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What is the Music of Music Therapy?
*An Enquiry into the Aesthetics of
Clinical Improvisation*

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Submitted for the Degree of Doctor of Philosophy

Music Department

University of Durham

2012

Supervisor

Professor Max Paddison

ABSTRACT

In many places in the Western world where music therapy occurs, improvisation is a significant and widespread practice in clinical work. The question of the nature of improvisation in music therapy is the topic of this enquiry, with particular reference to musical ontology and aesthetics.

I examine how a consideration of ontology enables a distinction to be drawn between the music made within the clinical setting, known as clinical improvisation, and music that is made elsewhere. The context for this enquiry is the music therapy practice of the UK. Through an examination of the recent history of this practice, I establish two distinct approaches to clinical improvisation in the UK, music-centred and psychodynamic. I show how there are different ontologies of music ‘at work’ between these two approaches. I also demonstrate how these distinctions manifest in the question of the location of the therapeutic effect: is it in the music or the therapeutic relationship? Finally, I examine the nature of clinical improvisation in relation to performance. I explain how a consideration of distinct ontologies of music within clinical improvisation indicates a further distinction between the music of music therapy and art improvisation that is made elsewhere.

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DECLARATION

No part of this thesis has previously been submitted for any degree in this or any other university, and no part of it has previously been published.

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PART I

THE CONTEXT OF CLINICAL IMPROVISATION

CHAPTER ONE

The Music of Music Therapy: An Introduction

In Western thinking, music's established and secure place in the world of the arts has proved difficult for music therapists, for whom music exists in the world of healing ... there is a converging question: where and how do music-as-art and music-as-therapy meet, if at all?

MERCÈDES PAVLICEVIC, 1995¹

In a sense, the difficulty of our attempt to use music as a communicative medium is compounded because it is also an attempt to wrest music from an assumed sole existence as 'art'. This is perhaps a philosophical conundrum that follows music therapists throughout their career.

KAY SOBEY AND JOHN WOODCOCK, 1999²

Are therapeutic improvisations comparable to present day works of art?

COLIN ANDREW LEE, 1990³

¹ M. Pavlicevic, 'Music and emotion: Aspects of music therapy research', in A. Gilroy and C. Lee (eds.), *Art and music therapy and research* (London and New York: Routledge, 1995), p.51.

² K. Sobey and J. Woodcock, 'Psychodynamic music therapy', in A. Cattanaach (ed.), *Process in the arts therapies* (London and Philadelphia: Jessica Kingsley Publishers, 1999), pp.137–138.

³ C. Lee, 'Structural analysis of post-tonal therapeutic improvisatory music', *Journal of British Music Therapy* 4 (1990), p.11.
K. Sobey and J. Woodcock, 'Psychodynamic music therapy', in A. Cattanaach (ed.), *Process in the arts therapies* (London and Philadelphia: Jessica Kingsley Publishers, 1999), pp.137–138.

³ C. Lee, 'Structural analysis of post-tonal therapeutic improvisatory music', *Journal of British Music Therapy* 4 (1990), p.11.

When music therapists make music in a music therapy session, with a client, adult or child, what kind of music are they making, and is it any different from the ‘art’ music made elsewhere? This enquiry is concerned with the question of ‘what is the music of music therapy?’ I pose this question with philosophical emphasis, as a dilemma of ‘comparative musical ontology’.⁴ I draw a distinction between clinical improvisation and art improvisation and use this distinction to examine the kinds of clinical music-making practised in two contemporary music therapy approaches in the UK. In doing so, I take the aesthetic considerations of (i) music and emotion and (ii) performance as revealing the distinctiveness of ontology found in the music of music therapy.

The impetus for the enquiry is threefold. First, it has arisen out of an observation within clinical practice that the purpose of music therapy is frequently misunderstood by clients and professional colleagues alike. It is my contention that the source of this misunderstanding lies with how the music as a medium within therapy is conceptualized. For example, if a colleague refers a client to music therapy on the understanding that the improvised music within sessions is made ‘for its own sake’, separate from a notion of the therapeutic relationship as contained *within* the music, then it is likely that they will have misunderstood the nature of the music therapy intervention overall.

Second, the enquiry has arisen out of an observation that the status of the music is not always clear; are clients creating ‘pieces of music’ or ‘artworks’ within sessions, in the way that they might, for example, during community workshop sessions or other music-making settings? Similarly, I have observed that where music therapists

⁴ A. Kania, ‘New waves in musical ontology’, in K. Stock and K. Thomson-Jones (eds.), *New waves in aesthetics* (Basingstoke: Palgrave Macmillan, 2008), pp.20–40. The term ‘art improvisation’ provides a working distinction between clinical improvisation and improvisation for its own sake.

improvise music together, for example as part of a practical workshop at a study day, it is not clear whether their music is clinical improvisation or free improvisation made for its own sake. This dilemma shares some common ground with other art therapy disciplines, for example the question of whether or not to ‘exhibit’ the paintings made by clients in art therapy.⁵

The third impetus is the observation that in music therapy literature, particularly where there are contentions of theory or practice, it is generally assumed that there is only one concept of music to be considered, and the concept of music under consideration is commonly assumed to be a unified one and rarely considered otherwise.⁶ At various stages of this enquiry I highlight the implications and interconnectedness of all these dilemmas, how they are manifested and how they inform an understanding of music ontology within music therapy.

Throughout the enquiry I refer to the work of Gary Ansdell, a British music therapist and theorist, who has presented what are considered as significant challenges to the notion of clinical improvisation as a distinct form of music-making. At the centre of the enquiry, I examine the question posed by the American music therapist Kenneth Aigen, who asks whether ‘musical experiences in clinical contexts can be continuous with non-clinical musical experiences’.⁷

⁵ This observation is made based on many extended discussions with art therapy colleagues regarding the question of the nature of paintings painted within sessions and then placed upon the wall of the art therapy room.

⁶ This is not an issue unique to music therapy. A similar observation has been made by philosopher Stephen Davies with regard to accounts of musical ontology (within analytical aesthetics) ‘which tend to assume musical pieces are of a single type’. See: S. Davies, *Musical works and performances* (Oxford: Clarendon Press, 2001), p.7.

⁷ K. Aigen, ‘In defense of beauty: A role for the aesthetic in music therapy theory’, *Nordic Journal of Music Therapy* 16 (2007), pp.112–128.

In summary, this is an enquiry into the ideas and concepts surrounding a musical practice, namely the improvised music that takes place in therapy known in the UK as clinical improvisation.⁸ Whilst the orientation is philosophical and comprises an ontological examination of clinical improvisation, a significant portion of the central discussion relates to the history of music therapy practice derived directly from the clinical experience of the writers whose work I examine. The research problems addressed in the enquiry are as follows:

- 1 I seek to identify an ontological difference between clinical improvisation, which takes place within a clinical setting such as a school or hospital, and art improvisation, which takes place in other settings such as venues for musical performance.
- 2 I explore the notion that there are different ontologies of music ‘at work’ in two different approaches to clinical improvisation. These two approaches I will refer to as ‘psychodynamic music therapy’ and ‘music-centred music therapy’.⁹

Overall, I seek to provide an account of what I contend is an ontological distinctiveness of clinical improvisation in relation to art improvisation and, in so doing, demonstrate a further distinction between ‘psychodynamic’ and ‘music-centred’ clinical improvisation.

Whilst there may be diverse musical practices in the day to day repertoire of any

⁸ Clinical improvisation has been defined as ‘musical improvisation with a specific therapeutic meaning and purpose in an environment facilitating response and interaction.’ See: K. Abram, S. Caird and M. Mure et al., *A handbook of terms commonly in use in music therapy* (Cambridge: Association of Professional Music Therapists, 1985), p.5.

⁹ See: K. Aigen, *Music centered music therapy* (Gilsum, NH: Barcelona Publishers, 2005) and S. Hadley, ‘Theoretical bases of analytical music therapy’, in J. T. Eschen (ed.), *Analytical music therapy* (London: Jessica Kingsley Publishers, 2002), pp.34–48. These terms, psychodynamic and music-centred, are, however, in general use within the music therapy literature, and the meaning of each will be explored in depth throughout the enquiry. Where it is practical, I will simply refer to the ‘two approaches’.

individual music therapist, which may or may not be specifically identifiable as psychodynamic or music-centred, in this thesis I show that ultimately there is profound philosophical meaning to be elicited in the making of this distinction *in abstracto*. What is clinical improvisation? What research approach will be taken in this enquiry? For the remainder of this chapter, I provide an answer to these two questions in the form of an introduction to the enquiry as a whole. I provide an initial context for the research and a background to the musical practice of clinical improvisation. I then examine the philosophical methodology that has provided a framework and direction to the project, before making a link between questions of aesthetics and ontology, in particular the comparative musical ontology proposed by Andrew Kania and the clinical practice of music therapy. Finally, I provide a summary of what is to come in subsequent chapters.

Initial Contexts

The context to this enquiry is the complex debate within the UK music therapy profession during the past fifteen years regarding the question of best practice.¹⁰ Two key positions will emerge many times throughout the enquiry in the form of two approaches to clinical improvisation: *psychodynamic* and *music-centred*. Put simply, the debate has occupied territory between therapists whose practice on the one hand is informed by theories and practice of psychoanalysis, known as psychodynamic or ‘psychoanalytical informed’ music

¹⁰ For an introduction to the debate between the two approaches to clinical practice, see: E. Streeter, ‘Finding a balance between psychological thinking and musical awareness in music therapy theory – a psychoanalytic perspective’, *British Journal of Music Therapy*, 13, No.1 (1999), pp.5–20. Streeter’s work will be considered in Chapter Six.

therapy,¹¹ and on the other hand informed by theories and practice of music, known as music-centred music therapy.¹² The tension between these two positions is in part political (What is the meaning of becoming a profession and receiving recognition through state registration? Should any one model of practice predominate within this?), part ethical (What should a music therapist do? Which practice is the most therapeutic? Which practice is the most musical? Which practice is safe?) and part theoretical (Can non-musical theories inform a musical practice? Can musical theories inform a therapeutic practice?).¹³

The key development and stimulus in this debate has been the emergence of a music therapy literature proposing or describing what has come to be known as ‘community music therapy’.¹⁴ Here, clinicians and researchers have addressed all of these questions in-depth and in doing so opened up some important considerations for everyday clinical work. This is particularly with regard to the physical and emotional boundaries of therapy,

¹¹ The theory and practice of psychoanalytic psychotherapy in its contemporary forms. Psychodynamic music therapy in recent years has been particularly influenced by the British Object Relations school, including the work of Donald Winnicott and John Bowlby, together with the influences of humanist forms of psychotherapy and counselling such as Irvin Yalom and the person-centred approaches originally developed by Carl Rogers. For a summary of influences, which includes a transatlantic perspective, see S. Hadley, ‘Psychodynamic music therapy: An overview’, in S. Hadley (ed.), *Psychodynamic music therapy: Case studies* (Gilsum, NH: Barcelona Publishers, 2003), pp.1–20.

¹² Some of the underlying assumptions about music in this practice are derived from the anthroposophical influences of Rudolf Steiner in the Nordoff-Robbins approach. See: C. Robbins and C. Robbins, *Healing heritage: Paul Nordoff exploring the tonal language of music* (Gilsum, NH: Barcelona Publishers, 1998). More recently, this approach has also drawn from literature of musicology and sociology. Both approaches derive theory about practice from empirical psychology, in particular the work of Daniel Stern and Colwyn Trevarthen. For a summary see: J. Z. Robarts, ‘Music therapy and children with autism’, in C. Trevarthen, K. Aitken, D. Papoudi and J. Z. Robarts (eds.), *Children with autism: Diagnosis and interventions to meet their needs* (London: Jessica Kingsley Publishers, 1998), pp.172–202.

¹³ For a summary and discussion of this debate, particularly with regard to its significance in the recent development of the music therapy profession, see: A. Barrington, ‘Music therapy: A study in professionalisation’, unpublished PhD thesis, University of Durham (2005), pp.35–62. See also: A. Barrington, ‘Challenging the profession’, *British Journal of Music Therapy* 22, No.2 (2008), pp.65–72.

¹⁴ G. Ansdell, ‘Community music therapy and the winds of change’, *Voices: A World Forum for Music Therapy* (North America 2, March 2002), pp. 18–19. Available at: <http://normt.uib.no/index.php/voices/article/view/83/65>. Accessed 4 November 2011.

which had hitherto developed under the influence of psychoanalytic psychotherapy. Under this new designation of community music therapy, music therapists began to write about expanding their work outside of the perceived boundaries. For example, they have questioned the hitherto assumed necessity for a private space in which to work with clients and the need for the therapeutic relationship to remain exclusive to the therapy session. Alternative ways of working have been described, with the idea of resisting ‘one-size-fits-all models (of any kind)’.¹⁵ Some of the debate has been grounded in the idea, influenced by phenomenology, that ‘music therapy always takes place *in context* ... [that] after a period when music therapy has been modelled on the private needs of the psychological individual, music therapists seem again to be following where music also naturally leads – towards creating community and a cultural home’.¹⁶

This is the recent professional context out of which the present enquiry has arisen. However, whilst attention has been paid to ‘best practice’, less attention, it can be said, has been paid to the nature of the music-making employed in that same practice, what kind of music it is and whether or not there is more than one concept of that same music.¹⁷ This enquiry opens, therefore, with an examination of the emergence of that music and the diversity of music-making present from the start of the contemporary practice. Furthermore, clinical improvisation, by its very nature, is not a widely disseminated instance of music-making. For example, this specialized form of music-making is not

¹⁵ For an initial summary of these issues from a community music therapy perspective, see: M. Pavlicevic and G. Ansdell, *Community music therapy* (London: Jessica Kingsley Publishers, 2004), pp.15–31.

