest is shared by Nattiez' semiology, discourse analysis and the 'New Musicology' - all of these suggesting: that theory and representation grow together; that 'truth' is 'local'; that talk is constructive; that praxis, discipline and discourse are mutually interdependent and that ideology can be hidden but powerful in presenting versions of music and hence of music therapy.

10.17 'Looking behind the curtain'

The psychoanalyst Stephen Mitchell (1993) has characterised this 'critical' situation (which is current in psychotherapy and most of the other art therapies) as 'looking behind the curtain' - alluding to the Wizard's request that Dorothy "Pay no attention to that man behind the curtain!" (when the former feared exposure of

²¹ The 'field' of music therapy is widening all the time, allowing Ruud to adjust his view of the discipline as being a *pre*-paradigmatic to characterising it as *multi*-paradigmatic (to which I might add the question of it being rather *non*-paradigmatic - a position more in keeping with a post-modern stance).

the arbitrariness of his claims to wizardry). Similarly, the metatheoretical revolution that is happening in the therapies is questioning what is 'behind the curtain' of the theory, language and perceived authority of their respective disciplines. As Cook (1998) states in his similar characterisation of the 'critical' movement in musicology, the aim of the metatheorist is to allow people more of a view of the working of ideology (of the linguistic-theoretical constructions which present things 'as they really are') and to give people more choice to make up their own minds as to what is a viable 'version of events'.

This perspective adds a further dimension to the argument of this chapter in suggesting there are almost always 'mechanisms behind the curtain', and that representing and theorising are necessarily local, contingent and constructive processes. A 'critical' view seeks to tease out any pre-understanding which lies 'behind' a theory or research model (for example, a concept of music or therapy, or a metaphysical belief in what a human being is), and to acknowledge how this pre-sets narratives of representation or theory²². Texts are given contexts; the 'poietic space' and 'transcendent principles' of a discourse are investigated in order to 'look behind the curtain' of claims and interpretations.

From this perspective we might, for example, question Pavlicevic's metaphor of the discourses of other disciplines as 'lenses' with which to see 'what happens in music therapy' more clearly. What she does not perhaps admit is the possibility that the lens can also be the 'seeing eye' - that the discourse can construct the objects of its attention and their possible meanings. Equally, we might question the influence on the current discourse on Creative Music Therapy of the 'speculative theory'

²² Nattiez refers to a 'transcendent principle' as a 'lurking philosophical project' This is another version of the view that belies the 'innocence' of representation or analysis, stating that discourse is always doing 'cultural work' - presenting worldviews through linguistic representations.

(various esoteric and psychological theories) which, as Aigen demonstrated, was intentionally not made explicit in the early Nordoff-Robbins texts. Has this 'repressed' theory influenced later formulations of this work? How?

A passage from the 'Commentary' data illustrates how a spontaneous statement involves many layers of meaning. I categorised this comment as 'Level 3' - 'Accounting/Interpreting' 'therapy-in-music':

For me, what happened was, at the beginning there were two people, and two strands of music... and it was the time when the *music* itself became one thing.. that all of that completely became... well, I just didn't hear it in the same way - I wasn't listening to a pulse, I wasn't listening to a change of harmony, a melody... I was listening to one actual music... and that was the point where it all came together... I was thinking, that's what music therapy really is... waiting for the music to become one... of two or more people.

The phrase 'one actual music'²³ is at one level a powerful metaphor which draws together the commentator's representation of the musical event. But it is also possibly an index of a 'transcendent principle' which presents the speaker's world-view through his selection and narration of events²⁴. In this example, his idea of 'what music therapy is' (the 'lurking philosophical project') could be seen as an over-arching metaphor of 'organic unity', or of the transcending of individual barriers within music. This could in turn be seen as part of an established cultural trope of musical discourse (a 'music-view' perhaps, as opposed to a 'world-view'), which can be 'excavated' further. Both Nattiez and Cook have shown the philosophical roots of music-analytic traditions - in particular how 'structural analysis' (culminating in Schenker) grew out of 19th German

²³ There is also possibly a literary reference here to the line "one equal music" in a Sermon by John Donne.

²⁴ 'Given a particular analysis, we must not only go back to the theory of reference, but to the transcendent principle of that theory (if it exists) - a principle that generates certain theoretical consequences' (Nattiez 1990: 203).

idealist thinking about music as an absolute 'transcendent object', a theory which often used organic metaphors²⁵.

The same root metaphor of 'musical organicism' also underlies Colin Lee's structural analyses of music therapy improvisations (examined in Chapter 8). The teasing out of the 'poietic space' which lay 'behind' these texts led to a view of the 'transcendent principles' in his analytic approach, which in turn became influential in his view of music therapy. Lee's detailed musical analyses intend (as a descriptive/analytic venture) to add a degree of empiricism to subjective accounts of music therapy process. But his study, based on the structuralist epistemology of musicological analysis (with its use of cell/seed metaphors, of layers of significance), is also a discourse grounded in several powerful (and non-empirical) transcendent principles, such as the search for 'underlying structures' and aesthetic unity. The theories which emerge from the analysis (which like many other music therapy theories attempt to reconcile musical process with therapeutic effects) are inevitably to some extent predicated upon the uncritically accepted principles of the analysis - which are far from neutral, but involve aesthetic and even metaphysical implications. In this way 'theory' can be recognised in what purports to be either plain musical description or musical analysis. Theory 'lurks' in the more innocent levels of terminology and selection of analytic variables; taking us to the truth of Goethe's aphorism that 'anything factual is already its own theory' (Bortoft 1986: 37)

²⁵ See Whittall (1982) who quotes Kerman as stating that "analysis exists for the purpose of demonstrating organicism". Also Born (1995) discusses organic metaphors with the 'IRCAM discourse' she analyses.

10.18 Pragmatism and elaboration

This so-called 'meta-theoretical revolution' could potentially undermine as well as inform praxis. The psychoanalyst Levenson warned of ending up in the 'tar pits of constructivism' (Mitchell 1993). However, it could equally be argued that it has encouraged a certain theoretical pragmatism which works on the basis of *usefulness*, rather than on a questionable truthfulness. This perspective acknowledges how the therapies can make use of empirically-grounded theory, but also acknowledges that the essential non-paradigmatic nature of these disciplines does not suggest a unifying explanatory theory²⁶. As Mitchell comments about the current situation in psychoanalysis:

The criteria for examining psychoanalytic concepts have necessarily broadened from narrowly defined empirical verifiability to such considerations as functional utility, intelligibility, and economy of explanation. Empirical data of various sorts certainly contribute to the evaluation of theoretical concepts, but they are no longer viewed as a final, ultimate arbiter. Empirical data are important for raising questions, challenging explanations, provoking further discussion, contributing to a climate of opinion.
(Mitchell 1993: 64)

This view suggests theory not as 'explanatory' but as 'elaborative', where 'theoretical narratives' guide our view of the phenomena that interest us. So Even Ruud writes that "...pragmatism keeps occurring to me as one alternative":

When it has been so hard to establish "the truth", the pragmatic values of theories and explanations seem to be a way to deal with competing claims of knowledge.
(Ruud 1998: 8)

²⁶ In psychoanalysis Mitchell talks about Bernstein's "practical rationality" which involves "...rational comparison of theories in terms of their use value, their consensual appeal, their economy of explanation. Practical rationality is essentially dialogic and intersubjective" (Mitchell 1993: 64).

And within art therapy, which has also taken a 'reflexive turn' recently, Byrne writes:

By excavating and analyzing the numerous overlapping discourses that have made and are still making our practice, we will see that the history of art therapy is a history of increasingly useful metaphors rather than the story of an increasing understanding of how things are.
(Byrne 1995: 239)

This leads us to a possibly new perspective on a discourse on music therapy which I will outline in the next section.

PART FIVE : DISCOURSE AND DISCIPLINE

The proscribed vocabulary in anybody's theory is as telling as the recommended vocabulary.
(Phillips 1995: 19)

10.19 Music therapy as discourse...

The view of theory as narrative brings us back to how representation and theory are carried 'within discourse' - and how discourse provides a repertoire of ways of talking about a practice such as music therapy. Nicholas Cook makes a similar point in discussing the 'cultural work' that talking about music brings about:

...the languages we use of music, the stories that we tell about it, help to determine what music is - what we mean by it, and what it means to us...Music doesn't just happen, it is what we make it, and what we make *of* it.
(Cook 1998: 14)

Equally, music therapy is not a natural practice, but a particular story about music in our time; a story 'made' by an activity of language about certain musical activities. As such there is indeed a 'discourse of music therapy'. To people outside of the discipline, certain ways of talking about music practices identify these as 'music therapy' by locating them within the 'perennial tradition' which associates musical phenomena with healing. As such music therapy is a *mixed discourse* - both its identity and the dilemma of talking about it stem from having to forge a relationship between two essentially different discourses (this difference being conceptualised variously as between the spiritual and the material, between Art and Science, mind and body, and so on). Music therapy is a discourse *not* because it represents a single practice, theory or paradigm, but because its system of statements, images and theories construct certain key relationships between human experience and cultural practices realised

within certain contexts. Talking about music therapy functions as discourse because it is the discursive practices, as much as the clinical practices, which are making music therapy what it is.

To avoid the impression that a 'discourse of music therapy' is a monolithic object (awaiting evolution to be, in Pavlicevic's model, both strong on theory and strong on representation) it might be safer to use the form 'discourse *on* music therapy' - indicating the totality of talk which constructs it as praxis, discipline and profession.

A question running through this discussion section has been whether the 'dilemmas' of discourse identified in the data are generalisable to the wider discipline of music therapy. I have suggested that both the aspects of 'music therapist's dilemma' discussed in this chapter have relevance for any music-centred approach to music therapy. In addition to this, I would argue that the implications of regarding talk about music therapy as *discourse* have implications for any contemporary tradition of music therapy, and for the international movement as a whole, in regard to how discourse on music therapy constructs it not only as a practice, but also as discipline and profession. It is to this 'disciplinary' area that I now want to turn.

10.20 ... and discipline

In the Introduction to this study I quoted Bruscia's (1995) description of contemporary music therapy as 'discipline' and 'profession'. He sees the discipline of music therapy as a 'body of knowledge' which orders practice, the profession being likewise an ordering of people (practitioners, trainers, researchers) who work within the discipline. Though this sounds logical enough, what does the critical reading of music therapy outlined in this chapter suggest about Bruscia's classification?

More specifically, What is the role of discourse when considering music therapy as a discipline and profession?

Cook gives a clue to this when he states that: "Critical theory is in essence a theory of power, and it sees power largely in terms of the institutions through which it is channeled" (1998: 106). Institutions, however big or small, tend to maintain and legitimate certain practices, to breed theories and forms of language (or, alternatively, are bred by them). Vocabularies are sanctioned or proscribed and, at some level, what people say, think and do are *disciplined* by ideology - that is, beliefs unconsciously lived out as values. As the psychoanalyst Adam Phillips writes, "...canonical texts, persuasive practitioners, and training institutions conspire to create the necessary aura of plausibility" (1993: xiv). It is consequently a natural part of any reflexive or critical examination of a discipline to assume that there are political implications of the 'disciplining' of any practice by language and theory. The feminist movement has established the political dimension of this area, showing how claims to language are always at some level claims to authority - legitimating ways of interpreting activities in certain ways (Aldridge 1996: 17).

Even Ruud (1998) writes recently under a chapter section entitled 'The Politics of Music Therapy' of the struggles for the right to define 'music therapy' against the power of dominant paradigms therapists might find their discourse contesting or attempting to negotiate with (reductionist bio-medical models for example). In addition, as this chapter has maintained, music therapy (along with psychotherapy and the arts therapies in general) establishes competing claims to knowledge based on fundamentally different root epistemologies even within its own discipline. Based on different traditions of practice and theoretical affiliations, each 'sub-discourse' (be this a training institution or a group of

therapists specialising in working with one client group) constructs its own meanings, with the result that contemporary music therapy could be seen as a collection of 'local knowledges' based on 'local discourses'.

In this way any discourse on music therapy serves at the same time both to construct and to 'discipline' practices (musical and discursive). Its theories, and the language in which these are preserved and elaborated, serve to delimit the disciplinary territory - the 'body of knowledge' - in which practitioners can then negotiate music therapy as a profession, deciding on where they work, with whom, to what ends, etc. The *Talk* data in my study was seen to have just this function, drawing a conceptual 'map' of the disciplinary territory in order to contest definitions and meanings. Similarly, the work examined in the *Text* data showed competing claims to various knowledge and language forms - with the writers using a discourse on music therapy to legitimate, contest and re-position certain practices and ideological agendas.