¹⁶ *Ibid.*, p.17.

¹⁷ Exceptions to this include G. Ansdell, *Music for life: Aspects of creative music therapy with adult clients* (London: Jessica Kingsley Publishers, 1995) and M. Pavlicevic, *Music therapy in context: Music, meaning and relationship* (London: Jessica Kingsley Publishers, 1997). I refer to the work of both these authors throughout this enquiry.

generally broadcast or discussed across the media and is largely unconsidered within the academic practices of musicology or aesthetics. It may be conjectured that this is because it usually takes place within a confidential therapeutic setting between client and therapist. For this reason in particular, at the start of the enquiry I provide an account of music therapy as involving a specific form of music-making with a history and current context of its own. Clinical improvisation is thus presented as a technique for music therapy that has developed from the 1960s onwards, today forming a central part of music therapy training in the UK.¹⁸ It should be emphasized at this point, in terms of the actual practice of the therapist, whilst I make highly specific distinctions between the two approaches, the work of many practitioners, including my own, will move between these approaches as per the need of the client. Similarly, clients will also move between a desire for music making that pursues a conventional musical aesthetic and one which through their playing belies a need for a closer more directly relational musical response from the therapist. The two approaches can be understood therefore as manifesting within practice in a far more fluid way that they are presented within this enquiry.

Music Therapy and Clinical Improvisation

Music therapy is a term given to a multitude of ways in which music is applied in the service of some kind of ‘help’. As far as can be known it occurs ubiquitously and has

¹⁸ There are six professional training courses in music therapy at MA level in the UK. Each course is legally required to be recognized by the Health and Care Professions Council (<http://www.hpc-uk.org/>), an independent UK-wide body that registers practising music therapists. Whilst each individual course follows a resume of core standards and competencies, some courses follow one of the two approaches examined in this enquiry, whilst others have developed a more eclectic programme consisting of a combination of approaches.

always done so, although not solely in the way that therapy is understood within the Western medical and social contexts I consider in this enquiry.¹⁹ The historian Peregrine Horden writes:

At various times and in various cultures over the past two and a half millennia – and probably still further back in time – music has been medicine. Performing or listening to music have variously been thought to achieve something more than arousal or entertainment; something different from, though often related to, enhanced spiritual awareness; something that beneficially outlasts the performance, that maintains or restores the health of mind and, even, body.²⁰

In recent years, in many places where music therapy is practised and documented, improvisation has been significant and widespread as a technique for clinical work.²¹ This contemporary version of music therapy has emerged since the 1950s in the UK, the USA, Europe and other places in the Western-influenced world. Developed by practising musicians, ‘improvisational music therapy’ is based upon varying forms of free tonal and atonal improvisation and, as specified above, known in the UK as ‘clinical improvisation’.²²

What is Clinical Improvisation?

Clinical improvisation is based upon a twentieth and twenty-first-century conception of music. Essentially, it is free improvisation, which can simply encompass any sound that seems appropriate for or with the client at any one moment. For example, in any one

¹⁹ P. Horden (ed.), *Music as medicine* (Aldershot: Ashgate Publishers Ltd, 2000), p.1.

²⁰ *Ibid.*, p.1.

²¹ For a reliable source of recent literature documenting music therapy practices worldwide, see the Norwegian-based online journal *Voices: A World Forum for Music Therapy*, <http://www.voices.no/>.

²² For a comprehensive and international survey of improvisation in music therapy, see: K. E. Bruscia, *Improvisational models of music therapy* (Springfield, IL: Charles C. Thomas, 1987).

clinical session, the content might include all kinds of music-making: ‘the raw sound of a human voice or an infant’s cry; the most crafted of sounds forming a musical composition; spontaneous sounds freely improvised, without conscious regard for structure or form; functional sounds made by or upon objects which are not musical instruments, such as the shutting of a door or the moving of a chair’.²³ It is, of course, not only the music of the client that determines the sound of the clinical session; it is now possible in the UK for prospective therapists to be accepted to train with proficiency in any musical style or technique of performance, including non-Western music.²⁴ This means whilst for some training courses specific musical styles of improvisation are favoured over others, amongst individual therapists the sound of clinical improvisation is greatly varied, particularly in terms of choice of instruments, harmonic language of music and form. Mercedes Pavlicevic provides an idea of what a music therapist might do, emphasizing a quality of listening needed in order to know how to respond to the patient:

She [or he] listens carefully to the patient’s musical utterances: tempo, rhythmic structure (or lack of it), melodic shape, phrasing, the quality of pulse or beat (is it regular, irregular, intermittently regular and irregular?) ... The therapist then joins in, improvising in a manner that reflects or confirms aspects of his playing. Thus, she will match the tempo and dynamic level, play in the same metre and pulse, if this is regular, or attempt to match or meet the pulse if it is irregular. The therapist’s first goal is to meet the patient’s music, thereby providing a shared musical environment within which both players’ improvisation can make sense to one another.²⁵

²³ R. Darnley-Smith and H.M. Patey, *Music therapy* (London: Sage Publications Ltd, 2003), p.37.

²⁴ Until 1990, the entry requirement for music therapy training was proficiency in the performance of Western classical music.

²⁵ M. Pavlicevic, ‘Dynamic interplay in clinical improvisation’, *Journal of British Music Therapy* 4, No. 2 (1990), p.7.

From Pavlicevic's description here, it is not surprising that the professional training of music therapists emphasizes the personality of the individual therapist and the development of their own way of creating an 'authentic' relationship in and/or through music with the client or clients. A combination of client, music *and* therapist is at the heart of clinical improvisation. As shown later in this chapter, the distinction between 'in music' and 'through music' or 'as music' will become integral to the respective conceptualizing of the *music-centred* and *psychodynamic* approaches to music therapy.

One additional point must be made about clinical improvisation. Whilst the focus of this enquiry is improvisation, clinical improvisation encompasses not only musical improvisation; in the context of UK music therapy the term has been taken to refer to any form of spontaneous, rather than planned, music-making. In particular, the song a client might start to sing or ask for can become part of clinical improvisation. As such, the improvisation can be as much about what might happen, e.g. who plays which music and for how long, as the actual musical form of improvisation.²⁶ Ansdell explains the origin of this approach in reflecting on the work of Nordoff and Robbins:

Nordoff and Robbins used their own and additional pieces, especially in group work. Equally [today] many therapists incorporate songs into sessions when appropriate. The important point is that even the 'philosophy' is an improvisational one – the emphasis being not necessarily on the song for its own sake, but for its use in music-making as a whole.²⁷

Outside of the UK, the broader term 'clinical music' is sometimes employed to refer to the music of music therapy, encompassing a range of musical practices, even where

²⁶ For a detailed discussion of this point in relation to clinical work with elderly clients in a mental health day hospital, see: R. Darnley-Smith, 'Music therapy with elderly adults', in A. Davies and E. Richards (eds.), *Music therapy and group work: Sound company* (London: Jessica Kingsley Publishers, 2002), pp. 82–83.

²⁷ G. Ansdell, *Music for life: Aspects of creative music therapy with adult clients* (London: Jessica Kingsley Publishers, 1995), p.25, fn.3.

improvised music is mainly used.²⁸ This is a useful general designation, but since the practice of British music therapists will form the conceptual and musical starting point for this enquiry, it is specifically clinical improvisation that will be referred to and examined throughout.

What is Music Therapy?

A frequently asked question about music therapy by the layperson is ‘what sort of music do you *use*?’ This belies, however, a fundamental but unsurprising misunderstanding of music therapy in the UK. The question suggests that therapists use music like medication, choosing and administering it accordingly as per the need of the client. There are contemporary versions of music therapy outside of mainstream practice, not necessarily carried out by music therapists, which at least partially operate in this way. For example, a clinician such as a nurse or clinical psychologist might systematically choose recorded music to help foster pain relief or as a relaxant.²⁹ Guided Imagery in Music is a music therapy approach that uses a particular repertoire of recorded Western classical music as a tool to evoke personal unconscious processes for individual clients within a psychotherapeutic framework.³⁰

However, these methods are not the methods of music therapy that have become

²⁸ K. Aigen, ‘In defense of beauty: A role for the aesthetic in music therapy theory. Part II: Challenges to aesthetic theory in music therapy: Summary and response’, *Nordic Journal of Music Therapy* 17 (2008), pp.3–18.

²⁹ For a summary of this type of work see: M. S. Cepeda, D. B. Carr, J. Lau and H. Alvarez, ‘Music for pain relief’, *Cochrane Database of Systematic Reviews* 2 (2006). Available at: http://www2.cochrane.org/reviews/en/title_15038755717730945504100706123136.html. Accessed 7 September 2011.

³⁰ See: L. Bunt, ‘Transformation, Ovid and guided imagery and music (GIM)’, in L. Bunt and S. Hoskyns (eds.), *The handbook of music therapy* (2002), pp.290–307.

prominent in the UK over the past fifty years or so. Instead, a rich mixture of improvisation and other spontaneous musical activity remain the principle means of the British music therapist. Music, therefore, is not administered as such. Instead, the therapist creates a therapeutic environment in which music is freely co-improvised between client and therapist. Gary Ansdell writes of the early work of Nordoff and Robbins during the 1960s in special schools:

Previously people had, as a rule, taken in prepared music to play for or with the children, expecting them to fit into musical activities with an already fixed form. But this instantly creates a situation where right and wrong becomes an issue. If a piece is pre-set it is the person who must fit in, must play or sing a particular note at a particular moment. In most situations where music therapy is needed, however, such an approach is often counterproductive. Instead, Nordoff and Robbins began from the opposite angle, with free improvisation as their tool, inviting the child simply to play. Nothing could be right or wrong, but equally anything could happen.³¹

For two reasons the statement ‘nothing could be right or wrong, but equally anything could happen’ is of profound importance. First, it suggests a mode of participation in music that links historically with the development of free improvisation and aleatoric musical practices in Europe and the United States during the 1960s and 1970s. The notion that it is meaningful to create music freely, between people with and without formal training, was famously developed by Cornelius Cardew through his Scratch Orchestra Project. For Cardew, it was not only the trained musician who could contribute new ideas to the spontaneous musical event, but both the trained and untrained playing music together enhanced the creative process overall. As explained in the programme notes to a performance in 1984 of *The Great Learning*, ‘Cardew’s intention was not to replace trained with untrained performers, but to bring them

³¹ Ansdell, *Music for life*, p.25.

together into a participatory situation in which different techniques and abilities could be fruitfully combined and contrasted, and in which performers from different backgrounds could learn from each other, and so extend the creative capacities of all participants in unexpected ways.³² Thus, music therapy was emerging at a time of musical experimentation with the notion of expertise and non-expertise. It wasn't merely a question of the improvised music of clients being of amateur quality or as yet unskilled, but instead as meaningful on its own terms. Second, the idea inherent within the work of Nordoff and Robbins, that 'nothing [in the music] could be right or wrong, but equally anything could happen' points towards a model of therapeutic treatment chiefly concerned with the process rather than the product.³³ Clearly, the music therapist does not simply work with outcomes; additionally, the musical experiences between client and therapist that happen along the way, over time, and the shared meanings of those experiences, are fundamental to the progress of therapy.

This raises some of the difficulties for music therapy research, common amongst healthcare practitioners working outside of a medical model, where there is not a necessarily observable relationship between the therapy and the outcome of therapy. The difficulty is not dissimilar to the theoretical and clinical problems encountered by Freud as he developed psychoanalysis in the early decades of the twentieth century, with the full intention of formulating a *science* of psychoanalysis. The original theory of psychoanalysis rests upon a naturalistic model of the mind, working from the premise that our consciousness and unconsciousness is observable and 'out there' in the world and so

³² M. Parsons, 'The great learning: Programme note to first performance, 7–8 July 1984, Almeida Festival, London, UK', in E. Prevost (ed.), *Cornelius Cardew: A reader* (2006), p.319.

³³ Ansdell, *Music for life*, *ibid.*.

can receive medical treatment in the same way as physical bodies or objects. As Peter Dews comments, a distinction can be made between Freud's creation of a theory of knowledge and his clinical project, in which 'natural science was to remain for Freud the only conceivable prototype'.³⁴ Furthermore, 'in Freud's work there always exists an interplay and tension between the hermeneutic foreground of his work, in which his concern is with the interpretation of human behaviour, and a metapsychological background, in which the fundamental processes of the psyche are described in terms of economics and dynamics of the libido'.³⁵ The tension between outcome-oriented treatments in healthcare informed by science, and the process-oriented treatments informed by hermeneutics, remained a key issue within the politics of mental healthcare in the early decades of the twenty-first century. The demand for evidence, based upon experimental enquiry, continues to dominate the struggle for recognition and public funding of music therapy.³⁶

How did this process-oriented approach emerge? In other parts of the world, such as the USA, there is a distinctly goal-oriented approach towards music therapy. It will be seen in the next section, and in Chapter Two, that the profession was largely developed

³⁴ P. Dews, *Logics of disintegration: Post-structuralism thought and the claims of critical theory* (London: Verso Books, 1987), p.56.

³⁵ *Ibid.*, p.57.

³⁶ In 2011 in the UK, this tension was highlighted by cuts to NHS budgets, resulting in the 'deletion' of posts where music therapists are treating patients with acute mental illness. From Government strategy documents, it can be surmised that the 'process' rather than 'goal' orientation of music therapy is the reason for the loss of such patient services. See: Department of Health. "No health without mental health: Delivering better mental health outcomes for people of all ages." (2011). Available at: <http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123766>.

by practising musicians. It can be speculated that for these pioneers, the process of music-making per se as a pathway towards health never lost its interest or value. The music never became merely a ‘tool’ in the way that it possibly has had a tendency to do in some of the behavioural/educational approaches that have developed in other parts of the world. Furthermore, as already indicated, within the UK practice of music therapy there are at least two distinct approaches. How did these distinct approaches develop? In the next section, I will begin to address these questions as I introduce the historical development of clinical improvisation during the 1960s and 1970s.

Two Approaches to Clinical Improvisation

The emergence of distinct approaches to clinical improvisation can be traced to the work of two separate groups of individuals, both subsequently instrumental in the founding of training courses. The first course began in 1968 at the Guildhall School of Music and Drama in London under the direction of cellist Juliette Alvin (1897–1982) and assisted by the influential teaching of atonal improvisation by the composer Alfred Nieman (1914–1997). In Chapter Two, I will show how the foundations were prepared for a psychodynamic approach to music therapy through the interest of Alvin and Nieman in the meaning of music and the unconscious. The beginnings of this approach were consolidated by Mary Priestley, a student of Alvin, who during the 1970s wrote extensively about her work in adult psychiatry. With her colleagues Peter Wright and Marjorie Wardle, she developed a form of psychodynamic work called ‘analytic music therapy’.³⁷

³⁷ M. Priestley, *Music therapy in action* (London: Constable and Co., 1975). The psychodynamic approach was further developed in the founding of a third course in 1981 by Elaine Streeter at Southlands College, Roehampton Institute (now Roehampton University).

The second course established was at Goldie Leigh Hospital, London, in 1974, by the American ‘neo-romantic’ composer Paul Nordoff (1909–1977) and teacher Clive Robbins (1927–2011).³⁸ Together with the music educationalist Sybil Beresford-Peirse (1912–2002), Nieman acted as an advisor here also.³⁹ This work has been referred to variously as Nordoff-Robbins music therapy, creative music therapy (after the book of the same name) and, recently, in the broader terms of ‘music-centred music therapy’.⁴⁰ In Chapter Two, I show how the influence of Rudolf Steiner on the work of Nordoff and Robbins laid the foundations of this music-centred approach.

In all, these two approaches developed out of different beliefs about the therapeutic use of music. The psychodynamic approach tended towards an aesthetic of music as ‘self-expression’, whereas the music-centred approach tended towards an aesthetic of music as ‘healing in itself’. This distinction has sometimes been encapsulated using Ken Bruscia’s distinction between the use of music *in* therapy or music *as* therapy.⁴¹ Music *in* therapy might entail the use of music as a therapeutic means of self-expression, for example, within a psychotherapeutic model of treatment. Alternatively, in the instance of music-as-therapy, it might be the music itself *as* the therapeutic treatment within a paramedical model, akin to occupational therapy, speech therapy or physiotherapy. In each instance, it is possible to discern not only a distinct use of music, but also a distinct

³⁸ F. Simpson, *The Nordoff–Robbins adventure: Fifty years of creative music therapy* (London: James and James, 2009), p.16. In this enquiry, Paul Nordoff and Clive Robbins will generally be referred to as Nordoff and Robbins. The training course and music therapy centres founded in their names are referred to as Nordoff-Robbins.

³⁹ *Ibid.*, p.51.

⁴⁰ P. Nordoff and C. Robbins, *Creative music therapy* (New York: John Day, 1977). See also Aigen, *Music centered music therapy*.

⁴¹ Bruscia, *Improvisational models of music therapy*, pp.8–9. For a discussion of this distinction see Barrington, ‘Music therapy: A study in professionalisation’, pp.39–43.

set of aesthetic priorities enabling ‘good’ therapy to occur. Indeed, the work of the pioneering music therapists arguably set the scene for a rich tension between ways of thinking about music and practising music therapy, a tension that continues to the present day. It should be emphasized at this point however, that whilst throughout the enquiry I build some specific distinctions between these two approaches, the work of many practitioners will move freely between these same approaches as per the need of the client. Similarly, clients will also move between a desire for music-making that pursues a conventional musical aesthetic (as reflected in my account of a music-centred approach) and one which through their playing belies a need for a closer more directly relational musical response from the therapist (as reflected in my account of a psychodynamic approach). The two approaches can be understood, therefore, as manifesting within clinical practice in a far more fluid and non-partisan way than might be assumed from the philosophical emphasis of the enquiry as a whole.

We now turn to the concerns of methodology and the means by which I address the inherently philosophical topic of this enquiry.

From Clinical Practice Towards a Philosophical Enquiry

As already specified, the impetus for this enquiry has arisen out of everyday dilemmas found in three areas of clinical practice.

First, it is common for music therapists to find their work misunderstood by clients and other professional disciplines alike. Music therapy sessions, for example, are frequently misunderstood as opportunities for music-making as an activity for its own

sake rather than music-making as part of a therapeutic process. Second, this misunderstanding can manifest in the expectations of the clients, for example through expressing anxiety that they will not be skilled enough to take part. Third, it can also manifest in the approach professionals from other disciplines, such as nursing and occupational therapy, take towards referral, and such practical matters as the type of room made available or the extent to which the privacy of a session is respected.

In this enquiry, I take the view that underlying this dilemma is an inherently philosophical question about the nature of the music itself, and that the dilemma has led music therapists Sandra Brown and Mercedes Pavlicevic to pose the question ‘is improvisation in an individual music therapy session ... any different from improvisation in a context of two people making music?’⁴²

Comparative Musical Ontology

Ontology is a branch of metaphysical thinking in philosophy that, at different times with different emphasis, has been concerned with the question of the *being* of things. There is an obscurity to this statement that can only be illuminated by reference to the type of questions musical ontologists ask. I am taking musical ontology to be a mode of enquiry that poses questions of metaphysical meaning, indeed an enquiry whereby metaphysics is ‘done’ through the philosophical problems raised by music.

Of central concern for philosophers has been the question of what kind of *being* or

⁴² S. Brown and M. Pavlicevic, ‘Clinical improvisation in creative music therapy: Musical aesthetic and the interpersonal dimension’, *The Arts in Psychotherapy* 23, No.5 (1996), 398.

thing can music be, and what is its nature?⁴³ This type of question has recently been identified as belonging to ‘fundamental ontology’, in reference to the fundamental questions of what kind of thing is a musical work and how does the kind of thing it is relate to musical scores and performances?⁴⁴ These questions, it should be added, reflect the interests of musical ontologists in the metaphysical problems raised by music belonging to the canon of Western classical music. On the other hand, and particularly in the twenty-first century, aestheticians have begun to turn their attention to questions about music outside of the classical musical work. Kania writes:

The issues discussed in the literature on the ontology of other traditions, particularly rock and jazz, are quite different from those central to the fundamentalist debate. The fact that there are creatable ... [multiple] instantiable pieces and recordings, and particular playback events that instantiate them is taken more or less for granted. The focus of these debates [of higher level musical ontology] is rather on the relationships between these things and the roles they play in musical practices.⁴⁵

This enquiry is concerned with the comparative question of *difference* between two different practices of improvisation. In an earlier publication in which a distinction was made between clinical improvisation and what was termed ‘performance improvisation’, the difference was presented as one of purpose.⁴⁶ However, this presupposes that the ontology of the music remains the same. Although, for example, the context might differ radically, there is within this distinction nothing to suggest how the music is any different; instead, it is the same music simply used for this or that purpose.

One example of differences between musical styles is discussed by Kania, who,

⁴³ For a compelling and critical review of the prevailing metaphysical theories of music, see: L. Goehr, *The imaginary museum of musical works* (Oxford: Clarendon Press, 1992), pp.1–86.

⁴⁴ Kania, ‘New waves’, p.20.

⁴⁵ *Ibid.*, p.32.

⁴⁶ Darnley-Smith and Patey, *Music therapy*, p.43.

while writing about the ontology of rock music, summarizes philosophers' concerns that the reason rock music might be 'held in lower esteem by some is that its artworks have been misunderstood to be of the same kind as classical music works'.⁴⁷ He continues by discussing a difference in the ontologies of classical and rock music, stating that 'the claim is that classical works are of the *ontological kind* works-for-live-performance, while rock works are of a different ontological kind: work-for-studio-performances'.⁴⁸ In this enquiry, I use a similar format of comparative ontological enquiry, whereby I establish the distinction between clinical improvisation and other forms of improvisation. I do this through an in-depth examination of clinical improvisation where issues of comparative ontology are revealed through other issues of aesthetics, namely musical meaning (emotion) and performance.

Aesthetics as a Topic of Enquiry for Music Therapy

There is a general agreement in music therapy literature over the absence of philosophical aesthetics as a tool with which to address theoretical problems in music therapy.⁴⁹ Such literature, as currently exists in English, is to a large extent concerned with the search for meaningful theory, a 'good fit' with which to encapsulate the complexity of the live practice. Theory is frequently discussed as a means of developing a therapeutic approach or stance. For example, to decipher the role of 'beauty' in a

⁴⁷ A. Kania. 'Making tracks: The ontology of rock music', *Journal of Aesthetics and Art Criticism* 64 (2006), pp.402–414.

⁴⁸ *Ibid.*

⁴⁹ K. Aigen, 'In defense of beauty'; E. Epp, 'Locating the autonomous voice: Self-expression in music-centred music therapy', *Voices: A World Forum for Music Therapy* (2007); B. Stige, 'Aesthetic practices in music therapy', *Nordic Journal of Music Therapy* 7 (1998), pp.121–134.

clinical improvisation (a question posed by both Aigen and Carolyn Kenny) is to consider the therapeutic efficacy of beauty.⁵⁰ This leads to questions of value, such as what makes a good clinical improvisation, and should ‘the notion of beauty in music play a role’? Colin Lee has addressed this question indirectly in his development of Aesthetic Music Therapy.⁵¹ It arose, he writes:

From a need to understand the musical foundations and structures of clinical improvisation from within an explicit music-centred music therapy theory ... Aesthetic Music Therapy (AeMT) considers music therapy from a musicological and compositional point of view ... [that the] creative potential of the client can only be released if the therapist is aware of the musical constructs they are using.⁵²

Lee’s work will be examined in detail in Chapter Five of this enquiry. At this stage, it is sufficient to note how he conflates a concept of aesthetic value in clinical improvisation with a concept of therapeutic value. A consideration of the question of emotion in music is raised in the context of another question frequently discussed within clinical practice, the question of where the therapy takes place; is it between people or in the music itself? This topic is examined in Chapter Six, taking as a starting point the formalist ideas of Eduard Hanslick.

Whilst it might seem that any activity entailing an art form will raise questions regarding the philosophy of art, central to this enquiry is the claim that to pose particular questions, such as examining what it means to perform clinical improvisation (as will be

⁵⁰ Aigen, ‘In defense of beauty’, Part I, p.120. Aigen writes: ‘Kenny recognizes that the aesthetic standards relevant in a therapy session might be different in a concert hall, but this does not make them unaesthetic. Thus while the sounds of a therapy session “may not always sound beautiful to a critic... the music therapist hears these expressions as profound representations of human experience.”’

⁵¹ C. Lee, *The architecture of aesthetic music therapy* (Gilsum, NH: Barcelona Publishers, 2003); C. Lee, ‘Aesthetics of creativity in clinical improvisation’, in I. Deliège and G. A. Wiggins (eds.), *Musical creativity: Multidisciplinary research in theory and practice* (Hove and New York: Psychology Press, 2006), pp.238–251.

⁵² Lee, ‘Aesthetics of creativity in clinical improvisation’, pp.239–240.

explored in Chapters Seven and Eight), is to address such distinctions. Conversely, to put the matter the other way round, it will be claimed that making fundamental distinctions between clinical improvisation approaches sheds light upon diverse musical ontologies to be found within clinical improvisation. On the other hand, as will be discussed in Chapter Five, a particular concern with ‘the aesthetic’ or ‘the beautiful’ in music as integral to the practice of clinical improvisation indicates a particular stance.

At this introductory stage of the thesis, however, I will discuss the use of aesthetics as a methodology for this enquiry. What follows are some recent views from the perspective of the Anglo-American analytic tradition whereby aesthetics may be said to exist as a sub-discipline of philosophical inquiry concerned with the arts and with situations outside of ‘art’ that involve aesthetic experience and value.⁵³

The Focus of Aesthetic Enquiry

Jerrold Levinson cites three areas of focus for aesthetic inquiry, which I will now examine briefly in turn.⁵⁴ Levinson’s first focus is that of art, including the activity or practice of making art and the art object, in this case music. For the purpose of this enquiry, I am starting from an open perspective that the improvised music of music therapy might constitute more than one version of what music as an art object or art process might be. I am working with the assumption that, on the one hand, the music of music therapy might afford aesthetic consideration, responses and experiences in a similar way to music made outside of the clinical setting. Alternatively, within the

⁵³ C. Jannaway, ‘Problems of aesthetics’, *The Oxford companion to philosophy* (2005), p.13.

⁵⁴ J. Levinson, ‘Philosophical aesthetics: An overview’, in J. Levinson (ed.), *The Oxford handbook of aesthetics* (Oxford: Oxford University Press, 2005), pp.3–24.

clinical setting, on the other hand, such considerations, responses and experiences might also differ. This discussion will form the heart of the enquiry in that it belongs to a consideration of musical ontology.