This close connection between discourse and discipline is a well-known equation in critical theory. The tradition based on Foucault's work has examined how the 'disciplining of knowledge' (in medicine, law and penology) is in the last analysis a 'disciplining of bodies' - that is it has direct political implications for people's lives - a concept leading to Foucault's famous power/knowledge equation²⁷ (Burr 1995: 64). At a less dramatic level, any discipline can be seen either to promote or proscribe certain forms of knowledge, theory, or vocabulary by forming a canon of approved texts, or ways of talking. For every 'approved discourse' (which promotes one way of seeing things) there will be another

²⁷ "Foucault sees power... not as some sort of possession, which some people have and others do not, but as an effect of discourse. ..When we define or represent something in a particular way we are producing a particular 'knowledge' which brings power with it. ..For Foucault, knowledge is a power over others, the power to define others" (Burr 1995: 64).

discourse resisting or actively contesting this - hence Adam Phillips' quip that it is often valuable to study the 'proscribed vocabulary' in any discipline. It is probably worth adding that despite the impression that discourses are monolithic, they are no more than the accumulation of the individual 'discursive practices' which have constructed them, and are therefore often improvised and contingent rather than monolithic.

Critical theory also maintains that when a discourse presents things as 'common sense' this is to be suspected as ideological - as a situation where facts, theories and values are unconsciously tied together. Hence telling people how to talk about music therapy (in training courses, professional associations or supervision) is also to tell them what to hear; is to tell them how to interpret what they hear. As Cook writes, ideological critique (for which critical theory was designed) intends to dissolve the way in which ideology presents things 'as they are', not allowing people to see how the seemingly self-evident is often constructed in forms of representation. Seeing the mechanisms of a discourse or discipline is meant to give people back a degree of individual freedom to choose themselves about how to understand things.

This line of thinking has several implications for the current development of music therapy. As a discipline, there are the calls I have chronicled in this chapter for both a 'common language' and even a 'general theory' of music therapy - in short, for discursive unity. From a critical perspective we can see this as a 'disciplining' of music therapy in its practices, language and theory. On the positive side the benefits of a unified front may promote music therapy politically and help inter- and intra-professional communication. However, it can also lead to a 'monological' situation, where individual practices and individual voices (especially dissenting

ones) in the discipline may be subject to 'disciplinary control' and marginalised, if not suppressed.

Equally, at a professional level music therapy is seeing increasing organisation and regularisation (both by national 'professional associations' and international initiatives). The most symbolic of these is how, in the UK in 1997, the music therapy profession achieved State Registration. This has led to the setting-up of an Arts Therapies Board whose duties pertain to "registration, training and discipline"²⁸. Even in these three words a professional discourse can be detected - the Board's activity will involve 'regulation', 'meeting criteria', 'agreed standards' - all activities of 'disciplining' which are mediated by language.

Whilst applauding the fruits of increasing organisation of music therapy at disciplinary and professional levels, we should remain aware of the 'shadow side' to this, and maintain a critical awareness of how discourse functions as a powerful mediator of such structures, such that a natural resistance can be maintained to any monological tendencies.

10.21 The dialogical alternative

An obvious way to discourage monologues is to encourage dialogue, and it is part of the discourse perspective to see language not as a fixed structure but as a 'dialogical' activity. Here 'talk about' is always at some level 'talk between' - language naturally functioning to describe and re-describe, agree and dispute, construct and contest. The Russian theorist Bakhtin has promoted a view of discourse as dialogue, and along with this the

²⁸ "The State Registration of music therapy was steered by act of parliament by the CPSM (Council for the Professions Supplementary to Medicine), a regulatory body set up to prepare the arts therapies and to establish an Art Therapies Board. This Board cites three areas of responsibility: registration, training and discipline' (information from a report on State Registration in the Newsletter of the Association of Professional Music Therapists, April 1997).

attitude that theory is also essentially dialogical. 'Truth' Bakhtin states, 'is not to be found inside the head of an individual person, it is born *between people* collectively searching for the truth, in the process of their dialogic interaction' (quoted in Shotter 1993: 184).

As Chanan (1994) has pointed out, Bakhtin's theory is partly based on a musical analogy; of discourse as a 'heterophony' or 'polyphony' (both terms used by Bakhtin) of intersecting 'voices'. Each voice has an identity, a history and an idiom, but with these voices combining or co-existing at certain historical and geographical points - retaining to an extent their individuality whilst constructing new combinations. In this view, no utterance is complete in itself, no text exists outside of a historical, social or geographical context, and no theory can be final. This perspective gives a further sense to the model of music therapy discourse I have outlined in this study: as a 'mixed discourse' it shows itself not to be a monological single entity, but a fluid, evolving and dialogical 'polyphony' of intersecting voices based upon the historical contexts of different traditions of practice and theory, nevertheless taking its overall meaning from the basic 'ground' of the perennial music-healing theme. As an open dialogue, rather than a closed monologue, a discourse on music therapy elaborates itself (but does not necessarily clarify or evolve); it accumulates ideas and idioms; it narrates stories and 'abducts' phenomena towards explanatory theories in its contingent and pragmatic construction of music therapy as praxis, discipline and profession.

Using a 'polyphonic' metaphor for discourse on music therapy might help to promote an attitude where, as Ken Aigen has commented, music therapists need to learn to 'talk between' rather than 'talk through' each other (1991: 196). Considering discourse on music therapy as primarily a constructive activity, and such discourse in

turn to be innately dialogical, would be to consider talking about music therapy to be very little different from the musical process of improvisation which is central to contemporary practice: where each participant brings their own voice and idiom; where little is 'pre-scripted' and where meaning grows dialogically through the interaction of the joint action of the players. This suggests both a model of, and an attitude towards, music therapy as discourse. Like its practice, its discourse will likewise always be contextual and creative. There is space for changing language, and therefore changing thinking - for as Richard Rorty writes:

Intellectual progress is not a matter simply of winning *the* argument, but of changing the agenda of argumentation by changing the metaphors, the vocabulary in terms of which the academic, intellectual argument is conducted.
(Rorty in Shotter 193: 100)

PART SIX: ASSESSING TRUSTWORTHINESS AND IDENTIFYING FUTURE DIRECTIONS

10.22 Qualitative research and standards of assessment

As I outlined in Chapter 3, qualitative research differs from quantitative methodology not just in the type of material attention is given to, but in the epistemological nature of the inquiry - which Bruschia (1995) characterises as 'non-positivist'. Where the researcher is also an 'instrument of data gathering' and subjectivity 'a resource, not a problem' (Bannister 1994), different standards of assessment must apply to the products of such research. Qualitative research cannot simply be accommodated within the positivist criteria of evaluation: reliability, validity, generalisability and probability - qualities which are determined on the basis of standard method and procedure. But as Aigen states: "In qualitative research method is neither a guarantor nor an arbiter of truth, and qualitative researchers prefer to subsume method to content rather than allowing method to dictate content" (1998: 160). Secondly, qualitative studies are typically individual in design and handle varieties of data, and may require more individually tailored assessments.

At the same time, the central requirement of qualitative research is no different from any other study - that it be 'rigorous and systematic' (Robson 1993: 402). The main problem is also the danger of *bias* - that the agenda or presumption of the researcher distorts in some way the evidence. This may seem to be a particularly acute problem in qualitative projects given that, as Miles & Huberman (1984) state, the qualitative researcher is often a 'one-person research machine'. The evolving tradition of qualitative research has consequently developed its own standards of assessment for research, and also encourages the researcher to maintain a reflexive

attitude towards research as it develops in perhaps unique ways - and to incorporate elements of assessment into the study appropriate to its content and focus. In contrast to the overall positivist category of 'reliability' qualitative research suggests *trustworthiness* as the basic criterion for self and peer-evaluation of studies. Bruscia (1995; 1998) suggests various categories of 'integrity' whilst Ruud (1998b) emphasises 'reflexivity' and the acknowledgement of a relative stance as the vital constituent of a qualitative study, stating:

There is no easy way to a world seen as a single reality, where truth is reached through better measurements, more exact definitions or deeper interpretations. What I instead would like to plead here is that the music therapist accept the discursive and narrative aspects of their scientific activity.
(Ruud 1998b: 223)

Robson (1993) has summarised the evaluation criteria of a number of writers on qualitative methodology, citing *credibility*, *transferability*, *dependability* and *confirmability* as suitable categories of discussion.

In the next section I will discuss my study in relation to these categories and some others which I consider relevant to assessing its trustworthiness and usefulness.

10.23 Assessing trustworthiness & usefulness

Bias must be a central concern of any research, and is central to the assessment of trustworthiness. But whilst quantitative protocols (and post-research audits) attempt to *eliminate* bias, the qualitative researcher aims to *acknowledge* it (Aigen 1995; 1998). By sketching in my personal position and motivation in the Introduction I showed the reader the 'stance' from which I acted as a researcher in my study - giving them the necessary information to assess how this may influence my reading

of the data, and the possible agenda of any conclusions I might come to.

The criterion of trustworthiness also requires that I can demonstrate that the study has been conducted in a manner consonant with its declared epistemological position. To this end Chapter 3 'positioned' my study within the tradition of music therapy research, as a qualitative study working within a non-positivist epistemology. Chapter 4 went on to detail a particular theoretical position - based on critical theory and a tradition of reflexive research. In keeping with this general orientation, I have attempted to maintain an overall *reflexive* stance to the study as a whole - bearing in mind Ruud's statement that 'as researchers we always have to deal with the underlying values of our activity, our ways of conceptualising, and narrate our perceptions' (Ruud 1998b: 223). For my study this has meant an awareness (and where necessary explicit acknowledgement) of its situatedness in a particular time and place, its 'standing within' a tradition of thinking. As a study based on the concept of 'discourse', using the analytic methodologies that I have on the work of others, it is of course vital that I accept the implications of these ideas for my own work. My thesis (as a textual product) is subject to all the qualifications that have been analysed in the talk and text analysed within it. My study is also discourse; it too has a 'poietic space' and lurking 'transcendent principles'; it too represents sometimes the limitations of terminology for representing ideas, but also the constructive power language has for creating them. It too takes interpretive risks and reveals the weakness of any metalanguage of music.

With this overall reflexive awareness I attempt to assure the reader of the trustworthiness and integrity of the study. There are, however, more specific aspects of the research design and process which can support an

assessment of its trustworthiness. I will note these under Robson's four criteria:

Credibility: "[the] goal is to demonstrate that the enquiry was carried out in a way which ensures that the subject of the enquiry was accurately identified and described" (Robson 1993: 403). This is related to Hans Keller's characterisation of the 'phoney question'²⁹ - where the research process itself creates the problem. I have attempted to demonstrate throughout the study that the main research area - the identified problem of 'music therapist's dilemma' - was (i) of genuine concern to the current music therapy profession (the literature review presented a cross-section of views on the issue), and (ii) could be identified explicitly or implicitly from the three forms of data. I believe I have characterised the area of inquiry as credible and vital to the current development of music therapy.

Transferability: This category is the equivalent of the 'generalisability' criterion for qualitative research, but it is acknowledged that qualitative studies often work deliberately from an idiographic stance, and as such only claim to describe and interpret the conditions or phenomena of a particular time and place. It has been suggested (Lincoln & Guba 1985) that whilst it is the responsibility of the researcher to make explicit the specific and unique characteristics of the study, it is not them, but the reader/user of the research who has the responsibility to determine *whether* the situation and conclusions of the research are transferable to other situations. Whilst I have been careful in this study to

²⁹ In his book *Criticism* Hans Keller writes: "In order to prove its phoniness beyond reasonable doubt, a profession has to create grave problems which it then fails to solve" (Keller 1987: 14). This category of 'phoney profession' Keller bestowed upon psychoanalysts, music critics and viola players (and doubtless would also have included music therapists had he known about them!). Related to this, he had a similar category of 'phoney problems' which likewise create unnecessary dilemmas.

characterise my data's provenance in just one tradition of music therapy, I have also contextualised the research question within the current thinking of the wider music therapy community, which I suggest has a commonly-held problem with talking about music therapy. Equally, I have been careful to suggest that my findings may both have elements unique to the single case represented by the data (Nordoff-Robbins Music Therapy), but also have other central elements which have the potential for transferring to contemporary music therapy in general.

Dependability: This criterion 'audits' the processes from which findings were derived. Whether, that is, as Robson writes, "the processes followed are clear, systematic, well documented, providing safeguards against bias ... this constitutes a dependability check" (1993: 406). Because there are no standard methods of data gathering or analysis in qualitative research it is vital that the researcher explicitly describes the process and rationale for these, in order that the reader can assess they are indeed rational and systematic. In these terms I have intended in this study to describe in detail the nature of my choices of (i) types of data and the rationale for their selection (ii) methods of data collection, reduction and presentation (iii) methods and theoretical basis of data analysis. Each data section of the study has sections on each of these, with the intention that the research process is explicit, justified and documented. The last point is vital in tackling a main problem of qualitative research - the sheer bulk of data, and the potential inaccessibility to the reader of un-analysed data. My study is therefore accompanied by several 'data sources' from which the reader can check for unnecessary bias in data selection or analysis. The accompanying floppy disk contains full transcripts of the *Talk* data, whilst the accompanying cassette makes available the musical material used as the basis of the *Commentary* data. The primary material for the *Text* data is publicly available.