Levinson's second focus consists of those properties, features or aspects that we call aesthetic, many of which are evaluative or contemplative. Levinson provides an open-ended list of these, including beauty, grace, balance, power, ugliness and crudity. He also includes some that relate to emotion, such as sadness and melancholy. However, it is important to note that many of these features, especially those which relate to emotion, are *not* specified in the sense of *literally* being so, but rather many of the properties on this list are aesthetic only when the terms designating them are understood figuratively. Questions of the relationship between music and emotion are key areas for concern in therapy, in that it is the emotional possibilities afforded by music that are at the centre of the modern rationale for therapy and given weight in recent years by empirical studies into music psychology. However, the question remains open, as it has done since the seminal work of music theorist Hanslick during the nineteenth century, as to whether the emotion is in the music or in the experience of the person (client/therapist). Does the emotion (therapy) take place between people, regardless of whether or not music is actually taking place, or is emotion (the relationship) sounded through the music? This concurs with the question we will examine in Chapter Six, cited by music psychologists Juslin and Zentner, of 'where is the emotion, is it located in the music or in the listener or both?'⁵⁵

⁵⁵ P. N. Juslin and M. R. Zentner, 'Current trends in the study of music and emotion', *Musicae Scientiae* (2001–2002), 4.

Levinson's third area of focus is aesthetic experience, or the idea that in contemplating art there may or may not be a special attitude of contemplation as distinct from other states of mind.⁵⁶ This is sometimes discussed in terms of aesthetic or psychic distance. Possibly the most well-known distinguishing features of such an attitude are those of disinterestedness – which Levinson further qualifies as detachment from desires – needs or practical concerns and non-instrumentality, or being undertaken or sustained for its own sake. To simplify, when we watch the play *A Midsummer's Night Dream*, we do not feel compelled to explain the misunderstandings to the characters in the play; we know that we are being asked to contemplate the narrative for its own sake as it is. Similarly, it is arguable that the humour of the surprise outbreak of choral singing in shopping centres, which has recently become popular, works based on a concept of aesthetic distance. The casual shopper is suddenly thrust into an aesthetic experience provided by people hitherto assumed as fellow shoppers but from whom the same shopper is now aesthetically distanced. The joke pales quickly as the shoppers adjust themselves into their newly enforced role of audience members present at 'a performance in a concert hall'.

Stolnitz writes from the premise that 'we cannot understand modern aesthetic theory unless we understand the concept of disinterestedness', whilst referring to the idea that there is an aesthetic attitude whereby a distinction can be made between an 'interested' and 'disinterested' way of perceiving the art object.⁵⁷ Furthermore, as Stolnitz describes, such a distinction has a historical basis in eighteenth-century 'controversies in ethics and religion', when 'interestedness' was equated with self-interestedness, which is less pure

⁵⁶ Levinson, 'Philosophical aesthetics: An overview', pp.9–10.

⁵⁷ J. Stolnitz, 'On the origins of "aesthetic disinterestedness"', *The Journal of Aesthetics and Art Criticism* 20 (1961), p.131.

than disinterestedness.⁵⁸ This enquiry is about a form of music-making that, by definition, entails an ‘interested’ stance in relation to the music. Within music therapy, this takes us into the domain of musical meaning. Music therapists consistently ask: what does the music in music therapy mean? For example, what does the music symbolize, express or indicate?⁵⁹ Alternatively, some music therapists have proposed a stance that has more in common with the idea of ‘disinterestedness’. Ansdell writes:

Whether it is in a pre-composed piece or in the development of an improvisation, music contains and continually creates meaning within itself rather than beyond itself. The confusion comes when people try to compare the way music works with the way verbal language works ... We communicate with words to convey our meaning, whereas we improvise music to find something meaningful between us.⁶⁰

Furthermore, there is a sense within music therapy discourse that to consider or interpret music in non-musical terms is a kind of bastardization of the art form. To a small extent, this tension can be seen in parallel terms to the eighteenth-century notion of equating ‘disinterestedness’ with ‘purity’. For some music therapists there is an underlying ethical question in relation to considering the music of therapy in terms other than the strictly musical. An ethically held belief regarding the ‘proper’ way to appropriate music for therapy accounts for some of the fervour that can be seen as pervading the theorizing of

⁵⁸ *Ibid.*, p.132.

⁵⁹ For a discussion of different senses of the concept of ‘meaning’ see: G. H. R. Parkinson (ed.), *The theory of meaning* (Oxford: Oxford University Press), pp.1–14.

⁶⁰ Ansdell, *Music for life*, p.26.

a ‘music-centred’ approach.⁶¹ I examine this topic in Chapter Five, particularly in relation to the work of Aigen and Lee.⁶²

Conclusion to Chapter One and Summary of the Enquiry

In this chapter I have introduced the topic of the enquiry. I have described the theoretical debate concerning a practice of ‘community music therapy’, which has stimulated the core question of what is the music of music therapy. I have defined the philosophical emphasis of the enquiry and discussed the methodological approach that I take.

For the remainder of Part I, The Context of Clinical Improvisation, I provide an account of the specifically British practice that is the topic of this enquiry, although reference has been made to the work of music therapists working outside of the UK for whom some of the central concerns regarding the music of music therapy are the same. This account enables a historical perspective of clinical improvisation which I claim is integral to an understanding of aesthetic issues that underlie the two approaches. At an early stage of the research process, I found that the addressing of the core question entailed a consideration of its philosophical implications. For this reason, as I have described earlier in this introductory chapter, I explore at some length aspects of ontology arising out of musical aesthetics and musicology.

Part II of the enquiry, The Diversity of Clinical Improvisation, is concerned first of

⁶¹ Such ethical fervour also exists within accounts theorising psychodynamic approaches, but the issues of concern are different.

⁶² K. Aigen, ‘In defense of beauty’; K. Aigen, ‘In defense of beauty, Part II’; C. Lee, ‘Aesthetics of creativity’; and C. Lee, ‘The architecture of aesthetic music therapy’.

all with what is common to both approaches, namely a dichotomy of process and product. Indeed, in carrying out the research I found that it was not possible to move forward without addressing the complexity of clinical improvisation as a whole, in terms of its diversity as a form of music-making. In particular I consider how clinical improvisation can be considered on the one hand in terms of a *process* and on the other hand in terms of a *product*. This particular dichotomy was found to be in keeping with some parallel concerns in the literature of aesthetics in philosophy and musicology, where similar questions of diversity have been explored. Second, I focus upon building an initial distinction between the two approaches. The distinction made between the aesthetic (music-centred approach) and the relational (psychodynamic approach) later leads to addressing the question at the heart of the enquiry; whether there is a distinction to be made between clinical improvisation and art improvisation.

To this end, in Part III, The Ontology of Clinical Improvisation, I set out two areas where I identify distinct ontologies of music-making as emerging. These areas focus upon music and emotion and musical performance. In the location of emotion, I explore Hanslick's theory of the 'musically beautiful' in parallel with the question of the location of therapy in clinical improvisation, asking whether its efficacy lies in the music or in the therapeutic relationship. As an example of this discussion, I explore Streeter's critique of a music-centred approach that, from Streeter's perspective, disallows a consideration of psychological thinking, focussing instead upon the music as the prime therapeutic agent. I showed how Streeter's concern with the possibility of 'unconscious merging' can be understood in parallel with Aigen's notion of the 'continuity' in the experience of clinical improvisation and art improvisation. The themes of 'continuity'

and ‘discontinuity’ underpin the discussion of the final chapters.

Finally, I consider some aspects of musical performance and explore the recent development of performance as an integral part of the clinical practice of music therapy. Taking an aspect of the philosopher Judith Butler’s work, I have examine her distinction between the real and the imaginary, which enables a closer look at the various connotations of ‘performance’, particularly as a means to distinguish between notions of the performed and the performative. Both these distinctions, I claim, have ramifications for an ontological understanding of the music of music therapy.

In all, I examine the distinction between the music of music therapy and art music. It transpires that this rests not upon a distinction between art and therapy, but instead upon different ways in which therapy relates to art. Whilst throughout this enquiry I show the ways in which the music of the psychodynamic approach is to be distinguished from the music of the music-centred approach, it turns out that this is not due to its nature being identified as separate from a notion of art in general. Whilst I demonstrate the way in which the music-centred approach is predicated upon a continuous notion of the art-object as in-itself healing, both inside and outside of therapy, the psychodynamic approach, it turns out, can also be predicated upon the notion of an art object. However, the art object of this approach rests upon a discontinuous notion of clinical improvisation. As music that is not for performance, the clinical improvisation of the psychodynamic approach takes its meaning from the site of therapy (or analytic) space only. Therefore in conclusion I characterise the psychodynamic approach to clinical improvisation as a distinct musical form of site-specific art. Furthermore, taking a stance from outside of music therapy, I describe clinical improvisation as a specific form of

music for a purpose.

CHAPTER TWO

The Emergence of Clinical Improvisation

The war has given great impetus to what may be roughly termed applied music – music in industry and music therapy... [which] is being increasingly used in hospitals, particularly war hospitals, and gives promise of developing into an accredited science.

D. K. ANTRIM⁶³

How did a practice of music therapy come into being? What were its influences and precedents? In this chapter, I pose these questions to present an initial understanding of the distinctiveness of clinical improvisation as a specialised form of music-making. I show how, influenced by the freedom and personal expressiveness of the music of jazz and the twentieth-century avant-garde, particularly free improvisation, together with changing attitudes towards the provision of the arts, health and education, a specific form of music-making began to emerge. This form of music-making was later to be called clinical improvisation. I argue that out of these developments two distinct approaches to clinical improvisation emerged, approaches I have distinguished as ‘psychodynamic’ and ‘music-centred’. I show how these approaches evolved directly out of the musical interests and ideas of the pioneers whose work I describe, and as such, their music-making can be seen to occupy different aesthetic domains. Whilst the music-making practices of both approaches entailed a specific emphasis upon listening and freedom of expression, it is not clear from considering the work of these

⁶³ D. K. Antrim, ‘Music therapy’, *The Musical Quarterly* 30, No.4 (1944), 409.

individuals the nature of the musical development they had pioneered and how it was different to music-making within special education or indeed music-making for its own sake.

Towards a Contemporary Music Therapy Profession: Influences and Precedents

The emergent occupation of music therapy had many precedents during the twentieth century that can in part be traced through various ‘experiments’ in the therapeutic use of music, such as the organization of special concerts in hospitals.⁶⁴ These were the type of activities that led to the founding of the Society for Music Therapy and Remedial Music in 1958. However, there were also a number of political developments to demonstrate the developing attitudes towards arts activities as having value beyond the concert hall or art gallery. Such developments were in part interrupted by two world wars, but as the quotation above suggests, from a North American perspective, the extremity of widespread conflict during the early years of the twentieth century also stimulated a need for innovation in healthcare and education.⁶⁵ In this first section, I will look at some of these political developments and examine some of the ways they were to both influence and enable the emergence of professional music therapy.

⁶⁴ See, for example, a description of work carried out in psychiatric hospitals involving a variety of music activities, including concerts given by patients. D. Forsdyke, ‘Pioneers in music therapy’, *British Journal of Music Therapy*, (Autumn 1968), pp.2–3.

⁶⁵ For a detailed account of the development of music therapy during this same period see: J. Edwards, ‘The use of music in healthcare contexts: A select review of writings from the 1890s to the 1940s’, *Voices: A World Forum for Music Therapy* (North America 2008). Available at: <https://normt.uib.no/index.php/voices/article/view/428>. Accessed 18 May 2009.

The Cambridgeshire Report: Therapeutic Music Education

One such precedent is found in the influential *Cambridgeshire Report on the Teaching of Music*.⁶⁶ Published in 1933 and compiled by a panel of distinguished composers, teachers, musicians and academics, its findings advocated three important ideas that highlight a link with the post-war music therapy practice that was to come. First, there is a general idea that music is good for people on an everyday basis, that it brings communities together on many levels and as ‘the greatest of all spiritual forces’ meets many needs.⁶⁷ The report continues:

Music is something more than an individual possession ... made in cooperation with others [it] gives us not merely the experience of music itself, but the intimate communion with our fellow creatures ... All over the country we can see musical organizations of this type, which bring together people of various ages and different social conditions; there is nothing comparable to a chorus or orchestra for creating a sense of fellowship among those who in other aspects of life are unable to achieve it.⁶⁸

Second, in the absence of a widespread culture of improvisation in the UK at the time of writing the report, the presence of composers on the panel possibly motivated an understanding of improvisation as a ‘helpful’ way to make music.⁶⁹ In this case, improvisation was considered particularly useful as a means towards more formalized musical activity. For example, the report recommends: ‘Children should be encouraged, when quite young, to sing improvised melodies. They enjoy doing this, and the

⁶⁶ Cambridgeshire Council of Musical Education, *Music and the community: The Cambridgeshire report on the teaching of music* (Cambridge: Cambridge University Press, 1933).

⁶⁷ *Ibid.*, p.11.

⁶⁸ *Ibid.* p.11.

⁶⁹ *Ibid.*, p.x. The panel included Edward J. Dent, Hugh Allen, Adrian Boult and Arthur Somervell. The report stressed that opinions expressed were the personal views of panel members. This makes the report particularly interesting to read as a historical document.

experience serves as a basis for later musical training ... Vocal improvisation is a natural first step to the composition of tunes.⁷⁰

Third, and of particular significance here, a musical education is advocated for children with special needs:

The interesting task of giving musical training to children with retarded mentalities is of so experimental and varied a character that we have not been able to prepare a specimen scheme of work. Certain fundamental principles have been established, however, as primarily important in this type of training ... [for example] There is little doubt that music and pre-eminently rhythm has a striking and subtle power to quicken slow intelligence. Where instruction has been built upon rhythm, nervous energies have been co-ordinated, stammering has decreased and articulation improved beyond recognition ... Since children of this type can only concentrate for very short periods the value of rhythmic stimulus at frequent intervals cannot be exaggerated.⁷¹

The promotion of musical education for children with disabilities was particularly prevalent during the 1930s. As Helen Tyler writes: ‘Before the Education (Handicapped Children) Act 1970, children who were born with disabilities or who developed illnesses like poliomyelitis, often spent many years in hospital. Because of their disabilities, they were deemed inappropriate for normal schooling or, in the terminology of the day, “ineducable”.⁷² In the ‘Cambridgeshire Report’, the principles whereby elements of music can be used as part of a process to help a child with a disability or special needs envisage some of the ideas that were to be developed over the ensuing decades, finding form in the therapeutic work of the music therapy pioneers and those who followed.

⁷⁰ *Ibid.*, p.9.

⁷¹ *Ibid.*, p.120.

⁷² H. M. Tyler, ‘The music therapy profession in modern Britain’, in P. Horden (ed.), *Music as medicine* (Aldershot: Ashgate Publishers Ltd, 2000), p.380.

Influencing Therapeutic Attitudes to Music

Indeed, the ‘Cambridgeshire Report’ is just one instance demonstrating the ease with which a practice of contemporary music therapy could arise out of the careful observation of the benefits of music. In 1939, the Council for the Encouragement of Music and the Arts (CEMA) was formed, ‘initially to give financial assistance to cultural societies, which were struggling to continue their activities during the war’, and later in 1946 to become the state-funded Arts Council of Great Britain.⁷³ As a brief historical account describes, there were two distinct schools of thought about its ‘mission’; whether on the one hand the organization was about the promotion of excellence, and should provide funding for the *best* in arts (the dissemination of ‘masterpieces’), or, on the other hand, that it was about community, and should provide funding for the *most* (the involvement of the local and the amateur) on the grounds that it can provide occupation and learning, and ‘improve national morale during wartime’. As the account continues, ‘over the next six decades, the pendulum swung back and forth between these ideas of what the Arts Council should accomplish’.⁷⁴ However, both ‘sides’ of the debate were committed to the importance of art to society in general, particularly in time of war when ‘spirits are at a low ebb’.⁷⁵

Significantly, it was on the initiative of the Arts Council, together with a ‘generous’ donation from the Ex-service Welfare Society, that another organization, The Council

⁷³ Arts Council of Great Britain. Available at: <http://www.artscouncil.org.uk/about-us/history-arts-council/1946-50/>. Accessed 2 September 2011.

⁷⁴ *Ibid.*

⁷⁵ *Ibid.*

for Music in Hospitals (CMIH), was set up just after the war in 1948.⁷⁶ Today, known as Music in Hospitals, the organization is quite separate in its mission from ‘professional’ music therapy.⁷⁷ However, it was originally set up with the aim of therapy in mind. *The Times* music critic writes of the founding of CMIH: ‘The work did not start in a void, since during 1947 some 40 or 50 concerts had been given in hospitals whose medical superintendents believed in the therapeutic value of music presented as music, not as entertainment, but generally with some verbal running commentary calculated to engage the interest of the patients.’⁷⁸

The connection between the CMIH and the medical activities of hospitals continued with the introduction of the National Health Service in 1948. A report in *The Times* (London) details how ‘a small sub-committee of the CMIH has been formed for experimental work in music therapy in mental illness. In some hospitals, art classes for patients have been established and are proving valuable.’⁷⁹ The founder members of the Society for Music Therapy and Remedial Music included musicians who regularly performed in hospitals; these were musicians who performed live music to sick people and were considering non-musical therapeutic aims for their work.

⁷⁶ *The Times* (6 August 1948), p. 7; Issue 51143; Col. D. *The Times digital archive, 1785–1985* [electronic resource] (Farmington Hills, MI: Thomson-Gale).

⁷⁷ See: <http://www.music-in-hospitals.org.uk>. Accessed 22 September 2011. The current mission statement of the organization states: ‘Music in Hospitals (MiH) is a charity whose mission is to improve the quality of life for adults and children with all kinds of illness and disability through the joy and therapeutic benefits of professionally performed live music in hospitals, hospices, day care centres, special schools, nursing and residential homes. Our vision is to reach out to every healthcare establishment across the UK through MiH concerts.’

⁷⁸ ‘Music in hospitals’, *The Times*, no. 7 (6 August 1948), <http://find.galegroup.com/ttda/infomark.do?&source=gale&prodId=TTDA&userGroupName=duru ni&tabID=T003&docPage=article&searchType=&docId=CS119097094&type=multipage&contentSet=LTO&version=1.0>. Accessed 2 October 2011

⁷⁹ *The Times*, (23 August 1949), p.2; Issue 51467; Col. G. *The Times digital archive, 1785–1985* [electronic resource] (Farmington Hills, MI: Thomson-Gale).

However, the beginning of the modern practice of music therapy in the UK was enabled not only by the activities of organizations and government committees, but developed at a time of enormous change and innovation within music, both in approaches to composed music and improvisation. The musical context of any era has been highly influential upon the work of clinicians. However, the emergence of a musical aesthetic, which could encompass the soundworld of free improvisation and ‘indeterminate music’, was to prove pivotal in the development of improvisation as a technique for therapy, a soundworld in which there were no right or wrong notes. Whilst the organization of concerts for people ‘in need’ marked the beginnings of the contemporary practice during the 1960s and 1970s, clinical improvisation was to develop as central to music therapy practice. In the next section, I will consider the musical context for the development of clinical improvisation.

The Influence of the Avant-Garde: Free Improvisation and Aleatoric Music

Free improvisation in the UK emerged, at least in retrospective terms, out of the dissonant soundworld of twentieth-century serialism (including the music of Webern and Stockhausen). However, guitarist Keith Rowe comments, this influence didn’t extend to processes by which the music came into being. He writes how the formal procedures of serialism, with its ‘*objectification* of the material ... didn’t allow for improvisation because the notion of the permutation of 12 notes isn’t the kind of thinking that lays itself open to improvisation unless you’ve got a computer for a brain!’ [Italics added].⁸⁰ Rowe

⁸⁰ B. Childs, C. Hobbs, L. Austin, E. Prevost, K. Rowe, D. Bailey, H. Budd, L. Kaplan, V. Golea, E. Schwartz, L. Solomon, M. Goldstein, J. Silber, D. Williams and P. Oliveros, ‘Forum: Improvisation’, *Perspectives of New Music* 21, No.1/2 (1982), p.41–42.

continues, following the Second World War, there was a move away from ‘the stream of Viennese and German music, because of problems with suppression that was suffered in the period of the Third Reich, and then subsequently the difficulties of performance, and maybe then a rejection of those ideas generally in European music.’⁸¹ Free improvisation, Rowe suggests, emerged out of a broader set of European and American ideas and influences. As such, it also emerged from the free jazz textures, harmony and musical gestures of improvisers, such as John Coltrane, Ornette Coleman and Bill Evans. The musical and theoretical influences of John Cage, with his free musical aesthetic and the possibilities of experimenting with silence, were evidently far-reaching.⁸² However, the rise of free improvisation was in itself also pragmatic, as there was a sense of some of the innovators following a personal musical mission. The guitarist Derek Bailey initially developed ‘free improvisation’ during his early career in commercial music when he was regularly performing a wide variety of popular styles, including jazz. However, during these early years, he was always ‘practising’ his own improvisations, even during performances.⁸³ His gradual move into full-time free improvisation, which took initial shape through the group ‘Joseph Holbrooke’, was motivated in part by the wish not to be imitating the jazz musicians he emulated. Possibly an even stronger motivation was his alleged ‘impatience with the gruesomely predictable’ and the wish to play his ‘own’ music

⁸¹ *Ibid.*, p.42.

⁸² B. Watson, *Derek Bailey and the story of free improvisation* (London and New York: Verso Books, 2004), pp.65–66. See also Bailey’s comment querying the influence of Cage, p.60.

⁸³ *Ibid.*, pp.48–51.

and experiment with his colleagues' likewise.⁸⁴ Indeed, Bailey was to describe free improvisation as follows:

The lack of precision over its naming is, if anything, increased when we come to the thing itself. Diversity is its most consistent characteristic. It has no stylistic or idiomatic commitment. It has no prescribed idiomatic sound. The characteristics of freely improvised music are established only by the sonic-musical identity of the person or persons playing it.⁸⁵

As we will see later in this chapter, free improvisation on Bailey's account, relates to the conception of improvisation as personally identified with the players, similar to the form of clinical improvisation that was to develop out of music therapy practice.

Aleatoric music, as developed during the 1950s, was also an influence. This is music where the composer's directions deliberately leave the actual notes to be played undetermined. It is arguably a kind of *composer's* free improvisation, in that such music presents players with similar freedom of soundworld – a soundworld that does not require adherence to traditional tonal or modal harmonic procedures.⁸⁶ It is particularly associated with John Cage, who employed chance operations within the process of composition so that the musical outcome could literally be unforeseen or, to use the technical language, 'indetermined'.⁸⁷

An important contrast between these two forms of experimental music-making, aleatoric music and free improvisation, is the relationship between the musical sounds

⁸⁴ *Ibid.*, p.60.

⁸⁵ D. Bailey, *Improvisation: Its nature and practice in music* (Cambridge, MA: Da Capo Press, 1993), p.83.

⁸⁶ P. Griffiths, 'Aleatory', *The New Grove Dictionary of Music and Musicians* (2001). Available at: <http://www.oxfordmusiconline.com/subscriber/article/grove/music/00509>> Accessed 26 September 2011.

⁸⁷ Cage discusses the fine distinctions to be made here in relation to his own music, the music of J. S. Bach and his contemporaries Stockhausen, Feldman, Brown and Wolff. See: John Cage, *Silence: Lectures and writings* (Middletown, CT: Wesleyan University Press, 1973), pp.35–40.

and those directly involved in the production of those sounds, be they composer or performer. Cage placed great emphasis upon the objectivity of the music; sounds could, or even should, be left to be themselves, in the world separate from people.⁸⁸ Free improvisation, on the other hand, places emphasis upon the personal authenticity of the player in time, arising directly out of a close interpersonal listening. Gavin Bryars describes how the free playing of Joseph Holbrooke grew out of the harmonic jazz approach of Bill Evans in particular.⁸⁹ This approach arguably provided a more individual and equal creativity within the music, in contrast to the traditional soloist/rhythm section format, as Bryars describes, ‘a genuine interplay between the players’.⁹⁰ He continues, ‘Anything could happen. We had to be ready for anything. Because we were developing these systems of trust and mutual confidence in the general playing, once we moved into the freer playing, that was already there – we were used to listening to each other very intensely.’⁹¹

What can be seen as linking the immense variation of musical forms that developed during the 1950s and 1960s was the radical notion that ‘art’ arises out of free play with, or the random organization of, sounds. Furthermore, that such freedom of musical action could link to the psychic processes of the unconscious, in much the same way as the

⁸⁸ The notion of the objectivity of sounds is fundamental to Cage’s thought. See: ‘Experimental Music’ in *Ibid.*, pp.7–13.

⁸⁹ Free improvisation here refers specifically to the members of some of the experimental groups that emerged in part completely independently of each other during the 1960s, namely the Joseph Holbrooke Trio, the Spontaneous Music Ensemble and AMM. However, the projects of many of these musicians incorporated aleatoric music as well as free improvisation. Possibly the most notable in this period was the work of Cornelius Cardew and his involvement with AMM. For a brief summary of this history see: Edwin Prévost, *No sound is innocent* (Matching Tye, Harlow: Copula, 1995), pp.185–186.

⁹⁰ Watson, *Derek Bailey*, p.75.

⁹¹ *Ibid.*, pp.76–77.

freedom of spoken/unspoken thought processes in psychoanalysis could reveal what was of significance. The composer Alfred Nieman, who was passionately committed to these ideas, had an enormous influence upon the development of music therapy in the UK, both during the early development of the approaches to clinical improvisation and latterly as he continued to teach generations of music therapy students until the early 1990s. I shall now turn to an examination of the background and work of the music therapy pioneers, and uncover how some of the musical and political influences described above began to merge with the idea of music therapy.

Alfred Nieman and Improvisation

It is significant that the leaders of the two initial training courses engaged the interest and support of Alfred Nieman in teaching improvisation to their students, thus ensuring a widespread understanding of the possibilities of free atonal improvisation. Nieman describes how prior to his work in music therapy, around 1955, he began to teach free improvisation at a University of London extramural class:

I think I can say that then – around 1955 – I was very much a “loner”! Old ways die hard and only the first experiments of John Cage were emerging. Of course, I am referring to improvisation in a modern style, exploring new textures, sounds and forms in the media of chamber music with any instruments we could lay our hands on. I was very diffident about my first experiments, having little experience and even less expectation of results. What happened was staggering. The first problems were psychological – to overcome self-consciousness, shyness, violent repression, the junk of worn-out clichés, the actual fear and sense of exposure. Gradually an atmosphere was built up – sympathetic yet demanding. Some astonishing performances took place and the personalities suddenly revealed a new light and warmth ... The classes attracted many who were not professionals and some who could not play at all. Nothing deterred us ... We knew only that we had seen into each other, creating ties between us all.⁹²

⁹² A. Nieman, ‘Music and the personality’, *British Journal of Music Therapy* 4 (1973), pp.2–7.