Confirmability: This final criterion aims to correspond to the quantitative requirement of 'objectivity' and the justification of findings in terms of this. It will be clear from the discussion earlier in this section that objectivity in a positivist sense is neither attempted or possible within most qualitative inquiry. But, as Robson states, we can ask of a qualitative study: "Have we been told enough about the study not only to judge the adequacy of the process, but also to assess whether the findings flow from the data?" (1993: 406). My study aimed to build a systematic and credible argument concerning the ideas and data I investigated. It was, however, based on personal 'readings' of the material, and did not purport to reach any final 'truth', but to interpret them from a particular declared theoretical stance, in order to give a version of the problem which might be useful to others. This does not, however, eliminate any way of assessing the qualities of my work: for interpretative work can also be systematic and credible (or not). Interpretative 'control' is indicated by how far the reader can check the analysis against the data, and as I indicated in the last section, the availability of the primary sources means that my schemes of interpretation can be traced and checked (and can be disputed).

A second major category of possible assessment apart from trustworthiness is the pragmatic criterion of *usefulness* of research. As I outlined in Chapter 3, a major motivation for the 'paradigm shift' in some research in the last decade has been that the previous tradition of positivist, quantitative research was not seen to be useful to music therapists themselves - it was done as a legitimating exercise, the results being for non-music therapists, and done in their terms. In contrast, the evolving tradition of qualitative research has attempted to help practitioners to understand and develop music therapy as a process (rather than just assess the outcome). My motivation for undertaking this study was my own

wish to understand further not just the clinical process but also the process of talking about this process. It was my perception that whilst qualitative studies had tackled the music-therapeutic process, they had done little to address the discursive and disciplinary areas of music therapy in which process was nested (and possibly determined). To the extent my view has been vindicated by the fact that during my research an increasing number of music therapist writers and researchers have turned their attention to this area. Provided that I communicate my work adequately, it is of course up to readers to evaluate its usefulness.

Whilst I am confident that my study stands up to the main criteria of 'trustworthiness' or 'integrity' suggested for qualitative research, there are of course many limitations to it, and it has opened up many possibilities for further inquiry, which I will outline in the next section.

10.24 Identifying future directions

My study intentionally chose to examine just one tradition of music therapy in terms of three different manifestations of metalanguage. The other option would have been to select just one of these modes, and examine this across different current 'schools' of music therapy. This would possibly have shed light on how considerable theoretical differences informed the discourse on music therapy, and what aspects of 'music therapist's dilemma' are common. The fact that my study took an idiographic rather than a comparative stance (two natural options within a qualitative or anthropological perspective), studying the detail of one case rather the comparison of differences may well be both its strength and its weakness. The strength lies in the level of detail I was able to go into, and the comparison between the different modes of formal/informal talk or writing; also in how the

limitation of studying a group of people from one 'school' ensured a basic level of discursive similarity, on the basis of which variations could be interpreted with a level of informedness (given I am also part of this tradition). The weakness of a single case study is in not gaining a wide enough scope of the area so that the 'transferability' of interpretations and conclusions can be guaranteed. Whilst I am confident that my conclusions are to some extent transferable to any music-centred music therapy practice, it would nevertheless be interesting to approach a study of music therapy discourse from a comparative angle, and to see if this makes any substantial challenge to the conclusions I have drawn.

A second limitation of my study is that I have examined only one of the possible options of 'talk about music therapy' - the intra-professional discourse of practitioners. Whilst clearly vital to the development of the profession, there are other occasions of discourse which are equally important and which deserve inquiry. Firstly there is the area of *inter-* professional discourse: the talk about music therapy between doctors, other therapists and other staff, where clear communication can be a vital aspect of making music therapy accessible, and of using its forms of knowledge towards the greater clinical understanding of a client. Here is a possibility for studying the dynamics of different professional discourses interacting, a study which would need to be in the context of discourse use. Here a similar critical and discourse perspective to that taken in my study could be valuable. A second category of discourse on music therapy which has not been tackled within my study is that of what the client says about music therapy, and what this could tell us about both the process itself but also of different possibilities of talking about it. This area has to some extent already been tackled in Colin Lee's work (1995; 1996), but the discourse perspective of my study could add another dimension to such inquiry.

Lastly, the whole area of talking *within* music therapy involves probably the most contentious aspect of current theoretical debate in the music therapy profession. My study has strictly kept to examining only talk *about* music therapy, but recent formulations of the issue of talking *within* (Simpson 1998) suggest that this area needs the rational attention of a research inquiry. It would be interesting to ask how the phenomenon I characterise in this study as 'music therapist's dilemma' determines whether (and how) music therapists of varying theoretical persuasions handle talking within the music therapy process.

Despite these limitations of my study, my suspicion is that because the innate tension between words and music seems integral to music therapy, any investigation of this (from whatever angle) will suggest further possibilities for practice and research. The discursive and disciplinary dimensions are ones which cannot be ignored at the current stage of music therapy's development as a profession.

Epilogue

In the Introduction I outlined my motives for researching and writing this thesis. In this Epilogue I want to revisit some of the questions I posed nearly five years ago and to reconsider them in the light of the conclusions I have reached in this study. Having recently returned to clinical work after a break of two years I am also interested in the implications for my own work as a practitioner (as well as a trainer of music therapists). More generally, I want to consider what my conclusions imply for the future of music therapy as a discipline and profession.

My personal 'music therapist's dilemma' which I described in the Introduction concerned how I was able to reconcile my music therapy practice with the need to talk and write about it. My initial feeling that this concerned my inability to grasp the metalanguage of music therapy gradually gave way to the thought that this was perhaps an inherent problem of the discipline itself. The detailed investigation of this thesis has confirmed my hunch that 'music therapist's dilemma' is indeed endemic to a music-centred music therapy. This has to an extent also been demonstrated by the fact that my characterisation of the 'dilemma' (expressed in interim articles and presentations) has been picked up by colleagues with some sense of recognition (Brown 1999; Pavlicevic 1999; Stige 1998).

As a practitioner again now, I am still conscious of an essential difference between my 'music knowledge' of music therapy and my 'speech knowledge' of it. However, the clarification these terms (and the other conceptual models I have investigated) give to the situation has made me more comfortable with the 'gap'.

It has also given me leads for further investigation into what is unique to music therapy as a clinical intervention. For the music therapy practitioner the results of my study imply that there is a natural and inherent 'gap' between clinical practice and the discursive practices which surround music therapy - but equally that both forms of practice are nonetheless essential to the development of the discipline and profession.

During the five year period of this research I have noticed that far from being the rather idiosyncratic line of inquiry I'd first suspected it to be, my questions and areas of interest seem now to be in line with much current debate both inside and outside of music therapy. I am struck by the 'timeliness' of the ideas (that perhaps like some developments in science, strands of humanistic inquiry also mature together). It now seems to me as if these issues are very much part of a current intellectual *zeitgeist* - arguably presenting material that will lead to a next stage in music therapy's development. Symptomatic of this is that several music therapist theorists have arrived - mostly quite independently - at very similar conclusions in recent years. Publications by Even Ruud, Mercedes Pavlicevic, David Aldridge and Brynjulf Stige have all dealt with similar material to that which I present in this thesis.

Two overall areas are key here: firstly the relationship between current questions in music therapy and the latest thinking in musicology and, secondly, in the re-consideration of music therapy as a practice and discipline from a 'critical' or meta-theoretical perspective. It would seem that music therapy is moving into a reflexive stage of its development. I will comment on each of these in turn.

A central concern of the 'New Musicology' is the paradoxical relationship between music and language. This issue seems emblematic of our contemporary

relationship to music; of us both needing it to yield up its meaning, whilst at the same time wanting to preserve its 'otherness' as a panacea for our over-literal and rational culture. As Adorno suggested, the relationship between music and language is perhaps 'critical' (in several senses) in acting as a touchstone of cultural and intellectual life. The 'New Musicology' has both emphasised the consideration of music as an engaged cultural phenomenon whilst focusing much of its debate on the relationship between music and language and on the nature of talking and writing about music.

Despite the fact that music therapy as a discipline has tended until very recently to ignore these developments in musicology, my research suggests that many of current questions in music therapy are parallel to these areas of debate in musicology. What I took to be a problem specific (if not unique) to music therapy seems embedded in a more general cultural dialogue of our time. 'Music therapist's dilemma' is a progeny of 'Seeger's dilemma', which in turn seems symptomatic of a basic ambiguity (if not anxiety) about the relationship between verbal and non-verbal knowledge and expression, and of the differing values of symbolic systems within our experience. The music-language debate seems talismatic of this, and it is no surprise therefore that it has also become a key issue for music therapy, as a new discipline which emphasises music as an engaged communicative system.

This situation can be seen in how two writers on music (publishing in the last year) represent views on music and words. George Steiner uses that archetypal image of the power of music, the Sirens:

The two forces, that of music and that of language, quintessentially conflictual, meet in the human voice when it sings... One intuits in this grim, enigmatic tale [the Sirens] an early chapter...in the struggle between music and word, between song and ratiocination. The

Sirens strive to draw back into the tidal drag and deeps of music the usurpations, the claims to dominance of the *logos*, of syntax... Every time music insists on its absoluteness, rejecting any text, any programme, any scenic or attendant function, it pays to the despair of the Sirens the homage of Echo.
(Steiner 1997: 69)

Nicholas Cook also refers to the Sirens, as symbolic of music's 'unique powers as an agent of ideology' (1998: 132). But for Cook words are a defence against this, for though music does not just reflect verbal meaning "words function... as music's midwife. Words transform latent meaning into actual meaning; they form the link between work and world" (1998: 125). Words allow the critical orientation that Cook sees as a vital:

As Adorno clearly understood, critical theory omits music at its peril; music has unique powers as an agent of ideology. We need to understand its working, its charms, both to protect ourselves against them, and, paradoxically, to enjoy them to the full. And in order to do that, we need to be able not just to hear music but to *read* it too: not in literal, notational terms, to be sure, but for its significance as an intrinsic part of culture, of society, of you and me.
(Cook 1998: 132)

The music-words dilemma has been a constant in Western philosophical aesthetics, with the Sirens, Adorno, Steiner and Cook elaborating a perennial theme. Contemporary music therapy has inherited the need to understand both what music is in and of itself (and whether this is a viable concept); but also how a metalanguage or discourse on music therapy can describe and account for its functioning within and between people in certain ways, in certain contexts. It is perhaps helpful therefore to regard music therapy as discourse (in the sense outlined in this study), and 'music therapist's dilemma' as part of the cultural conversation of our time concerning music: its nature and relationship to individual experience and cultural context. Even Ruud

suggests as much in the title of his paper 'Music Therapy: Health Profession or Cultural Movement?'.

Music therapy finds itself caught upon the horns of an inevitable dilemma: needing (just like Seeger, and everyone who studies musical phenomena) to reconcile musical process and its speech presentation; music knowledge and speech knowledge. For music therapy more than most performance arts, a verbal discourse is more urgent - since it often needs to defend and promote itself, and its practitioners need to research, teach and write about it. The implications of my study are that 'music therapist's dilemma' is an inevitable one, part of the contract of working with music within a special context. However, at the same time, any discourse it elaborates will add not only to the complexity of music therapy as a discipline, but will increasingly take part in the larger contemporary discourse on music in general - one initiated by ethnomusicology, the study of popular music and the New Musicology.

The second area in which the material of this thesis resonates with current thinking concerns the growing reconsideration of music therapy as a practice and discipline from a 'critical' or meta-theoretical perspective. This has brought attention to 'music therapist's dilemma' in a broader sense - not just how to reconcile music and talk on music, but to the larger dimension of how praxis, theory and discourse relate in music therapy. How, that is, music therapy is a discourse as much as a practice - and how therapists' 'discursive practices' are as important as their clinical practices.

Again, my own experience as both a practitioner and writer on music therapy has highlighted some of the implications of this position. Recently, two articles have been published by music therapists examining in some detail an earlier book of mine called *Music for Life*

(Ansdell 1995) which presented a new strand of practice (with adult clients) within the Nordoff-Robbins tradition.

The first article, by Brynjulf Stige, *Perspectives on Meaning in Music Therapy* (1998) takes the form of a meta-theoretical investigation of two different music therapists' perspectives (Priestley and myself) on the relationship between music, meaning and language within a music therapy context. Using ideas from Wittgenstein's work on language, Stige investigates the relationship between the two authors' philosophical assumptions about music and meaning and their models of practice. He aims to show how a social construction of both the music and the theory is happening in their writing about music therapy. His perspective is 'critical' in the meta-theoretical sense (he aims to 'look behind the curtain', in the metaphor I used in a previous chapter). His critique suggests that whilst the two models presented (Analytical Music Therapy and Creative Music Therapy) are often seen to be essentially different, what they in fact share in common is 'the idea of meaning as something immanent in the music' (1998:26), an idea which for Stige is too near to essentialism. Here we circle back to the New Musicology theme again - Stige's reading of this raises some interesting and key questions for music therapy theorising. At the same time, however, his 'critical' perspective acknowledges that there can be no 'correct' theories or practices if we treat these as social and discursive constructions. His article will, I hope, serve to fuel further dialogue.

A very different perspective emerges from a recent paper by Elaine Streeter (1999) - *Finding a Balance between Psychological Thinking and Musical Awareness in Music Therapy Theory - a Psychoanalytic Perspective*. This also articulates the current conflict between two different interpretations of music therapy theory and practice. Streeter mounts a vigorous critique of 'music-centred music therapy' (as evidenced by *Music for Life* as

well as published work by Colin Lee and Mercedes Pavlicevic) whilst setting out the case for 'music psychotherapy' as a necessary alternative to this. Unlike Stige's work, however, this is a theoretical paper without a meta-theoretical dimension - its argument shows no awareness of the issues of language and meaning in linking theory and practice in music therapy, or of the underlying assumptions (the 'transcendent principles') of the ideas presented. Hence the tone is 'critical' in the more traditional sense - it conflates (dangerously in my view) theory and ethics, and presents its argument in the essentialist fashion that Stige, Ruud and other have shown to be questionable in late twentieth-century argument. The 'theoretical cart' is placed before the 'ethical horse' when Streeter presents different theoretical interpretations of music therapy not as being interesting and competing epistemological positions, but as being implicitly right or wrong, safe or dangerous:

...the more I have read and thought about this subject, the more it has become clear to me that these approaches may, under certain conditions, prove unsafe, both for the therapist and/or the client.
(Streeter 1999: 6)

A 'critical' perspective on this article would point not only towards its surface argument, but also towards its ideological tendencies, where theory is not just a 'view' but a coercion - where the text suggests certain beliefs are being unconsciously lived out as values. This article can be read to demonstrate clearly how certain discursive practices work to legitimate certain theories and clinical practices, and to 'discipline' others. A 'critical reading' of the kind I have suggested in this thesis would bring out the political dimension of this type of writing about music therapy.

Not that I am arguing against passionate disagreement about music therapy - in speech or text! On the contrary, the creative and rational development of

music therapy as a discipline and a profession is dependent on continual theoretical dialogue and debate - which struggles to 'frame' and 're-frame' the ever-changing experience of clinical practice. It is interesting to note that the key theoretical arguments currently emerging in music therapy have been previsited in recent years in art therapy (Shaverien 1994).

However, my research and personal experience in previous years has sensitised me to the need that this theoretical dialogue in music therapy be a *critical* one; fully cognisant of the complex and subtle relationship between clinical and discursive practices and of the ideological and political implications of this relationship. I am concerned about the dangers of a *non-critical* music therapy, especially at a time when music therapy is becoming more 'disciplined' by verbal statements - a development which seems part of increasing professionalisation.

In the UK we now have State Registration of music therapists, a compulsory Supervision Scheme for full membership of the Association of Professional Music Therapists, and further 'regulatory' systems being planned. These are, on the one hand, mechanisms to ensure standards of practice and conduct. They can also, however, lead to conformist pressures on theory and practice - with certain discourses becoming proscribed and clinical practices discredited. A discipline becomes 'monological' when there is a pressure for what Don Cupitt calls a "final vocabulary". Whereas, he writes, "...it is a very late twentieth century lesson: one should not get stuck for life with a final vocabulary" (1998:1). The opposite of this is to encourage dialogue - for music therapy to remain a 'dialogical' pursuit as a discourse and discipline as well as in the intricate musical dialogues that are central to its improvisational practice. Taking a critical perspective is integral to preserving music

therapy as such a dialogical discipline - and resisting the uncreative security of the monologue.

Music therapists need to be aware that their discursive practices are as important as their clinical practice for the future of music therapy. Music therapy is not something we are discovering, but something that we are actively constructing, partly through clinical practices, but mostly in discourse. There are indeed problems with such a discourse, but whilst 'music therapist's dilemma' may be inevitable, it is worth bearing in mind that, as Seeger suggests (in one of his imaginary conversations), the music-speech dilemma is not insurmountable :

S: We all say 'music is this, music is that', we try to *say* how music does what it does. But that puts us right back into the linguocentric predicament. How do you know music is *this* or *that*? Doesn't it do *what* it does? Can't you check?

X: Against what?

S: Your musical knowledge.

X: But that would be pure subjectivity!

S: No, merely inexpressible in words...it is true that speech and music are very unlike in many ways, but they are very like in others. One can try to use the agreement upon the latter to help agreement upon the former's *account* of the latter.

(Seeger 1977: 102)

My project has attempted to do what Seeger suggests here: to study from a critical perspective *how* music therapists talk about music therapy. As a researcher this has convinced me that this area must continue to be one of concern to music therapists. As a musician and a clinician, however, I am still heartened that somehow the practice of music therapy will perhaps always remain recalcitrant to discourse; and I consider it a welcome freedom, rather than a dilemma that, as Seeger commented, "Gaps found in our speech thinking about music may be suspected of being areas of music thinking" (1977: 48).

Appendix A

Andsell, G. (1996). Talking about music therapy: a dilemma and a qualitative experiment. *British Journal of Music Therapy* 10 (1): 4-16.

Abstract

This paper is designed as an introduction to a projected series on aspects of the meta-theory of music therapy. In common with psychoanalysis (Mitchell 1993) and art therapy (Henzell 1995), music therapy inquiry is seeing an evolving reflexive trend which examines in several ways the nature of theory in the discipline — in order to clarify, contextualise and critically evaluate past and current trends (Aldridge 1990, 1993b; Aigen 1991, 1995; Ruud 1988). In the case of music therapy, meta-theory typically seeks to uncover the relationships between three domains: what music therapists do (praxis); what they say (discourse); and what they know (epistemology). This paper takes discourse as the starting-point and makes an introductory study of the nature of talking about music therapy. It centres its investigation on a simple qualitative-style experiment in which a group of listeners (of varying musical and music therapy experience) identify and describe a taped excerpt of music therapy. The results of this experiment are used to form the basis of a discussion about several commonly expressed 'language problems' in music therapy: the need for a 'common language'; the verification of clinical data; describing musical behaviour and the boundary between description and interpretation.

1. Introduction

The experience of music is not, in itself, problematical at all: it is, in a sense, the one thing we can be sure of. The problem lies in correlating what we hear and what we think, know and imagine. (Cook 1990)

'Seeger's dilemma'

Talking about music has always been a problem. Music therapists are revisiting, in their problems with language, a path well-trodden by musicologists, ethnomusicologists, music theorists, critics, instrumental teachers and performers the world over. The difficulty affects anyone trying to breach the word-music divide; anyone who attempts to use verbal strategies to describe musical processes.

Whilst there have been eras when the rhetoric of a musical discourse has flowed more freely

(Osmond-Smith 1989), the situation for some time can be summed up by Stravinsky's remark that 'verbal dialectic is powerless to define musical dialectic in its entirety' (1947:123). Musicologists sometimes refer to problems of the verbal description of musical process as 'Seeger's dilemma' — named after the ethnomusicologist Charles Seeger (1977) who spent a long life tirelessly attempting to clarify the relationships between music and verbal language, and the 'dilemma' inherent every time we cross what he called the 'musicological juncture' and use verbal strategies to talk about musical processes. Seeger developed a useful terminology for representing this situation, referring to our *music knowledge* which operates 'within' musical practice, as opposed to our *speech knowledge* which is 'outside' it and about it (as an object of our 'musicological' attention). The problem, whether we are musicologists or music therapists, is that the knowledge inherent in each of these modes (and the tools for their articulation and communication) is not always isomorphic. Seeger comments that:

The immediate aim of musicology is (a) to integrate music knowledge and feeling in music and the speech knowledge and feeling about them to the extent this is possible in speech presentation, and (b) to indicate as clearly as possible the extent to which this is not possible. (1977. 47-8)

What Seeger calls 'speech presentation' is for music therapists the dilemma of a *discourse* of music therapy, which I characterise as 'music therapists' dilemma'. This concerns the attempt to reconcile the practice of music therapy (which largely operates within Seeger's 'music knowledge') with the need for a coherent system of verbal representation (a 'speech knowledge') in order to communicate this practice and to develop theory — in teaching, research, or simply in everyday clinical communication within the discipline or between professionals.

'Music therapists' dilemma'

This situation has not gone unnoticed by music therapists, who have increasingly shown an awareness of language issues. At the First Arts Therapies Research Conference (City University

1989), second only to the problem of appropriate research methodologies was the issue of a 'common language' and how arts therapists' work is communicated and received (Proceedings, ed. Lee 1989). There is a common recognition among many music therapists of the problems of:

- finding an adequate descriptive language for music therapists to be able to discuss the music therapy process (Bunt 1986; Moreno 1988; Aigen 1991);
- being able to use a common descriptive base to communicate treatment aims and results, teaching methods and research findings (Aldridge 1992 & 1993b; Bunt and Hoskyns 1988; Proceedings, ed. Lee 1989);
- the wider verifiability of descriptive and interpretative statements made about the music therapy process (Aldridge 1990, 1992 & 1993b; Bunt 1986; Proceedings, ed. Lee 1989).

However, whilst a growing number of writers on music therapy are voicing the need for attention to be given to language-based problems, little research has been, or is being done in this area. One promising sign is the growing popularity and acceptance of qualitative methodology in psychology and arts therapies research (Henwood & Nicolson 1995, Langenberg et al. 1992), which has drawn attention to the potential of discourse and text-based data, both for theoretical and meta-theoretical inquiry.

Dilemmas of description

'Music therapists' dilemma' can make 'Seeger's dilemma' seem relatively simple by comparison. Accounting for the music therapy situation (by which I mean describing, inferring and interpreting clinical material within an epistemological framework) involves not just the 'musicological juncture' between words and music, but also the dimension of the therapeutic — that matrix of musical, personal, behavioural and relational factors which defines what is unique (and uniquely difficult to represent) about music therapy. We could call this the 'music-therapeutic juncture'.

Several clinical teams, inspired by ideas from qualitative research, have recently made studies in the area of the reception of music therapy material and its musical-clinical description.

Although not aimed directly at this area, a by-product of both the projects by Lee (1992) and

Pavlicevic (1991) was to demonstrate the difficulties of causally linking clinical and musical process where the mediation for this comparison is natural language description.

More specifically, Langenberg et al. (1992) and Weymann (1989) have both made experiments in the reception and description of a musical therapy 'object'. Langenberg's study set out to 'triangulate' viewpoints on the 'musical object' of an improvisation from a music therapy session, using the therapist, the client and five independent listeners who were not music therapists. The different perspectives were finally condensed into a single theme (in the example they give: 'Freedom and Ties') and this was then related to aspects of the client's biography; pathology and other non-musical aspects of the treatment. In this study the descriptive contact with the music seems to be bypassed at an early stage of the analytic process, which is then largely guided by the basic assumption of their declared theoretical angle — that the 'musical object' is directly representational of the client's emotional and inter-personal problems, and that the non-musical theme which the descriptive process initiates is the desired result of the process.

A similar approach was taken by the Morphological Research Group at Ulm (Weymann 1989), who developed a process of 'Description and Reconstruction' which aimed to construct a case through a planned progression leading from description to interpretation and then to a synthesis of that client's case. This offers, writes Weymann, '...the invaluable advantage of making clinical pictures structurally accessible and treatable from the *musical* point of view'. Only trained music therapists were used as listeners, but the construction of the case also used verbal material from the client and therapist.

Outside music therapy research, but examining similar issues, is Ivan Eisler's paper: 'Systematic observation and clinical insight — are they compatible? An experiment in recognising family interactions' (1985). Here, within the field of family therapy, Eisler set out to test the ability of a wide group of non-specialists to recognise clinician's descriptions and interpretations about a family shown on a video. The viewers in the experiment were asked to choose from a set of statements, of the sort therapists typically make, about the family, with the target of matching the

I. Slow ♩ = 56

C. *"Klavier's schön"*

T. *mp*

2 3 4 5

poco accel...

6 7 8 II. 9

"Schön"

10 11 12 13 14 15

cresc.

Figure 1

III.

168 17. 18. 19. 20.

Musical score for section III, measures 168-20. The treble staff contains a vocal line with various ornaments and slurs. The piano accompaniment is in the bass staff, featuring chords and moving lines.

218 22. 23. 24.

Musical score for section III, measures 218-24. The treble staff continues the vocal line. The piano accompaniment in the bass staff includes arpeggiated figures and sustained chords.

IV.

258 26. 27. 28.

mf

Musical score for section IV, measures 258-28. The treble staff features a vocal line with a crescendo hairpin. The piano accompaniment in the bass staff consists of chords and moving lines. The dynamic marking *mf* is present.

298 30. 31. 32. 33.

"Das ist schön"

Musical score for section IV, measures 298-33. The treble staff contains a vocal line. The piano accompaniment in the bass staff includes chords and moving lines. The phrase "Das ist schön" is written above the final measures.

genuine statements with the specified family. The observers showed a high degree of ability to recognise the 'genuine' statements. As Eisler comments, this demonstrates some reliability in what are often taken to be unverifiable subjective descriptions and interpretations.

The experiment that follows takes cues from all of these studies, but adds a dimension that all of them lack: a critical approach to the language of clinical description itself. It has been typical of the positivist orientation of much previous research in music therapy that language was taken as transparent; that the search for facts for verification was pursued independent of questions of language. A post-modern perspective on theoretical investigations (Harre 1994; Burr 1995) shows this to be a questionable stance. The following experiment, then, keeps an eye on both sides of the coin: on *what* is identified as significant and described, and on *how* such descriptions, inferences and interpretations are constructed.