It is striking to infer from this extract how, on the one hand, Nieman emphasizes his wish to experiment freely in music, but on the other hand, how the process of teaching took on its own interpersonal dynamic and that this was equally fascinating for him. It is possible that Nieman's role as teacher enabled him to explore feelings in and about free improvisation in a way that might not have been possible in a professional group of performers. He had a 'format' for teaching, which, judging from the available accounts of his work, he did not vary from.⁹³ This format entailed providing a combination of titles that each student would improvise upon, initially as a solo 'pianist'. Each piece would be meticulously recorded and sometimes played back in class for the benefit of its 'creator'. Nieman would give detailed feedback and, of course, there would be general discussion. In the latter weeks of a class, he would set up group improvisations.

There were clear rules about the atonal musical language to be employed. Mary Priestley, one of the first music therapy students to be taught by Nieman, writes:

At the first lesson, we were told that we were going to learn to break up all the obsolete and old forms of diatonic, melodic and harmonic structure and break into something much more free, personal and transpersonal. The introductory rules were that we were not to use octaves, or more than three consecutive chromatic steps, or any honest common chords and arpeggios or to play in accordance with any recognisable time signature. What was left?⁹⁴

There was also a clear rule about musical expression: whatever the title of the improvisation, the music *must* be 'personal'. An improvisation about 'the forest' had to be the improviser's *own* forest, played 'for themselves', rather than attempting some kind of musical descriptiveness or programme. A good improvisation in Nieman's terms

⁹³ The discussion in this section is in part based upon my own experience of Nieman's teaching at the Guildhall School of Music and Drama, 1985–1986.

⁹⁴ Priestley, *Music therapy in action*, p.28.

followed his rules about atonality and at the same time conveyed an emotional coherence. Not surprisingly, he welcomed the inception of the new postgraduate training in music therapy, writing:

In one sphere at least we are moving into a brave new world and musical improvisation is playing a big part in it ... thus the ancient practice of musical healing is brought to a scientific level in studies leading to research and more discovery ... What we are all asking is how we can escape from the savagery of mental oppression into physical freedom; from the sickness of violent tension into lyric release. This is where improvisation has shown its power to act.⁹⁵

Nieman's interest in music therapy was further demonstrated by his involvement from 1968 with the new British Society for Music Therapy (BSMT).⁹⁶ In 1974, he became involved in the second music therapy course, set up by former Guildhall student Sybil Beresford-Peirse, at Goldie Leigh Hospital, in collaboration with Nordoff and Robbins. However, Nieman always remained a composer and teacher. Indeed, it is striking, upon comparing two separate accounts of his work, that his teaching methods remained the same whether he was teaching amateur musicians, composition or music therapy students.⁹⁷ Furthermore, he did not consider the improvisation sessions as 'therapy' in any sense. Indeed, the experience for each student improviser was akin to giving a performance. For Nieman, the improvisational music-making was first and foremost the creation of an artistic product. He wrote:

What we are all asking is how can we escape from the savagery of mental oppression into physical freedom; from the sickness of violent tension into lyric release. I must stress that improvisation is not just a function of therapy but a means of valid artistic creation. To normal people this is its aim, its purpose, its significance. To discover and reveal the innate artistic power of the human soul to

⁹⁵ Nieman, 'Music and the personality'.

⁹⁶ In 1968, the 'Society for Music Therapy and Remedial Music' changed its name to *The British Society for Music Therapy*, which I will hereafter refer to as the BSMT.

⁹⁷ Priestley, *Music therapy in action*; S. Richards, *Sonic harvest: Towards musical democracy* (Oxford: Amber Lane Press, 1992), pp.59–60.

individualize musical language into a personal and natural beauty and expressiveness, to free the means of communication between fantasy life and the conscious being; the bridge of meaning in life. Thus after each performance we criticize and comment on the level of achievement quite frankly and freely.⁹⁸

Sam Richards, a former piano and composition student, takes this stance a stage further. He comments upon the way in which Nieman's method was as compositional, in the aleatoric sense, as improvisational:

It struck me years later that by giving titles and giving an example of how they could be played he was determining so many important elements that it could almost be called composition. I now see what he did as notation. It may not be composing in the classical European sense, but someone who does such things is being a composer – assembling and predetermining certain elements which lead to music making. Notation is any form of communication which causes music to be made. Some composers, myself included, have been happy to leave it at less.⁹⁹

In all, Nieman's influence linked the soundworld and practices of contemporary music to the emerging improvisation of music therapy in an intuitive and practical way. I will discuss his particular influence on the beginnings of a psychodynamic approach later in this chapter.

Pioneering the Music of Music Therapy

The modern practice of music therapy was developed in the UK by musicians, be they performers, composers, educators or healthcare practitioners. For some, there was a moment when their interest in their audiences shifted towards an interest in children or adults in need. Helen Patey describes the personal response of Paul Nordoff following a visit to the anthroposophical Centre for Curative Education in Heidenheim, Germany:

⁹⁸ Nieman, 'Music and the personality', p.4.

⁹⁹ Richards, *Sonic harvest: Towards musical democracy*.

Here he observed a musician helping a very disabled child to communicate through singing to the accompaniment of a lyre. Afterwards he told Clive Robbins that it was a moment of truth. He [Nordoff] thought: “Here am I in Europe with a trunk full of music trying to get a symphony performed, and here is a musician using music to bring a child into speech. There is no doubt in my mind which is the more important.”¹⁰⁰

It seems reasonable to speculate how this may have been a common experience prior to music therapy becoming an established occupation. That, in seeking to perform outside of the usual concert venues, musicians began to experience a shift of focus in their interests away from music as a personal artistic process, developing instead an interest in the people they were playing to, or writing music for.¹⁰¹ Teachers might have become more interested in the emotional needs of the children they were working with, in the process of the work rather than the educational outcome. In all, it appears that out of such personal discoveries ‘music therapy’ began to develop.

The beginning of the UK music therapy profession between 1958 and the mid-1970s, as mentioned earlier, is characterized by the work of two groups of people: in the first group, Juliette Alvin, and subsequently Mary Priestley; in the second group, Paul Nordoff and Clive Robbins, and subsequently Sybil Beresford-Peirse. Alfred Nieman, whose work I introduced above, was a catalyst, influencing both approaches. It is worthwhile looking at the respective chronological developments that led each group to

¹⁰⁰ H. M. Patey, ‘Co-operation or co-existence? Musicians and their influence on the early development of the music therapy profession in Britain 1958–1976’, *Nordoff-Robbins International Conference* (Unpublished paper presentation, 2005), p.2.

¹⁰¹ This is not to suggest that performers and composers are not interested in the relationships they create with their audiences, see for example: S. Tomes, *Beyond the notes: Journeys with chamber music* (Woodbridge: Boydell Press, 2004). See also the modern promotional websites of orchestras designed specifically to foster a kind of ‘personal’ relationship, for example: <http://www.bbc.co.uk/orchestras/bbcso/> (Accessed 22 September 2011). However, the relationship with an audience is considered by these professional players from within the paradigm of music as artistic practice, which, as this enquiry unfolds, is claimed to be different for that of therapy.

form an approach. Although both approaches have gone through developments and changes over the ensuing years, they can be seen to retain something of a theoretical stance or assumption underlying the work. In this section, I shall discuss the musical history of the key pioneers, highlighting the way in which their musical backgrounds influenced the type of approach they were to develop in clinical work. For reasons of chronology, I shall begin with Juliette Alvin.

Juliette Alvin

The history of Juliette Alvin's contribution to the inauguration of the profession in the UK is distinctive in that she researched and developed not only a modern approach to music therapy, but also organized and founded the Society for Music Therapy and Remedial Music in 1958.

The declared objective of the society was the promotion of 'the use and development of music therapy in the treatment, education, rehabilitation and training of children and adults suffering from emotional, physical or mental handicap'.¹⁰² As Barrington suggests, it was the very 'existence of the organization that enabled these [same] developments to occur'.¹⁰³ During the first ten years, Alvin brought together a wide range of professionals who were already actively engaged in music therapy in one way or another, whether they were psychiatrists, music educators, psychologists or, like Alvin herself, musicians. As one commentator wrote in 1982, 'it was the increasing interest in music therapy shown by the medical, musical and educational professions that

¹⁰² Extract from cover page of *British Journal of Music Therapy*, Autumn 1968 (British Society for Music Therapy).

¹⁰³ Barrington, 'Music therapy: A study in professionalisation', p.110.

led Alvin to the idea of it becoming a discipline in its own right'.¹⁰⁴

Alvin was born in Limoges, France and studied at the Paris Conservatoire (Conservatoire National de Musique), where she won the Premier Prix d'Excellence and the Médaille d'Or. As is well-known, she attended master classes with Pablo Casals, with whom there was evidently a significant degree of respect on both sides.¹⁰⁵ In 1929, she married the London-born academic and Fabian socialist, William Robson.¹⁰⁶ Her debut recital was at the Wigmore Hall in London in December 1927¹⁰⁷ and up until the early 1950s her performances were regularly reviewed in the national press. These reviews can provide insight into the musical soundworld with which she was engaged before becoming a music therapist.¹⁰⁸

Whilst Alvin was sometimes praised in reviews for her interpretation of unaccompanied Bach, no doubt influenced by her time with Casals, her choice of repertoire is frequently criticized, especially where it is of modern or lesser-known composers.¹⁰⁹ Her performances of contemporary music included works by Bax, Martinu and, more taxing for the average critic, the *Concert Piece* (1936) for cello and

¹⁰⁴ Obituary of Juliette Alvin, *The Times*, (12 October 1982), p.14; Issue 61360; Col. F.

¹⁰⁵ See J. Alvin and P. Casals, *Cello tutor for beginners* (London: Augner, 1955) and J. Alvin, 'The logic of Casals's technique', *The Musical Times* (1930), pp.1078–1079.

¹⁰⁶ Like Alvin, Robson is remembered as a pioneer. He was instigator of the reform of London Government that culminated in the founding of the post-war Greater London Council. Robson was also well-known for having jointly founded *The Political Quarterly* with Leonard Woolf in 1930. See: Obituary of William Robson *The Times* (15 May 1980), p.16; Issue 60625; Col. F.

¹⁰⁷ *The Times*, (5 December 1927), p.12; Issue 44756; Col. C. *The Times digital archive, 1785–1985* [electronic resource] (Farmington Hills, MI: Thomson-Gale).

¹⁰⁸ All references in this section to *The Times*, London, are based on an online archive search from the same source: *The Times digital archive, 1785–1985* [electronic resource] (Farmington Hills, MI: Thomson-Gale).

¹⁰⁹ For example, see *The Times*, (1 November 1935), p.14; Issue 47210; Col. B. Here, the reviewer was obviously unimpressed by the cello sonata in F minor by Czech composer Josef Foerster. He also describes Alvin's playing as 'taking no risks of gushing'.

piano by Alan Bush, performed with the composer as pianist.¹¹⁰ Alvin possibly suffered due to an extreme conservatism of taste because her reviewers evidently preferred the ‘old’, the tonal romantic, to the ‘new’ emerging serial experiments of the Second Viennese School. Arnold Whittall, reviewing the contents of the *London Musical Times* of 1934, writes of the ‘fatal negativism’ towards European atonality revealed by critics that in his opinion proved in hindsight to be so wrong.¹¹¹ Whittall encapsulates a stifling attitude that ‘even if you experiment, the assumption is, you will only succeed if you ignore the unsteady, precipitate Europeans, the anti-romantics and atonalists’.¹¹² Alvin, it can be surmised, on the other hand, brought to her therapeutic approach an openness to the new and unusual in music. Her vision of the freedom of improvisation in music therapy was pragmatically inspired by the sheer variety of the twentieth-century soundworld. In 1966 she wrote:

Music therapy benefits from the fact that musical means are becoming richer and more available to all. Musicians use new techniques, unthought-of some years ago. Contemporary composers of the avant-garde act as explorers in a world of sounds and often provide us with strange experiences related to the modern scene. Music has through its diffusion become a powerful mass medium to which we are all exposed and sometimes absorb it unconsciously, for instance when it is used as background to a film to engender a premonition of fear. Often such music includes many dissonant sounds or noises, it may also sound shapeless, but we get conditioned to it. Pop music is another example of absorption in that it has become a necessity to thousands of young people although discriminating adults may find the music poor and monotonous.¹¹³

¹¹⁰ One reviewer writes: ‘First we had the Bush – and his Concert Piece for cello and piano which has been played twice in London this winter (to the well-nigh painful interest of his audience) and is to be heard again at the I.S.C.M. Festival in Paris next June. The experience seemed less gruelling than last time both for players and hearers, but the fighting discords and hammered repetition notes (what a West countryman once called ‘drummedery noises’) beat on in almost unrelieved conflict.’ See: ‘London concerts’, *The Musical Times* 78 (April, 1937), 365.

¹¹¹ A. Whittall, ‘British music thirty years ago’, *The Musical Times* 105 (1964), 186–187.

¹¹² For further insight into the British relationship with European musical modernism see: A. Whittall, ‘Thirty (more) years on. Arnold Whittall looks back on thirty years of British music’, *The Musical Times* (1994), 143–147.

¹¹³ J. Alvin, *Music therapy*, 2nd paperback edition (London, 1974 (1966)), pp.104–105.

Over the ensuing years until the late 1960s, Alvin was a regular soloist and chamber musician, touring internationally, performing at the Wigmore Hall, London and broadcasting for the BBC. Alvin's background as a cellist and teacher of cellists was certainly to be reflected in her future work as a clinician. Her young clients were obviously fascinated by the instrument and her playing and use of it as a way to communicate and be expressive. The cello was evidently an integral part of her sessions, with some of her young clients becoming interested in learning the instrument for themselves.¹¹⁴ She obviously encouraged this interest as part of the work, in the way any inspirational teacher might.

In an insightful obituary upon her death in 1982, published in *The Times*, her knowledge and commitment to work with children stand out as important in terms of her contribution to the development of music therapy, and it is explained that 'she became internationally recognised as a leading authority on musical education'.¹¹⁵ Indeed, 'since 1940 Alvin had been giving special concerts for children, putting into practice her belief that the most valuable period during which children can absorb music is between the ages of four and twelve'.¹¹⁶ This experience Alvin carried into her work as she created a new profession. She was familiar with the territory of music in special education and was in a strong position to develop music therapy as offering something 'different'. Her ideas were strengthened through contact with the music educator Jack Dobbs, who was chair of the BSMT during the 1960s and closely involved in the setting up of the training

¹¹⁴ See: case study of 'Kevin' in J. Alvin and A. Warwick, *Music therapy for the autistic child*, 2nd edition (Oxford, 1991), pp.75–76.

¹¹⁵ Obituary of Juliette Alvin, *The Times* (12 October 1982), p.14; Issue 61360; Col. F.

¹¹⁶ *Ibid.*

course at the Guildhall.

Her obituary also reveals how during the 1939–1945 war, Alvin worked (it would seem) tirelessly, giving concerts outside of the traditional concert hall in a wide variety of places. For example, ‘she toured factories throughout the British Isles and appeared in concerts organized by the Arts Council (CEMA) in military and Red Cross hospitals, and gave more than 200 concerts in aid of war charities’.¹¹⁷ This piece of biographical information is valuable in gaining a picture of Alvin as a musician, committed to reaching out to people of all ages in their everyday lives – lives it can only be imagined that were particularly stressed and impoverished by war. Those who remember her personally frequently mention Alvin’s musicianship and strength of personality.¹¹⁸ These were to be crucial qualities for a pioneer of music therapy. However, it is clear from the short *Times* obituary that upon founding the Society for Music Therapy and Remedial Music in 1958 she had a wealth of practical experience from which to draw upon. Her experience meant that she had a clear understanding of the range of possibilities for music therapy in relation to the needs of children and adults. By the time she founded the first training course in the UK in 1967, at the Guildhall School of Music and Drama, she had developed an eclectic and informed approach to music therapy.

Alvin’s Music Therapy Approach

Juliette Alvin is well-known for her role in developing the music therapy profession, but her influence upon psychodynamic music therapy has rarely been assessed. Until the

¹¹⁷ *Ibid.*

¹¹⁸ See for example: L. Bunt and S. Hoskyns, *The handbook of music therapy* (Hove, East Sussex: Brunner-Routledge, 2002), p.4.

early 1990s, her first book *Music Therapy*, originally published in 1966, was one of less than half a dozen specialized texts available to students and practising clinicians.¹¹⁹ However, whilst Alvin provided a full introductory background to her work, complete with a historical account of the ancient precedents for the modern profession, she did not put forward a *distinct* theoretical basis for her work. Instead, it appears Alvin was aiming to provide as broad an account of music therapy practice in the UK during the early 1960s as possible. She writes:

If we look at the wide panorama of music therapy today and throughout the ages, we can detect three different trends in its conception and its practice, namely the clinical, the recreational and the educational approach. In spite of their differences they are all related to one another and have in common a social outlook on the subject. Each of them deals with social, physical or mental rehabilitation which enables the patient to go back to his community.¹²⁰

Alvin's description of 'three approaches' or therapeutic uses of music are all recognizable in relation to music therapy practice today, and as such illustrate the breadth of her conception of the work. I shall now refer to each briefly in turn.

For Alvin, the recreational approach was where music works, to use her terms, at a 'superficial level', as 'entertainment', demanding 'no effort on the part of the patient'.¹²¹ However, this is not to underestimate the therapeutic benefits of such music-making, helping, for example, to 'fight against institutionalization which threatens any long-term patient'.¹²² Indeed, Alvin wrote about how such music-making can bring the hospital community together in working towards 'the production of a Christmas show, a concert

¹¹⁹ Alvin, *Music therapy*, 2nd edition.

¹²⁰ *Ibid.*, p.109.

¹²¹ *Ibid.*

¹²² *Ibid.*, p.110.

or festival'.¹²³ As seen in Chapter One, this idea of music enabling and enhancing the life of a community, whether hospital or otherwise, can be seen to underpin some of the current ideas of 'community music therapy'. Indeed, rather than using music as a tool for therapy, it is incorporated into everyday life and, through its ability to join people together in meaningful creative activity, is considered as healing in itself.¹²⁴

In her comments about an educational approach, Alvin demonstrates the therapeutic use of music that was now developing with children in schools, clearly distinguishing it from music education. She writes:

A therapeutic situation is always a learning situation ... The aim is not to 'educate' [however] but to develop the flame of intelligence which exists in every human being. As a means of non-verbal communication which can work at a low brain-level, music in skilled hands has already proved an invaluable means of conscious development. A number of well-planned specific musical techniques can help the child to grasp abstract concepts and to develop his imagination and speaking ability.¹²⁵

Alvin's third approach, which she describes as 'clinical', is arguably allied most closely with a generalized conception of a psychological therapy where music is applied as part of hospital treatment for a broad range of medical conditions:

The clinical approach to music is therapeutic in the full meaning of the term. It works in depth, applied to the medical or psychological treatment of physical, mental or emotional disorder. The work demands from the music therapist a basic psychological knowledge, a high degree of musical skills and a full understanding of the nature and extent of the illness. The music therapist is a member of the therapeutic team and must integrate with it.¹²⁶

Such a stipulation by Alvin, in 1960s Britain, represents a remarkable achievement, demonstrating how music therapy was beginning to be accepted in places as part of the

¹²³ *Ibid.*

¹²⁴ The extent to which this approach is new or has always been a consideration for music therapists since Alvin's time is considered in M. Pavlicevic and G. Ansdell, *Community music therapy*, pp.18–20.

¹²⁵ Alvin, *Music therapy*, p.110.

¹²⁶ *Ibid.*, p.109.

work of a medical team and thus reaching adults and children who were seriously ill, either mentally or physically. In all, these three approaches indicate a kind of tireless experimentation with what music therapy could become, whilst at the same time Alvin was developing specific techniques that were to provide the basis for both educational and psychodynamic approaches to music therapy. Within this enquiry, I am most concerned with her influence upon the psychodynamic approach.

Towards Psychodynamic Music Therapy

Given the breadth of Alvin's account, I am now going to demonstrate how her view of contemporary music and experimental clinical work laid the foundations of a psychodynamic approach. I am taking the term 'psychodynamic' music therapy specifically to refer to a psychoanalytical informed approach, whereby a process of understanding the conscious and unconscious dynamics in the therapeutic relationship is at the centre of the work.¹²⁷

This orientation is not easy to establish in Alvin's work, as, whilst her interests were indeed broad, she was primarily concerned with the practical activity of music therapy rather than with developing the theory of that same practice. This view concurs with Kenneth Bruscia, who, whilst describing Alvin's work as psychoanalytic in orientation, writes: 'Alvin's approach to client assessment and evaluation was informal rather than formal, and was described almost entirely through case material ... [and that] she did not

¹²⁷ See: H. Odell-Miller, 'Music therapy and its relationship to psychoanalysis', in Y. Searle and I. Streng (eds.), *Where analysis meets the arts* (London: Karnac Books, 2001), pp.127–152 and D. John, 'Towards music psychotherapy', *Journal of British Music Therapy* 6, No.1 (1992), pp.10–12.

develop standardized forms, scales or procedures'.¹²⁸ On the other hand, Helen Odell-Miller, who trained with Alvin, writes of her 'surprise' at Bruscia's view of Alvin's orientation as 'psychoanalytic', and describes her training method as quite 'educationally orientated, and it focused on cause and effect rather than exploring the unconscious world of the patient'.¹²⁹

However, some aspects of Alvin's work are key to the psychodynamic foundations later developed by others in music therapy, in the first instance by Mary Priestley. Of prime significance are her awareness of contemporary music and the possibilities of free improvisation. In part, she attributes the musical possibilities of therapy to the concurrent developments in contemporary music as described earlier in the chapter. She writes:

Music therapy benefits from the fact that musical means are becoming richer and more available to all. Musicians use new techniques, unthought of some years ago. Contemporary composers of the avant-garde act as explorers in a world of sounds and often provide us with strange experiences related to the modern scene ... We are referring to the method of free improvisation by the individual or by a group, a technique sometimes called 'instant music' or 'collective improvisation' according to the circumstances and for which no specific musical ability is needed when used in therapy.¹³⁰

In turn, free music-making is linked, albeit loosely, in theoretical terms to the inner world of the client:

The use of free rhythmical atonal improvisation liberates the player from obedience to traditional rules in tonality and musical form which he may not be willing or able to follow. He may let himself go on a musical instrument needing no specific technique without offending any convention and express himself directly often at a subconscious level, as one may do in art

¹²⁸ Alvin, *Music therapy*, p.103.

¹²⁹ Odell-Miller, 'Music therapy and its relationship to psychoanalysis', p.137.

¹³⁰ Alvin, *Music therapy*, pp.104–105.

therapy... In the process, the patient can overcome his self-consciousness, his sense of fear, and reveal an untouched side of his inner life.¹³¹

Indeed, Alvin's approach to improvisation appears to have been distinctly interpersonal, based upon a musical and personal openness to the client through a process of listening and freely responding. Wigram (who trained with Alvin during the 1970s) et al. emphasize in their summary of Alvin's work the complete freedom of the improvised music-making,¹³² as 'every conceivable kind of musical activity can be used' and the therapist imposes 'no musical rules, restrictions, directions or guidelines when improvising, unless requested by the client'.¹³³ These features of listening and musical freedom underpin what might be called a 'psychodynamic attitude' in her playing; it is primarily improvisation that is intuitive and responsive to the client she is with.

Furthermore, Alvin was prepared to work with the minimal level of musical material, such as a 'single vibration'. She writes how 'music therapy is based upon an exhaustive use of everything music is made of. It begins with a simple vibration which penetrates the child's closed world, producing in him a resonance and provoking a response'.¹³⁴

The following extract taken from Alvin's account of work with autistic children provides an interesting summary of how she experienced and understood her work. It is clear how Alvin viewed the spontaneity of the music as revealing of the whole

¹³¹ *Ibid.*, pp.104–105.

¹³² T. Wigram, I. N. Pedersen and L. O. Bonde, *A comprehensive guide to music therapy: Theory, clinical practice, research, and training* (London and Philadelphia: Jessica Kingsley Publishers, 2002), p.131.

¹³³ *Ibid.*

¹³⁴ J. Alvin and A. Warwick, *Music therapy for the autistic child*, 2nd edition (Oxford: Oxford University Press, 1991), p.148.

personality of the client, both conscious and, in her words, ‘subconscious’. Some of the music is improvised consciously, when the client intends to make this or that sound. At other times, it would seem that the music simply ‘happened’, and Alvin interpreted this as revealing the client’s inner world; in psychoanalytical terms, the client’s unconscious:

I have taken hours of recordings of the sessions with autistic children under my care. It is possible to extract from them examples of the children’s spontaneous improvisations. These extracts show the musical personality of each of the children. The improvisations certainly reveal subconscious processes at work – there are some happenings by chance, others are deliberate, perhaps when a child has discovered a sound he likes, or a pleasant sequence which he tries to reproduce.¹³⁵

Furthermore, Alvin indicates that she is not striving for a particular kind of ‘result’ in the music itself. For, as she continues, ‘however poor or rich is the musical result, the personality of the child comes through. The obsessive type plays in an obsessive way. The imaginative, independent child uses space, different instruments and changes his speed or his dynamics.’¹³⁶

To summarize, there are three main strands in Alvin’s writings that demonstrate her interest in an approach that would come to be informed by psychoanalytic ideas and practices. First, Alvin’s openness to contemporary music meant she was aware of the emotional possibilities of harmonic dissonance and chaos of form that occurred in free music-making. Second, free music-making involving ‘atonal improvisation’ could be implicitly understood as an act of self-expression that could, in turn, lead to greater self-knowledge. Furthermore, free music-making also presented the possibility of communicating in music with another through a process of intent listening. Third, Alvin was aware of Freudian and Jungian models of the mind and took opportunities to

¹³⁵ *Ibid.*, p.21.

¹³⁶ *Ibid.*

consider music, music-making and the use of musical instruments in terms of psychoanalytical concepts of projection, transference and countertransference.¹³⁷ This also linked to her conception of music as a therapeutic agent, with many historical precedents ‘born out of man’s vital need to communicate with the visible and invisible world’; linked, therefore, to an idea of music as ineffable.¹³⁸ All these interests, as developed by Alvin, prepared the ground for what was to become widespread within the UK: a psychodynamic approach to music therapy.