2. Investigation

Experiment design

The musical excerpt (see Fig. 1: pp 6-7) was selected on the basis of its being short, self-contained, and relatively un-complex musically. I made a skeleton musical transcription of this, which was checked for accuracy by two musicians.

The excerpt comes from the third session with a middle-aged woman with a chronic illness. Both therapist and client play the piano (bottom and top respectively). I followed the transcription with a detailed written (almost note-by-note) analysis of my own perspective as therapist on the excerpt — using evidence of what I remembered from the session, what I could hear from the tape and what I could see from the score.¹ This was then set aside and later compared with the other accounts in the data analysis stage. The five listeners were chosen to give a cross-section of experience in both musical and music therapy areas. They were:

- (I) a non-musician with no knowledge of music therapy.
- (II) an amateur musician with no knowledge of music therapy.
- (III) an amateur musician casually informed about music therapy.
- (IV) a non-musician well-informed in the field of therapy (in particular in Nordoff-Robbins music therapy).
- (V) a Nordoff-Robbins trained music therapist.

The experiment

Each of the five listeners completed an identical procedure. They were told that the excerpt came from a music therapy session, but nothing further about the client, therapist or instrument.² The experiment involved three tasks:

- The listeners were asked to 'just listen' to the excerpt complete and then to say what they heard. Their comments were taped.
- When they had nothing further to say, they were asked to listen again but with the option of stopping the tape at any point to make a comment. Additionally, they were encouraged to stop the tape even if they could not put into words why they had wanted to. (Each time they finished talking the tape was slightly re-wound so as to get an overlap and prevent the perspective being lost.)
- Finally, the listeners were asked to hear the complete excerpt once more and to make any further comments.

Data organisation

The listeners' comments were transcribed and from these a descriptive summary (Giorgi 1985) was made of the comments resulting from the three hearings by the five listeners — comparing their accounts in terms of *what* they heard and *how* their language articulated their perceptions. Secondly, with the aid of the transcribed score, a correlation was made of the stop-points made by the listeners, to see whether they had identified similar events in the excerpt. Thirdly, a more detailed examination was made of selected sections of the listeners' texts, to review the precise language-forms used.

3. Data & data analysis

Perspective A: descriptive summaries

First hearing

All the listeners identify two voices, and all except (I) identify the therapist as being at the lower end of the piano. (I) describes the piece as: *Dreamy ...a sort of lullaby* and (II) attempts to use musical terminology to describe elements, though without reference to the players: *It seemed to be regular*

¹ There is insufficient space to include this in the present article. A version of it can be seen, however, in *Music for Life* (Ansdell 1995) pp52-5. The excerpt can be heard on the CD which accompanies the book (track 6)

² When listeners wanted to refer to the player they identified as the client they were told it was 'she'.

in rhythm... apart from one modulation... (III) finds the piece aesthetically pleasing and is surprised at how the two voices play together spontaneously. (IV) and (V) both begin from an assumption of what the basic situation is in terms of therapist/client roles, and have the most to say after the first hearing — both focusing mostly on the client and describing the excerpt using a variety of musical terminology and terms of personal agency. (IV) remarks about 'delayed notes', saying that: *It sounded as if she was having technical difficulties... in phrasing, in meeting you, in finding a melody and carrying on.* He also comments about the relationship between the two players: *It always sounds as if she wants to play with you — the musical relationship is there — it's just that she's hampered by her abilities...* (V), the music therapist, makes similar remarks to (IV), but draws an immediate inference based on purely musical criteria: *What I heard was a searching for melody in the top...* He demonstrates a structural awareness of the piece over time, citing events at the beginning, middle and end, and develops the image of the client's search for melody and form: *So there was a searching, then a finding, then more searching...* He identifies a crucial element in the middle: *The leap was really the significant point...* and describes it in terms of the client: *I get the feeling that she suddenly realises form and finds shape...* Finally he develops a 'theory' bringing together this and other observations concerning both the client and the musical relationship: *By repeating a melody that strengthens her own musical persona — and she becomes stronger and stronger, and therefore it becomes two people playing together, rather than you supporting her... which, though it sometimes means it's less together — it is really her making her own expression...*

Second hearing

All five listeners have more to say the second time and make a number of tape-stops. (I) makes his stops mostly at the end of phrases or melodic units and again his comments are mostly general and in non-technical language. His concern rests mostly with the upper voice, which he now identifies as the client: *She's definitely getting more confident now... using more notes...* He also refers to *The fit between the two players... they're mingling together now — it's blending...* He talks of the client being 'adventurous', 'flowing' and finding confidence within the situation through finding form in the music: *I get the impression*

she's trying to make music now... make a tune... not just picking individual notes...

(II) is interested in who is leading, who following. Identifying a harmonic change in bars 3-4 he comments: *The patient seemed to be forced into a change of tune there... the top part is being manipulated by the bottom part, which makes changes and is musically forcing the pace of the music.* His attempts to describe the excerpt using musical terminology tend to be inaccurate, and he seems frustrated by this.

(III) is precise in identifying certain events and uses both musical and metaphorical descriptions: *There's a sort of mirroring of the two voices there...* She comments on the musical relationship: *Another moment where the two are very much in unison...* and makes inferences to account for musical phenomena she hears: *The top line sort of syncopates one note, which is then picked up as a syncopation by the bottom line — which sort of builds it in somehow...* On the piece as a whole she says: *You get very much the feeling that the whole piece has a shape... a sort of architectural flow to it...*

(IV) makes extensive and detailed comments this time, but says after one stop: *Yes, I'm certainly hampered by a lack of technical vocabulary — I can hear what's happening but I've no precise vocabulary to say what it is...* He nevertheless hears details: *There she plays the two notes and then seems tentative...* and accompanies his observations with inferences: *It's nice to hear that repeat... it's like there's a looking for some sort of musical sense... not just a playing of unrelated sequences of tones.* His comments cover the tendencies of the client's playing: *Sounds quite unstable — not sure where to go and what to do...*; the musical relationship: *There's a change in the quality of the playing — it sounds like she's actually moving with you in that musical relationship...*; the aesthetic qualities of the piece as a whole: *I find that little sequence so aesthetically pleasing...*; and metaphoric images of musical details: *That's very nice! A sudden spring then... it's almost as if they've built a base, and then from that springboard... there's another leap forward... it's very satisfying to hear that...*

(V) makes detailed comments and asks questions (using exact musical terminology) about the client's playing: *Why does she hold back there? Whether that's because she didn't manage to play or whether she meant it?* He questions the initiatives of therapist and client: *I'm not sure who initiates the pulse — how did it get going?* and

108 112 113 114 115 116 117 118 119

cresc.

(V) That's highly significant - it's the whole idea of a leap in music - it does something for you - it makes you leap! ...she actually wallows in that note - makes it sound...not like she's been playing before. It sounds like she recognises the relevance of that and didn't want to come away from it...

(III) That's suddenly a complete shift in tone - well, almost in the mood of it. It's been fairly repetitive up to there and then there's a total shift to something different...

(IV) That's very nice... a sudden spring then... it's almost as if they've built a base (that nice aesthetic bit), and then from that springboard there's another leap forward. It's very satisfying to hear that.

(IV) And there you hear the tentativeness - having made the leap into something that makes absolute sense...the second note comes and you think - what's going to follow? and somehow you hear the tentativeness and not knowing what to do...

(II) I'm wondering whether the person on the top part is playing with one finger - it's very staccato, and jumping around from one note to the next...

(III) The top line sort of syncopates one note, which is then picked up as a syncopation by the bottom line - which again sort of builds it in somehow - so that it doesn't just become a note which, to a musician's ear, sounds as if it's been played slightly late - it's actually integrated into the fabric of it.

(V) I think the reason she's losing it now is that she's starting to rubato, and perhaps you weren't ready to accommodate that. It sounds like rubato rather than wrong placing.

Figure 2

- *description* is the use of language to articulate the intentional objects of experience within the constraints of intuitive or presentational evidence;
- by *interpretation* I mean the development of a plausible but contingent line of meaning attribution to account for phenomena.

Figure 3 shows the coding categories in summary, and following that (see p. 13) are two examples of the application of coding to excerpts from the listeners' comments. I have taken these from (III) and (V), that is, the amateur musician and the music therapist.

DESCRIPTION	
MUSICAL COMPONENT	
Neutral	<i>There was a modulation there</i>
Agent	<i>She stretches the beat there</i>
Metaphoric	<i>There's a sort of mirroring of the two voices there...</i>
Personification	<i>The bass is trying to play with the top</i>
QUALITIES	
Neutral	Dynamics <i>It was loud [forte]</i>
	Tempo <i>It was fast [allegro]</i>
	Texture <i>It was spiky [staccato]</i>
Agent	<i>She played loud/fast/spiky [forte/allegro/stacc.]</i>
Metaphoric	<i>It was dreamy / like a dream...</i>
Reflexive	<i>It made me feel sad/angry/...</i>
Value	<i>It was beautiful/ I found it.....</i>
TENDENCIES	
Neutral	<i>It seemed uncertain/ to wander...</i>
Agent	<i>She/he played seemed uncertain, wandery...</i>
Relational	<i>They seemed uncertain/wandery</i>
INFERENCE	
<ul style="list-style-type: none"> • He/she/they seemed to want/intend/ have to do..... • It sounded as if.... • Perhaps what is happening there is.... 	

[INTERPRETATION] (sample) *The music represented the client's dichotomy between instability and freedom.*

Figure 3

3. Discussion

This investigation can be interpreted in two major ways: as a *verification* experiment or as a *constructionist* study of descriptive accounts in music therapy. As such, the focus is either on *what* music-therapeutic events, objects and processes the listeners perceived; or alternatively, *how* the listeners attempted to describe this in words, and to assemble accounts of the excerpt.

As 'verification experiment' it would be seen as attempting to demonstrate the reality of something about the music therapy process through the *inter-subjective* agreement of a group of observers. It was in this fashion that Eisler's study (1985) aimed to show that family therapists' descriptions were not idiosyncratic merely because they were subjective. Equally, the present experiment did indeed suggest significant agreement in the inter-subjective perceptions of a group of listeners who did not share similar skills and background. A first comparison could be made between my prior analysis and the listeners' comments. The former account was summarised into two statements:

- client: confidence to 'take a leap' alternating with hesitation and lack of impulse for continuity;
- therapist: supporting the client's tentative finding of musical order and development by stabilising, extending, sometimes echoing and developing the client's musical gestures.

The listeners in the experiment seem inter-subjectively to confirm much of this version of the excerpt — their comments also largely being concerned with:

- *how the client played*: her tentativeness, searching, losses and gains of confidence, her flowing and her leaps;
- *how the client and therapist 'met' in the music*: those points where the music seemed as one, or where there seemed an awkwardness or mis-match in the musical relationship;
- *the excerpt as music in its own right*: including aesthetic comments.

The similar focus of comments in my prior account and amongst the five listeners holds good for both overall emphases and for the citation of specific detail, as revealed by the stop-point correlations (the most obvious of which is the

Figure 4: Listener (III)

<i>There's a sort of mirroring of the two voices there...</i>	metaphoric description of a musical component
<i>...particularly because the top voice... whose style of playing is staccato...</i>	neutral description of a musical quality using musical term
<i>...the bottom voice picks that up and brings that kind of jittery style into the whole composition...</i>	personified musical tendency... metaphor... inference
<i>...which is very nice... it kind of integrates it.</i>	value statement... musically-grounded inference

Figure 5: Listener (V)

<i>What I heard was a searching for melody in the top...</i>	neutral inference
<i>...and when it started there was a supporting bass...</i>	neutral description of musical component
<i>...staying there but at times coming towards the melody and then coming back again...</i>	personified metaphoric descr. of musical component
<i>It seemed to me that the leap was really the significant point</i>	value inference of musical component
<i>...I get the feeling she suddenly realises form, finds shape...</i>	inference of tendency, with agency
<i>...and by repeating a melody that strengthens her own musical persona — and she becomes stronger and stronger...</i>	musically-grounded inference of a tendency
<i>...and therefore it becomes overall two people playing together, rather than you supporting her...</i>	inference of tendency of therapist strategy/musical relationship
<i>...which, though it sometimes means it's less together — it is her making her own expression.</i>	inference about client
<i>...And I think that the reason she's losing it now is that she's starting to rubato...</i>	description of tendency with agency — use of musical term
<i>...and perhaps you weren't ready to accommodate that...</i>	inference of tendency of therapist

'creative leap' at bar 15-16). Although there is an increase in precision of identifying events by listeners informed in music and music therapy, there does, overall, seem to be a 'base-line' of observational agreement.

If these tentative findings are held up as verification of 'what really happened' then several important reservations need to be addressed concerning the experiment. The client's perspective was left out of the equation (in this case because her first language was German); the sample of

listeners was small; and, perhaps most crucially, the one piece of information that was given to the listeners (that the excerpt came from a music therapy session) could have determined all further perceptions and subsequent statements.

If, however, the whole investigation is considered differently, then what were reservations become instead a natural part of the explanation. An alternative reading would begin from the acknowledged fact that the listeners knew that the excerpt was from a music therapy session, and

would examine how they possibly 'framed' their accounts of the excerpt in terms of variants upon a therapeutic discourse which in turn reflects an evolving discourse of music therapy.³ This is not to say that the accounts are somehow fabrications and therefore invalidate what was happening in music-therapeutic terms. It would, however, examine the accounts (the descriptions and inferences) as representing what are perhaps the only possible ways of talking about music therapy at the current stage of the discipline — a mixed and evolving discourse which takes in musical description, an attempt to describe musical behaviour, musical relationship and the dynamic emotional dyad of the session. Moreover, all of these specific problems would have to be considered within the larger cultural *episteme* in which we think and talk.

It can be seen from the analysis of the listeners' comments that, though they all cope at some level, there is a hierarchy of discourse. At one level their language mirrors their musical and/or therapeutic knowledge. Yet all five listeners seemed to need to use several parallel forms of description. Those with a musicological vocabulary found this insufficient to describe and account for what they heard as 'persons-in-the-music'. They needed to include a vocabulary which included terms of human volition, intention and relationship. What to one listener was a 'syncopation' was to another a 'delayed' note. This suggests both a way of listening and a way of talking that moves back and forth between the music as a perceptual object and form in its own right, and the music as representative of the players — their individual qualities, tendencies and mode of contact. These multiple perceptions are reflected in the use of multiple language.

A second interesting area is that which concerns description and interpretation. In terms of Giorgi's (1992) definitions, all the listeners went beyond description in their comments, in their attempts to *account* for something heard. At the same time, however, they often went only marginally outside the 'constraints of intuitive or presentational evidence', and were certainly not making psychodynamic-style interpretations. I have experimentally called these half-way statements 'musically-grounded inferences' — by which I mean statements that attempt to account for a music-therapeutic event by inferring something about the player's behaviour: her motive, intention, strategy, thought or feeling which perhaps led to what is heard in the music. An inference cannot be proved by looking at the score, but can

be inter-subjectively agreed upon as plausible. This approach differs from some styles of interpretative statements in the way that it is closely induced from the details of the musical phenomena and 'grounded' by the 'presentational evidence'. Typical 'musically-grounded inferences' begin with the form: 'It/she seems/wants/intends to...' or, 'It sounds as if it/she is trying/wanting/being...'. Included in this category can be those statements which speculate as to the physical or psychological state of the players (their confidence, joy, anxiety). Interestingly, it would seem in this experiment that the listeners least informed about music therapy made the most value-laden comments about the client's experience.

The number of inferences, on the other hand, increased with the listeners most informed in music therapy — the music therapist making the most (though these can still be seen to come out of specific musical details). Some of the music therapist's comments could be said to go beyond the 'musically-grounded inference' in their abstraction (for example, 'I hear a search for melody'), and perhaps are interpretations proper, in that they represent a *leit-motiv* in his account — derived from a heard phenomenon meeting an already-established theory (in this case of musical form and contact). They are, however, interpretations which keep their hands on the ropes until they are ready to jump!

The contingent line between observation, description, inference and interpretation is clearly prone to a certain degree of 'slippage', which perhaps reveals something interesting about the limitations and potentials of talking about music therapy. Extensive further research is needed to clarify the problem, and whilst the current experiment used an eclectic range of listeners, repeats of it will concentrate on variations between a group of music therapists trained within one tradition; music therapists trained in different traditions, and so on. Hopefully this will yield some interesting information about the relationship between discourse and epistemology in music therapy — on the commonalities and the differences teased out by discourse use.

3 'A discourse refers to a set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events.' (Burr 1995: 48)

Conclusion

'Music therapists' dilemma' will not go away, however much the profession matures. The problems of talking about music therapy are woven into those of talking about music. As Seeger stated: 'The gaps in our speech thinking about music may be suspected of being areas of musical thinking.' And yet the experiment in this paper demonstrated that a surprising range of people coped in bridging the 'music-therapeutic juncture' — and were able, at whatever level of complexity, to reconcile the dilemma in their own individual way.

There are several implications for some current issues in the profession. The first of these concerns the debate over whether a 'common language' will evolve and allow what psychoanalysts call 'normative competence' — the (relative) ease of intra-disciplinary communication. Further, will other arts therapists and clinicians be able to bridge the disciplinary gaps? Whilst a cautious optimism should always be maintained, clearly we have a long way to go. One misconception which is thrown into relief by my investigations is that 'music therapists' dilemma' must not be simplified as being exclusively a problem of vocabulary (though this is a factor). Instead we must think of the problems of a *discourse* of music therapy — where the problems of talking about music therapy are part of a much larger matrix of dilemmas of *thinking* about how the work is characterised, described and accounted for. Music therapy is not static — it evolves through our 'discursive practices' as much as our clinical practices: it takes its forms from every level of our talk — from the casual conversation to the most abstract article.

Other current concerns, such as researching process and outcome in music therapy, seeking inter-subjective verification of clinical material and borrowing extrinsic models for its clarification — all these are mediated by discourse. For just some of our time perhaps we need to bracket the more common question 'What is music therapy?' and turn some attention (at least within the discipline) to the alternative question 'What are we *making* music therapy?' Consequently, meta-theoretical dimensions of music therapy must be studied and debated — for the dilemma of talking about music therapy is natural — yet ultimately it need not be a problem.

Acknowledgements

The author would like to thank the five listeners for their time and fascinating material, and David Aldridge for comments on an earlier version of this paper.

Gary Ansdell is currently Research Fellow in Music Therapy at The City University, London. His book *Music for Life* was published in 1995 by Jessica Kingsley Publishers.

References

- Aigen, K. (1991) *The Roots of Music Therapy: towards an Indigenous Research Paradigm*. Unpublished doctoral thesis. New York University
- (1995) 'An aesthetic foundation of clinical theory: an underlying basis of creative music therapy'. In: Kenny, C. (ed.) 1995
- Aldridge, D. (1990) 'Towards a common language amongst creative arts therapists'. *The Arts in Psychotherapy* 17, 189-96
- (1992) 'Two epistemologies music therapy and medicine in the treatment of dementia'. *The Arts in Psychotherapy* 19, 243-55
- (1993a) 'Artists or Psychotherapists?'. *The Arts in Psychotherapy* 20, 199-200
- (1993b) 'Music Therapy Research II. research methods suitable for music therapy'. *The Arts in Psychotherapy* 20, 117-31
- Ansdell, G. (1995) *Music for Life*. London: Jessica Kingsley Publishers
- Bunt, L. (1986) 'Research in Great Britain into the effects of music therapy with particular reference to the child with a handicap'. In: Ruud (ed.) *Music and Health*. Norsk Musikforlag
- Bunt, L. & Hoskyns, S. (1988) 'A review of music therapy research in Great Britain'. *Complementary Medicine Research* 3(1) 47-54
- Burr, V. (1995) *An Introduction to Social Constructionism*. London: Routledge
- Cook, N. (1990) *Music, Imagination, Culture*. Oxford: Univ. Press
- Eisler, I. et al. (1985) 'Systematic observations and clinical insight — are they compatible? An experiment in recognising family interactions'. *Psychological Medicine* 15 173-88
- Girgi, A. (1985) *Phenomenology and Psychological Research*. Pittsburgh: Duquesne Univ. Press
- (1992) 'Description versus interpretation: competing strategies for qualitative research'. *Journal of Phenomenological Psychology* 23 (2)
- Harre, R. & Gillett, G. (1994) *The Discursive Mind*. London: Sage
- Henzell, J. (1995) 'Research and the particular. epistemology in art and psychotherapy'. In: Gilroy & Lee (eds) *Art and Music: Therapy and Research*
- Henwood, K. & Nicolson, P. (1995) 'Qualitative Research'. *The Psychologist* (Qualitative Research Special Issue) 8 (3)

- Langenberg, M. et al. (1992) 'Methodik zur Beschreibung und Interpretation Musiktherapeutischer Behandlungswerke'. *Musikther. Umschau* 10, 275-90
- Lee, C. (1992) 'The analysis of therapeutic improvisatory music with people living with the virus HIV and AIDS'. PhD thesis, City University, London
- (ed. 1989) '1st Arts Therapists Research Conference'. Proceedings, London: City University
- Mitchell, S. (1993) *Hope and Dread in Psychoanalysis*. New York: Basic Books
- Moreno, J. (1988) 'The music therapist: creative artist and contemporary shaman'. *The Arts in Psychotherapy* 15: 271-80
- Osmond-Smith, D. (1989) 'Between music and language: a view from the bridge'. In: McAdams, S. & Deliège, I. (eds) *Music and the Cognitive Sciences*. London: Harwood Academic
- Pavlicevic, M. (1991) 'Music in Communication: Improvisation in music therapy'. PhD thesis, University of Edinburgh
- Pavlicevic, M. & Trevarthen, C. (1989) 'A musical assessment of psychiatric states in adults'. *Psychopathology* 22 (6) 325-34
- Ruud, E. (1988) 'Music therapy: health profession or cultural movement?'. *Journal of the American Association for Music Therapy* 7 (1)
- Seeger, C. (1977) *Studies in Musicology 1935-75*. Berkeley: Univ. of California Press
- Stravinsky, I. (1947) *Poetics of Music*. New York: Vintage
- Strauss, A. (1987) *Qualitative Analysis for Social Scientists*. Cambridge: Univ. Press
- Weymann, E. (1989) 'Anzeichen des neuen Improvisieren als Erkenntnisstittel und als Gegenstand der Forschung — dargestellt an einen Fallbeispiel aus der Musiktherapie'. *Musikther. Umschau* 10, 275-90

Appendix B

This appendix contains additional material to Chapter 7, consisting of the first level of coding of the Forums in the form of 69 themes.

1. Defining music therapy
2. Defining music therapy with new client group
3. Relationship of music therapy to other therapies
4. Definitions of 'music'
5. 'Music therapy explains itself'
 - 'demonstration as explanation'
6. Therapists' personal definitions of music therapy
 - with different clients
7. Consultations/assessments in music therapy
 - explanation via involvement/experiencing
 - clients' reaction to initial sessions
 - clients' expectations of music therapy
8. Examination of the category 'self-referred adult'
9. Terminology for classifying clients
10. Reasons for referral to music therapy
 - relationship to client category
 - institution/terminology/categorisation
 - stereotyping of music therapy according to clients
11. 'Labelling people'
 - pathology/normality
 - positive sides of pathology
 - forgetting about the pathology
12. Relationship between treatment settings and vocabulary

13. Differences between adult and child work
14. Music therapists under pressure from others
 - other professionals
 - parents
 - other models (academic/institutional)
15. How child work in NR influences adult work
16. 'Qualitative' v. 'Quantitative' justifications of clinical work
17. Ethical dimensions of what is/ what can be offered as music therapy (elaboration of 'just making music v. other constructions of therapy)
18. Explanatory/ normative languages for music therapy
19. 'Just making music' v. goal-directed work.
20. Direct v. indirect approach to presenting problems
21. Commonalities between music therapy and other treatment systems (including psychotherapy)
22. External (theoretical) influences on clients' ideas about music therapy/ behaviour in music therapy, eg 'Music therapy is about..'. Also:
 - verbal/ conceptual ideas v. musical experience
 - need to educate referers
 - misconceptions of music therapy
23. "The Moment" ... sudden changes within the music therapy process
24. Music therapy cultivates listening:
 - music therapy training is 'in listening'
 - listening v. playing
25. Resistance to working in prescriptive, medical or diagnostic way.
26. Difference between therapist/ client & musician/ client relationship...
27. "Becoming music" / "Being music"
 - the 'music person'

-
28. Integration' / 'alignment' in the music therapy process
 29. Giving the client instructions
 - intervention: verbal/ non-verbal
 30. Training 'credo' v. current practice of therapists
 31. 'Expressing' (catharsis/ 'acting out')
 32. Uniqueness of musical/ music therapy experiences
 - music therapy & non-verbal/ conceptual experience
 - power of music therapy
 - power of improvisation
 33. Uniqueness of 'art experience'
 34. Therapists' faith / trust in music therapy
 35. Music therapy strategies with 'challenging behaviour'
 36. Juxtaposing client's behaviour / client's music.
 - 'bracketing' extra-musical behaviour
 37. Adult clients can report on their own experience
 - clients' perceptions influencing music therapy theory
 38. The use/status of 'ideas' in NR music therapy
 39. 'Theoretical categorisation' of therapists
 - two groups in regard to adult work.
 - resistance of categorisation/ polarisation
 40. Polarised theoretical debate.
 41. Conflict between two theoretical groups.
 - "creeping divisions" & passing these to students
 42. Two 'theoretical camps'
 - 'music therapy' v. 'music-making'
 - 'it's always been there...'
 43. Nature / purpose of ideological conflict.
 44. Ideological conflict and power.
 - 'human dimension of ideological conflict.
 - ideological issue in NR music therapy reflected on larger social level.
-

-
45. Theoretically 'cornering' people.
 46. 'Agreement within disagreement' (conciliation)
 47. Need for communication about confusions & 'suspensions'
 48. Values' of different client group work.
 - hierarchy of value / difficulty in client groups
 - client groups and therapists' status
 49. Elitism of adult work therapists.
 - old myths of the 'value' of adult work
 - 'minority mystique'
 - pioneers breeding mystique
 50. Value issues in music therapy
 51. Need for mutual understanding of each others' work
 52. 'Adult work' - dissatisfaction with this category / term
 - categories of client / types of work
 - defining 'Self-referred adult' & relationship to work
 - political implications of pathologising
 53. Choice of client work: personal vocation/commitment.
 - therapist individualism
 - therapist identification with client group
 - not having choice of work
 54. Therapist's musical skill in relation to client groups
 - who (therapist) can work with whom (client)
 - child / adult division
 - basic music-therapeutic skills
 55. Music-therapeutic strategies with differing client groups
 - complexity / simplicity argument
 56. 'Child-work' / 'Adult work'
 - revisiting child-work from perspective of adult-work
 57. Vocabulary and value judgements
 - descriptive language
-

-
58. Nordoff-Robbins: historical v. 'principles of...'
 - "core beliefs" / fundamentals
 - unifying 'underlying aspects' / principles
 - child-work as 'basic'
 - London-Herdecke
 59. Hierarchy in music therapy profession
 60. Responsibility to clients
 61. Theoretically equipping therapists through (further) training.
 - initial training enough to work accross...
 - influence of training on adult/ child dichotomy
 62. Music therapists as competitive performers
 - positive and negative aspects of 'performance'
 63. Music therapy / other therapy comparisons
 - with verbal therapies
 - with art therapy
 - 'active' v. 'interactive' arts therapies
 64. Public 'performance' aspect of music therapy work
 65. 'Beautiful music' / 'Ugly music'
 - aesthetic / clinical theory in music therapy
 - aesthetic definitions
 - 'expressionist theory' of music therapy
 66. 'Art' / 'Craft' distiction for music therapy
 67. Inequality in 'art' skills amongst music therapists
 68. Diversification in NR
 - psychodynamic influence
 - 'therapeutic repertoire' - using what's available
 69. Institutions / clients / praxis
-

References

- Adams, M.** (1987). Measurement problems in applied music therapy research. *Journal of British Music Therapy* 1 (2): 6-10.
- Adorno, T.** (1998). *Quasi una Fantasia: Essays on Modern Music*. (London: Verso).
- Aiello, R.** (1994). *Musical Perceptions*. (Oxford: Oxford University Press).
- Algen, K.** (1991). *The Roots of Music Therapy: Towards an indigenous research paradigm*. PhD thesis: New York University.
- Algen, K.** (1995). *An Aesthetic Foundation of Clinical Theory: an underlying basis of Creative Music Therapy*. In: *Listening, Playing, Creating*, ed. C. Kenny. (New York: State University of New York Press).
- Algen, K.** (1995b). *Principles of Qualitative Research*. In: *Music Therapy Research: Quantitative & Qualitative Perspectives*, ed. B. Wheeler. (Gilsum NH: Barcelona Publishers).
- Algen, K.** (1996). *Being in Music: Foundations of Nordoff-Robbins Music Therapy*. (St Louis: MMB).
- Algen, K.** (1997). *Here we are in music: one year with an adolescent creative music therapy group*. (St Louis: MMB).
- Algen, K.** (1998). *Creativity in qualitative music therapy research*. *Journal of Music Therapy* XXXV (3): 150-175.
- Aldridge, D.** (1990). *Towards a common language amongst creative arts therapists*. *The Arts in Psychotherapy* 17 : 189-196.
- Aldridge, D.** (1993). *Artists or psychotherapists?* *The Arts in Psychotherapy* 20 : 199-200.
- Aldridge, D.** (1993b). *The Music of the body: music therapy in medical settings*. *Advances* 9 (1): 17-35.
- Aldridge, D.** (1993c). *Music therapy research II: research methods suitable for music therapy*. *The Arts in Psychotherapy* 20 : 117-131.
- Aldridge, D.** (1996). *Music Therapy Research and Practice in Medicine: From Out of the Silence*. (London: Jessica Kingsley).

Aldridge, D. (1996b). Towards the development of a research culture in music therapy. *Music Therapy International Report of the AAMT 10* : 12-16.

Aldridge, G. (1996). 'A Walk through Paris': The development of melodic expression in music therapy with a breast-cancer patient. *The Arts in Psychotherapy 23* (3): 207-223.

Alvin, J. (1975). *Music Therapy*. (London: John Clare Books).

Amir, D. (1992). Awakening and expanding the self: meaningful moments in the music therapy process as experienced and described by music therapists and music therapy clients. PhD thesis: New York University.

Ansdell, G. (1991). Mapping the territory. *British Journal of Music Therapy 5* (2): 18-27.

Ansdell, G. (1995). *Music for Life: Aspects of Creative Music Therapy with Adult Clients*. (London: Jessica Kingsley).

Ansdell, G. (1996). Talking about music therapy: a dilemma and a qualitative experiment. *British Journal of Music Therapy 10* (1): 4-16.

Ansdell, G. (1997). Musical Elaborations: what has the New Musicology to say to music therapy? *British Journal of Music Therapy 11* (2): 36-44.

Ansdell, G. (1997b). Music for Life: Continuing the Dialogue. *International Association of Nordoff-Robbins Music Therapists Newsletter*. London and New York, November 1997.

Atkinson, D. (1995). Discourse & practice in the art curriculum and the production of the pupil as subject. *Journal of Art and Design Education 14* (3): 17-28

Ayrey, C. (1990). Introduction to Jean Molino's 'Musical Fact and the Semiology of Music'. *Music Analysis 9* (2): 105-111

Bannister, P. (1994). Discourse Analysis. In: *Qualitative Methods in Psychology*. ed, P. Bannister et. al. (Milton Keynes: Open University Press).

Bannister, P. (1994). *Qualitative Methods in Psychology: a Research Guide*. (Milton Keynes: Open University Press).

Barthes, R. (1985). *The Responsibility of Forms*. (Berkeley: University of California Press).

Billig, M. and Condor, S. (1988). *Ideological Dilemmas: A Social Psychology of Everyday Thinking*. (London: Sage).

-
- Blacking, J.** (1995). *Music, Culture, Experience: Selected papers of John Blacking*. (Chicago: University of Chicago Press).
- Born, G.** (1995). *Rationalizing Culture: IRCAM, Boulez and the Institutionalization of the Musical Avant-Garde*. (Berkeley: University of California Press).
- Bortoft, H.** (1986). *Goethe's Scientific Consciousness*. (Tunbridge Wells: Institute for Cultural Research).
- Bright, R.** (1993). Cultural Aspects of Music in Therapy. In: *Music Therapy in Health and Education*, ed. M. Heal and T. Wigram. (London: Jessica Kingsley).
- Brown, S.** (1999). The music, the meaning and the therapist's dilemma. In: *Clinical Applications of Music Therapy in Developmental Disability, Paediatrics & Neurology*, ed. T. Wigram & J. Backer. (London: Jessica Kingsley).
- Brown, S. and Pavlicevic, M.** (1997). Clinical improvisation in Creative Music Therapy: musical aesthetic and the interpersonal dimension. *The Arts in Psychotherapy* 23 (5): 397-405.
- Bruscia, K.** (1987). *Improvisational Models of Music Therapy*. (Springfield, Illinois: Charles C. Thomas).
- Bruscia, K.** (1995). Differences between quantitative and qualitative research paradigms: implications for music therapy. In: *Music Therapy Research: Quantitative & Qualitative Perspectives*, ed. B. Wheeler. (Gilsum NH: Barcelona Publishers).
- Bruscia, K.** (1995b). Topics, phenomena and purposes in qualitative research. In: *Music Therapy Research: Quantitative & Qualitative Perspectives*, ed. B. Wheeler. (Gilsum NH: Barcelona Publishers).
- Bruscia, K.** (1995c). Modes of Consciousness in GIM: therapist's experience of the guiding process. In: *Listening, Playing, Creating: essays on the power of sound*, ed. C. Kenny. (Albany, NY: State University of New York Press).
- Bruscia, K.** (1998). Standards of integrity for qualitative music therapy research. *Journal of Music Therapy* XXXV (3): 176-200.
- Bunt, L.** (1986). Research in Great Britain into the effects of music therapy with a particular reference to the child with a handicap. In: *Music and Health*, ed. E. Ruud. (Oslo: Norsk Musikforlag).
- Bunt, L.** (1994). *Music Therapy: An Art Beyond Words*. (London: Routledge).
-

Bunt, L. and Marston-Wyld, J. (1995). Where words fail music takes over: a collaborative study by a music therapist and a counselor in the context of cancer care. *Music Therapy Perspectives* 13 : 46-50.

Bunt, L. (1997). Clinical and therapeutic uses of music. In: *The Social Psychology of Music*, ed. D. Hargreaves and A. North. (Oxford: Oxford University Press).

Bunt, L. and Hoskyns, S. (1988). A Review of Music Therapy Research in Great Britain. *Complementary Medicine Research* 3 (1): 47-54.

Burr, V. (1995). An Introduction to Social Constructionism. (London: Routledge).

Byrne, P. (1995). From the depths to the surface: art therapy as a discursive practice in the post-modern era. *The Arts in Psychotherapy* 22 (3): 235-239.

Capra, F. (1997). The Web of Life. (London: Harper Collins).

Chanan, M. (1994). Musica Practica: The Social Practice of Western Music from Gregorian Chant to Postmodernity. (London: Verso).

Clarke, D. (1996). Language Games. *The Musical Times*, January 1996.

Clarke, E. (1989). Issues in language and music. *Contemporary Music Review* 4: 9-22.

Clynes, M. (1977). Sentic: The Touch of the Emotions. (New York: Anchor Press).

Coffey, A. and Atkinson, P. (1996). Making Sense of Qualitative Data: Complementary Research Strategies. (London: Sage).

Cook, N. (1990). Music, Imagination, Culture. (Oxford: Clarendon Press).

Cook, N. (1998). Music: A Very Short Introduction. (Oxford: Oxford University Press).

Culler, J. (1997). Literary Theory: A Very Short Introduction. (Oxford: Oxford University Press).

Cupitt, D. (1998). The Revelation of Being. (London: SCM Press)

Denzin, N. and Lincoln, Y. (1994). Handbook of Qualitative Research. (London: Sage).

-
- Dunsby, J.** (1982). A Hitchhiker's Guide to Semiotic Music Analysis. *Music Analysis* 1 (3): 235-242.
- Eco, U.** (1977). A Theory of Semiotics. (London: Macmillan).
- Elliott, D.** (1995). Music Matters: A New Philosophy of Music Education. (New York: Oxford University Press).
- Flumara, G.** (1995). The Metaphoric Process: Connections between Language and Life. (London: Routledge).
- Foucault, M.** (1972). The Archaeology of Knowledge. (London: Tavistock).
- Frith, S.** (1996). Performing Rites - on the Values of Popular Music. (Oxford: Oxford University Press).
- Gfeller, K.** (1995). The Status of Music Therapy Research. In: Music Therapy Research: Quantitative & Qualitative Perspectives, ed. B. Wheeler. (Gilsum NH: Barcelona Publishers).
- Gilroy, A. and Lee, C** (eds.). (1995). Art and Music: Therapy and Research. (London: Routledge).
- Giorgi, A.** (1992). Description versus interpretation: competing strategies for qualitative research. *Journal of Phenomenological Psychology* 23(2).
- Green, K. and LeBlhan, J.** (1996). Critical Theory & Practice. (London: Routledge).
- Gustorff, D.** (1990). Lieder ohne Worte. *Musiktherapeutischer Umschau* 11 : 120-126.
- Habermas, J.** (1987). The Philosophical Discourse of Modernity. (London: Polity Press).
- Harré, R.** (1998). The Singular Self. (London: Sage).
- Harré, R. and Gillett, G.** (1995). The Discursive Mind. (London: Sage).
- Heal, M. and Wigram, T.** (eds.). (1991). Music Therapy in Health and Education. (London: Jessica Kingsley).
- Henwood, K. and Nicolson, P.** (1995). Qualitative research. *The Psychologist* 8 (3): 109-10.
- Henzell, J.** (1995). Research and the Particular: epistemology in art and psychotherapy. In: Art and Music: Therapy and Research, ed. A. Gilroy and C. Lee. (London: Routledge).
-

-
- Hoskyns, S.** (1995). Observing Offenders: the use of simple rating scales to assess changes in activity during group music therapy. In: *Art and Music: Therapy and Research*, ed. A. Gilroy and C. Lee. (London: Routledge).
- Kell, C. and Feld. S.** (1994). *Music Grooves*. (Chicago: University of Chicago Press).
- Keller, H.** (1987). *Criticism*. (London: Faber).
- Kenny, C.** (1989). *The Field of Play: A Guide for the Theory and Practice of Music Therapy*. (Atascadero, CA: Ridgeview Publishing Company).
- Kenny, C., (ed.).** (1995). *Listening, Playing, Creating: Essays on the Power of Sound*. (New York: State University of New York).
- Kenny, C.** (1996). The Story of The Field of Play. In: *Qualitative Research in Music Therapy: beginning dialogues*. ed. M. Langenberg, K. Aigen and J. Frommer. (Gilsum, NH: Barcelona Publishers).
- Kenny, C.** (1997). Developing concepts for a general theory of music therapy. Paper presented at the 4th European Music Therapy Conference, Leuven. (Manuscript).
- Kenny, C.** (1998). Embracing complexity: The creation of a comprehensive research culture in music therapy. *Journal of Music Therapy XXXV* (3): 201-217.
- Kerman, J.** (1985). *Musicology*. (London: Fontana).
- Langenberg, M.** (1992). Methodik zur beschreibung und interpretation musiktherapeutischer behandlungswerke. *Musiktherapeutischer Umschau 10* : 258-298.
- Langenberg, M., Aigen, K. et al. (eds.).** (1996). 'Qualitative Music Therapy Research: Beginning Dialogues'. (Gilsum NH: Barcelona Publishers).
- Lee, C. (ed.).** (1989). *Proceedings of the First Arts Therapies Conference*. City University, London, March 1989.
- Lee, C.** (1992). The analysis of therapeutic improvisatory music with people living with the virus HIV and AIDS. PhD thesis: City University, London. Dept. of Music.
- Lee, C.** (1995). The analysis of therapeutic improvisatory music. In: *Art & Music: Therapy & Research*, ed. A. Gilroy and C. Lee. (London: Routledge).
- Lee, C.** (1996). *Music at the Edge: the Music Therapy Experiences of a Musician with AIDS*. (London: Routledge).
-

-
- Levi-Strauss, C.** (1969). *The Raw and the Cooked*. (New York: Harper and Row).
- Lincoln, S. and Guba, E.** (1985). *Naturalistic Inquiry*. (Beverly Hills: Sage).
- Maranto, C. (ed.).** (1993). *Music Therapy: International Perspectives*. (St Louis: MMB Music).
- Middleton, R.** (1990). *Studying Popular Music*. (Milton Keynes: Open University Press).
- Miles, M. and Huberman, A.** (1984). *Qualitative Data Analysis*. (London: Sage).
- Mitchell, S.** (1993). *Hope and Dread in Psychoanalysis*. (New York: Basic Books).
- Molino, J.** (1990). Musical fact and the semiology of music. *Music Analysis* 9 (2): 113-156.
- Monelle, R.** (1992). *Linguistics and Semiotics in Music*. (London: Harwood Academic Publishers).
- Moreno, J.** (1988). The music therapist: creative artist and contemporary shaman. *The Arts in Psychotherapy* 15 : 271-80.
- Nattiez, J.-J.** (1989). Reflections on the development of semiology in music. *Music Analysis* 8 (1-2): 21-75.
- Nattiez, J.-J.** (1990). *Music and Discourse: Towards a Semiology of Music*. (Princeton: Princeton University Press).
- Neugebauer, L.** (1992). *Therapy as Dialogue*. PhD thesis: University of Witten-Herdecke, Faculty of Medicine.
- Neugebauer, L. and Aldridge, D.** (1998). Communication, heart rate and the musical dialogue. *British Journal of Music Therapy* 12 (2): 46-53.
- Nordoff, P. and C. Robbins** (1971). *Therapy in Music for Handicapped Children*. (London: Gollancz).
- Nordoff, P. and C. Robbins** (1977). *Creative Music Therapy*. (New York: John Day).
- Odell, H.** (1995). Approaches to music therapy in psychiatry with specific emphasis upon a research project with the elderly mentally ill. In: *The Art & Science of Music Therapy: a Handbook*, ed. T. Wigram, B. Saperston and R. West. (Langhorne: Harwood Academic Publishers).
-

-
- Oldfield, A. and Adams, M. (1995).** The effects of music therapy on a group of adults with profound learning difficulties. In: *Art and Music: Therapy and Research*, ed. A. Gilroy and C. Lee. (London: Routledge).
- Osmond-Smith, D. (1989).** Between Music and Language: a View from the Bridge. In: *Music and the Cognitive Sciences*, ed. S. McAdams and I. Deliege. (London: Harwood Academic Publishers).
- Paddison, M. (1996).** Adorno, Modernism and Mass Culture: Essays on Critical Theory and Music. (London: Kahn and Averill).
- Palmer (1997).** Structuralism and Poststructuralism for Beginners. (New York: Writers & Readers Publishing).
- Parker, I. (1992).** Discourse Dynamics. (London: Routledge).
- Parker, I. (1996).** Postmodernism and its discontents: therapeutic discourse. *British Journal of Psychotherapy* 12 (4): 447-60.
- Parker, I. (1998).** Constructing and deconstructing psychotherapeutic discourse. *The European Journal of Psychotherapy, Counselling and Health* 1 (1): 65-78.
- Pavlicevic, M. (1991).** Music in communication: improvisation in music therapy. PhD thesis: University of Edinburgh, Dept. of Psychology.
- Pavlicevic, M. (1995).** Music & Emotion: Aspects of Music Therapy Research. In: *Art and Music: Therapy and Research*, ed. A. Gilroy and C. Lee. (London: Routledge).
- Pavlicevic, M. (1999).** With listeners in mind: creating meaning in music therapy dialogues. *The Arts in Psychotherapy* 26(2): 85-94
- Pavlicevic, M. (1997).** Music Therapy in Context: Music, Meaning and Relationship. (London: Jessica Kingsley).
- Pavlicevic, M. and Trevarthen, C. (1989).** A musical assessment of psychiatric states in adults. *Psychopathology* 22: 325-334.
- Phillips, A. (1993).** On Kissing, Tickling and Being Bored. (London: Faber).
- Phillips, A. (1994).** On Flirtation. (London: Faber).
- Phillips, A. (1997).** Terrors and Experts. (London: Faber).
- Polkinghorne, D. (1983).** Methodology for the Human Sciences. (Albany: State University of New York Press).
-

-
- Potter, J. and Wetherell, M.** (1987). *Discourse and Social Psychology: Beyond Attitudes and Behaviour*. (London: Sage).
- Prior, L.** (1997). Following in Foucault's Footsteps: text and context in qualitative research. In: *Qualitative Research: Theory, Method and Practice*, ed. D. Silverman. (London: Sage).
- Pryer, A.** (1996). Nattiez' 'Music and Discourse': Situating the philosophy. *Music Analysis* 15 (1): 101-115.
- Rabinow, P.** (1986). *The Foucault Reader*. (London: Penguin).
- Robarts, J.** (1996). Music Therapy for Children with Autism. In: *Children with Autism*, ed. C. Trevarthen. (London: Jessica Kingsley).
- Robbins, C.** (1993). The Creative Processes are Universal. In: *Music Therapy in Health & Education*, ed. M. Heal and T. Wigram. (London: Jessica Kingsley).
- Robbins, C. and Forinash, M.** (1991). A time paradigm: time as a multilevel phenomenon in music therapy. *Music Therapy* 10 (1): 46-57.
- Robbins, C. and Robbins, C.** (1993b). Self-communications in Creative Music Therapy. In: *Case Studies in Music Therapy*, ed. K. Bruscia. (Gilsum NH: Barcelona Publishers).
- Robbins, C. and Robbins, C.** (eds.). (1998). *Healing Heritage: Paul Nordoff Exploring the Tonal Language of Music*. (Gilsum NH: Barcelona Publishers).
- Robson, C.** (1993). *Real World Research*. (Oxford: Blackwell).
- Rogers, P.** (1992). Issues in working with sexually abused clients in music therapy. *Journal of British Music Therapy* 6 (1): 5-15.
- Rogers, P.** (1995). Music therapy research in Europe: a context for the qualitative/quantitative debate. *British Journal of Music Therapy* 9 (2): 5-13.
- Rohrbacher, M.** (1993). *The ethnomusicology of music therapy*. PhD thesis: Univ of Maryland, Dept of Ethnomusicology.
- Ruud, E.** (1980). *Music Therapy and its Relationship to Current Treatment Theories*. (St Louis: MMB).
- Ruud, E.** (1988). Music therapy: health profession or cultural movement? *Journal of the American Association for Music Therapy* 7: 34-7.
-

Ruud, E. (1996). Music Therapy: the Science of Interpretation. In: Music Therapy in Multi-disciplinary Teams: Proceedings of the 3rd European Music Therapy Conference, ed. I. Pedersen and L. Bonde. (Aalborg: Aalborg Universitetsforlag).

Ruud, E. (1996b). Music therapy as a science: a narrative perspective. *Music Therapy International Report (AAMT)* 10 : 10-12.

Ruud, E. (1998). Music Therapy: Improvisation, Communication and Culture. (Gilsum, NH: Barcelona Publishers).

Ruud, E. (1998b). Science as metacritique. *Journal of Music Therapy* XXXV (3): 218-224.

Sacks, O. (1973). Awakenings. (London: Picador).

Sald, E. (1991). Musical Elaborations. (London: Vintage).

Sapir, E. (1949). The Status of Linguistics as a Science. In: Selected Writings of Edward Sapir, ed. G. Mandlebaum. (Berkeley: University of California Press).

Schögler, B. (1998). Music as a tool in communications research. *Nordic Journal of Music Therapy* 7 (1): 40-50.

Scruton, R. (1997). The Aesthetics of Music. (Oxford: Oxford University Press).

Seeger, C. (1977). Studies in Musicology 1935-75. (Berkeley: University of California Press).

Sharma, U. (1996). Situating Medical Knowledge. In: Complementary and Alternative Medicines: Knowledge in Practice, ed. S. Cant and U. Sharma. (London: Free Association Books).

Shaverien, J. (1994). Analytical art psychotherapy: further reflections on theory and practice. *Inscape* 2: 41-49.

Shepherd, J. and Wicke, P. (1997). Music and Cultural Theory. (London: Polity Press).

Shotter, J. (1993). Conversational Realities: Constructing Life Through Language. (London: Sage).

Silverman, D. (1993). Interpreting Qualitative Data. (London: Sage).

Silverman, D. (1997). The Logics of Qualitative Research. In: Context & Method in Qualitative Research, ed. G. Miller and R. Dingwall. (London: Sage).

-
- Simpson, F.** (1998). What are we talking about? The spoken word in Creative Music Therapy. Master of Music Therapy dissertation: The Nordoff Robbins Music Therapy Centre, London.
- Sloboda, J.** (1985). *The Musical Mind*. (Oxford: The Clarendon Press).
- Small, C.** (1998). *Musicking*. (Hanover, NH: Wesleyan University Press).
- Smeljsters, H. et al. (eds.)** (1995). *European Music Therapy Research Register Volume Two*. (The Netherlands: Music Therapy Foundation).
- Steiner, G.** (1989). *Real Presences*. (London: Faber).
- Steiner, G.** (1997). *Errata: An Examined Life*. (London: Phoenix).
- Stern, D.** (1985). *The Interpersonal World of the Infant*. (New York: Basic Books).
- Stige, B.** (1998). Perspectives on meaning in music therapy. *British Journal of Music Therapy* 12 (1): 20-29.
- Stravinsky, I.** (1947). *Poetics of Music*. (Camb. Mass: Harvard University Press).
- Streeter, E.** (1995). Talking and playing: the dynamic relationship within music therapy. *Journal of the Institute of Psychotherapy and Counselling* 3 : 1-11.
- Streeter, E.** (1999). Finding a balance between psychological thinking and musical awareness in music therapy theory - a psychoanalytic perspective. *British Journal of Music Therapy* 13(1): 5-21.
- Sturrock, J.** (1993). *Structuralism*. (London: Fontana).
- Subotnik, R.** (1996). *Deconstructive Variations - Music and Reason in Western Society*. (Minnesota: University of Minnesota Press).
- Summer, L.** (1996). *Music - The New Age Elixir*. (Amhurst, NY: Prometheus Books).
- Tyler, H.** (1998). Behind the mask: an exploration of the True and False Self as revealed in music therapy. *British Journal of Music Therapy* 12 (2): 60-67.
- Webster, R.** (1995). *Why Freud Was Wrong*. (London: HarperCollins).
-

-
- Weymann, E.** (1989). Anzeichen des neuen Improvisieren als Erkenntnismittel und als Gegenstand der Forschung - dargestellt an einen Fallbeispiel aus der Musiktherapie. *Musiktherapeutischer Umschau* 10 : 275-290.
- Wheeler, B.** (ed.). (1995). Music Therapy Research: Quantitative and Qualitative Perspectives. (Gilsum NH: Barcelona Publishers).
- Whitall, A.** (1982). Music analysis as human science? *Le Sacre du Printemps* in theory and practice. *Music Analysis* 1 (1): 33-53.
- Wigram, T., Saperston, B. and West, R.** (eds.). (1995). The Art and Science of Music Therapy: a Handbook. (Langhorne: Harwood Academic Publishers).
- Wittgenstein, L.** (1953). Philosophical Investigations. (Oxford: Blackwell).
- Wittgenstein, L.** (1958). The Blue and Brown Books. (Oxford: Blackwell).
- Woodward, P.** (1992). Abraham Maslow. In: On the Nature of Musical Experience, ed. B. Reimer and P. Wright. (Colorado University Press).
- Zuckerkandl, V.** (1956). Sound and Symbol. (Princeton, N.J: Princeton University Press).