Mary Priestley and a Psychodynamic Approach

Mary Priestley originally trained at the Guildhall with Juliette Alvin, and together with her colleagues Peter Wright and Marjorie Wardle she is widely recognized as having begun the development of a psychodynamic approach to clinical improvisation. This group named their work Analytic Music Therapy.¹³⁹ Employing a rich anecdotal style of writing, she has described her work and ideas about the relationship between psychoanalysis and music therapy in depth. Music, for Priestley, in improvised or composed form, was an expression or symbol of the *unconscious*.¹⁴⁰ As Hadley writes:

¹³⁷ J. Alvin, ‘The musical instrument as an intermediary object’, *British Journal of Music Therapy* (1977), 8, no. 2, pp.7–12.

¹³⁸ Alvin, *Music therapy*, p.3.

¹³⁹ M. Priestley, ‘Linking sound and symbol’, in T. Wigram, B. Saperston and R. West (eds.), *The art and science of music therapy: A handbook* (Amsterdam: Harwood Academic Publishers, 1995), p.130.

¹⁴⁰ Priestley’s understanding of the *unconscious*, like Alvin, is influenced by Freud’s topographical model of the mind (i.e. ego, superego, pre-conscious and unconscious). She incorporated into her thinking the unconscious mechanisms of transference and countertransference, together with the mechanisms of defence, particularly in the form of ‘repression, displacement, the Oedipus complex and the language of dreams’ (see: Priestley, ‘Linking sound and symbol’, p.129). Her work also imbibes Jung’s theory of ‘the Shadow’ archetypes, and Klein’s mechanisms of splitting and projective identification. For a discussion of Priestley’s theoretical ideas see: Hadley, ‘Theoretical bases of analytical music therapy’.

Priestley's way to the unconscious is through improvised music. She describes the self in terms of its 'inner music', which is "the prevailing emotional climate behind the structure of one's thoughts"... Although it is outwardly expressed in improvised sound or music, a person's 'inner music' is not her or his musicality potential, but rather the core of the psyche – where the unconscious resides. So, the improvised music is 'projective' in the sense that it is a manifestation of the unconscious.¹⁴¹

To summarize in Priestley's words, 'The patient explores new pathways symbolically in the world of the imagination but with the bodily-expressed emotion in sound which gives her a safe toe-hold in the world of everyday reality.'¹⁴²

It is significant that at the same time Priestley was in training, she was undergoing her own psychoanalysis. For Priestley, Alvin's training focused upon 'the use of music in a relatively simple and straightforward way'. Whereas, through the experience of her own analysis, Priestley was becoming aware of 'subtler, more problematic, and often conflicting workings of the psyche, with conscious and unconscious moving in different directions and sapping the vital energy and causing confusion in the thinking and subsequent behaviour'.¹⁴³ This level of emotional awareness was instrumental in the development of her psychoanalytic thinking as a music therapist. However, it is important to note that she did not develop this style on her own. Following her training, drawn, as she writes, by the 'emotional pain', she began work in adult psychiatry at St. Bernard's Hospital on the outskirts of west London.¹⁴⁴ She was to remain in this post for the rest of her working life as a music therapist with her aforementioned colleagues Wright and Wardle.

Together they devised a type of post-qualification training known as 'inter-therap',

¹⁴¹ Hadley, 'Theoretical bases of analytical music therapy', p.35.

¹⁴² Priestley, 'Linking sound and symbol', p.130.

¹⁴³ *Ibid.*, p.129.

¹⁴⁴ Priestley, *Music therapy in action*, p.40.

which, whilst not adopted to any significant degree in the UK, has proved influential in other parts of Europe, in particular in Denmark and Germany. It was a form of therapy for therapists, who met weekly and, drawing upon their own personal experience of psychoanalysis, would each take it in turn to be the client. This way they were able to learn more about the music therapy techniques they were developing and support each other in their clinical work. The format of sessions was similar to the format developed for patients as ‘analytic music therapy’. The session would begin with some free-flowing verbal reflection on the part of the client, out of which an image might occur to the client or therapist.¹⁴⁵ The client and therapist would then freely improvise upon the idea or image, followed by further verbal exploration.

Priestley’s approach arguably *built* upon Alvin’s in a particular way. I have demonstrated how Alvin’s approach had features of psychodynamic work; however, Alvin’s case material and theoretical writings tend to focus upon descriptions of her work, providing an external viewpoint rather than a sense of involvement on the part of the therapist. Therefore, whereas Alvin’s clinical work laid a foundation for psychodynamic work, her understanding was of psychoanalytic *concepts* in relation to music, in contrast to psychoanalytic *practice*.

Priestley, on the other hand, responded to the spontaneity of free improvisation in a deeply personal way and so gained an understanding of the possibilities of music therapy

¹⁴⁵ One example from a session is of the week where Priestley, as ‘client’ has ‘the imminent prospect of becoming a mother-in-law’. This provides the topic for the improvisation that ensues. ‘With drum taps and cymbal I start out being the classical irritable and interfering mother-in-law. The music takes me further inside. Marjorie’s piano music is holding the outer boundaries. I lose time/space awareness. I am by the seashore somewhere unknown and peaceful. I create it but it creates me too ... I tell Marjorie what I saw. “It will be a creative thing not a role thrust upon me by one thousand and one variety artists.”’ See: Priestley, *Music therapy in action*, p.37.

from ‘the inside’ of the experience, from the viewpoint of the client. In her first book, *Music Therapy in Action*, she describes Alfred Nieman’s improvisation classes as ‘so seminally valuable’.¹⁴⁶ It can be presumed that what she meant by this was ‘valuable’ in terms of the space to think about and feel the emotion of improvisation, in preparation for the working life that was to come. She writes:

The title of my very first piece was “Fear”. I stood up in front of the class and approached the form-giving instrument. For a while I sat frozen in front of the grand piano, starting at the black and white keys ... Inside me were feelings enough ... but the gulf between the inner and the outer was vast. A chasm. Just to connect the two stretched my mind almost to breaking point. At last I plunged in, feeling it was immeasurably dangerous to unleash these painful feelings of terror on the world ... But it was great! ... I was no longer in the grip of this emotion but could use it.¹⁴⁷

In summary, it is clear that Priestley developed a psychodynamic approach to music therapy from the specialized vantage point of having been a patient herself in psychoanalysis. For Priestley, the psychoanalytic mechanisms of splitting, projective identification, transference and countertransference were not just concepts to be ‘spotted’ in the client’s music-making. They entailed the therapist experiencing powerful feelings of his/her own. Priestly fully understood the ‘inter-subjectivity’ involved in the psychodynamic therapeutic relationship in a way that possibly was not the case for Alvin.

Finally, Priestley understood that a therapist’s own process of ‘inner learning’ is an essential tool for the work; she introduced into music therapy practice the necessity for the therapist’s own music therapy, in order that they gain at least a working understanding of their own unconscious, alongside the process of working with the

¹⁴⁶ Priestley, *Music therapy in action*, p.27.

¹⁴⁷ *Ibid.*, p.28.

unconscious of their patients.

Paul Nordoff and Clive Robbins and a Music-Centred Approach

The pioneering work of Paul Nordoff and Clive Robbins is well-documented in publications describing their collaborative work, recent commentaries and historical research.¹⁴⁸ Nordoff and Robbins's collections of songs and musical stories for therapy are also widely available.¹⁴⁹

As a young man, Nordoff had achieved success as a teacher, pianist and composer. Between 1935 and 1950, his commissions included four scores for Martha Graham including *Every Soul is a Circus* (1939), which remained in the repertoire of the Martha Graham Dance Company for many years.¹⁵⁰ He also set music to the words of the British poet Sylvia Townsend Warner, after which they became close friends, corresponding by letter over many years up until the week of Nordoff's death in 1977.¹⁵¹

¹⁴⁸ See: P. Nordoff, C. Robbins and D. Marcus, *Creative music therapy: A guide to fostering clinical musicianship*, 2nd edition revised and expanded by Clive Robbins, (Gilsum, NH: Barcelona Publishers, 2007). This book includes invaluable audio illustrations to case studies. See also: Robbins and Robbins, *Healing heritage*. Recent historical research and commentaries includes: Aigen, *Paths of development in Nordoff-Robbins music therapy* (Gilsum, NH: Barcelona Publishers, 1998); and Simpson, *The Nordoff-Robbins adventure*.

¹⁴⁹ P. Nordoff and C. Robbins, *The first book of children's play-songs* (Bryn Mawr, PA: Theodore Presser, 1961); P. Nordoff and C. Robbins *Pif-paf-poltrie: A musical working game for children* (Bryn Mawr, PA: Theodore Presser).

¹⁵⁰ Original information regarding Nordoff's collaborations with Martha Graham sourced via online encyclopaedia Wikipedia. Available at: http://en.wikipedia.org/wiki/Paul_Nordoff . Accessed 2 September 2011. The reviewer of the 1986 revival of Graham's ballet *Every Soul is a Circus* provides some idea of the emotional intensity of Nordoff's music: 'As the acrobat, Steve Rooks is the man of the Empress's dreams, whose mere entrance into the arena stirs Paul Nordoff's score to storms of Hollywood passion.' J. Dunning, 'The dance: Graham's every soul', *New York Times* (8 June 1986). Available at: <http://www.nytimes.com/ref/membercenter/nytarchive.html>. Accessed 3 October 2011.

¹⁵¹ Sylvia Townsend-Warner and W. Maxwell, *Letters* (London: Chatto & Windus, 1982).

There are a number of letters contained in this volume written by Townsend Warner (who originally trained as a musicologist) to Nordoff. The letters document a close friendship, together with plans for

Nordoff also established a friendship with Benjamin Britten, who was later to write the foreword to the first book published with Robbins.¹⁵²

As a younger contemporary of Henry Cowell (1897–1965) and just three years older than John Cage (1912–1992), Nordoff’s musical language did not follow the ‘East Coast’ nor central European avant-garde traditions of indeterminacy or serialism. At the time of his sabbatical, he was struggling to maintain his recognition as a mainstream composer. As Simpson writes, his ‘compositional style was tonal and lyrical, often written within traditional structures. He loved the Broadway musical tradition and his own compositions show the deep influence of this style.’¹⁵³

Nordoff and Robbins famously began their collaboration in 1959, meeting at the Sunfield Children’s Home, a community based ‘home school’ conceived from the ideas of Rudolf Steiner, in Worcestershire, UK. Clive Robbins studied music as a teenager, but upon joining the RAF at the age of 18 sustained a serious gunshot injury. This left him with ‘little direction’ until his mid-twenties when his wife, a nurse, accepted a job at Sunfield and they joined the community. Robbins subsequently trained as a teacher in ‘curative education’.¹⁵⁴ When Nordoff and Robbins met, in addition to music, they shared a deep interest in children and commitment to anthroposophy as a way of life.

Nordoff was a professor of music at Bard College, New York, and at the same time lived with his wife and family in an anthroposophical community, Threefold Farm,

collaborations. The letters are interesting for the glimpse they provide of Nordoff’s life as a composer, outside of his therapeutic work.

¹⁵² P. Nordoff and C. Robbins, *Therapy in music for handicapped children* (London: Gollancz, 1971). The relationship between Nordoff and Britten is discussed in Patey. ‘Co-operation or co-existence?’

¹⁵³ Simpson, *The Nordoff-Robbins adventure*, pp.18–19.

¹⁵⁴ *Ibid.*, p.15.

Spring Valley New York.¹⁵⁵ Robbins was later to write how during this sabbatical, Nordoff had encountered ‘by chance the use of composed music for therapy with physically disabled children in Scotland, and the use of improvised music with speech impaired children in Germany’. Robbins recounts how he was ‘intrigued by the possibilities of live music and the implications for composition and improvisation’.¹⁵⁶

The following year, 1959, Nordoff returned to Worcestershire and from this time onwards began to work with Robbins as part of a special ‘experimental investigation’, for which he had secured funding from a foundation recently set up in memory of Rudolf Steiner.¹⁵⁷ Their initial collaboration was classroom-based, and they created a number of musical plays, in the Steiner tradition, based upon folk tales and starting with *Pif-Paf-Poltrie*. Together they improvised and experimented, creating a miniature ‘dramatic piece’. At the same time they were also writing ‘play-songs’, with the plays ‘designed to raise the children’s awareness of self and surroundings’.¹⁵⁸

The school director subsequently asked Nordoff to work individually with particularly disturbed children. Out of this work, with the need for ‘an assistant to facilitate the child in the room’, the collaboration between Nordoff and Robbins began to take shape. Fraser Simpson, in his detailed account of this initial period, emphasizes ‘the rigorous consistency’ of Nordoff’s ‘investigative approach’. Simpson writes: ‘It was not a slipshod hit-and-miss affair; experimental, yes, but with considered application of techniques tried and found to be effective, coupled with intense observational acuity.

¹⁵⁵ *Ibid.*, p.15.

¹⁵⁶ Robbins and Robbins, *Healing heritage*, p.xii.

¹⁵⁷ Simpson, *The Nordoff-Robbins adventure*, p.21.

¹⁵⁸ *Ibid.*

The legacy of this approach has primed the training of Nordoff-Robbins music therapists to the present day.¹⁵⁹

Two other features are important to note from Simpson's account. First, Robbins almost immediately started an archive of their work together, recording the sessions with children on a reel-to-reel tape recorder. This archive remains in the public domain today and has contributed to the idea of Nordoff and Robbins founding an approach.¹⁶⁰ Second, following his initial visit to the Sunfield Home, Nordoff returned to the USA. Upon joining the American organization the National Association for Music Therapy (NAMT) (founded in 1950), Nordoff discovered that here the phrase 'music therapy' implied work with 'recorded music' or the 'familiar song repertoire'. This therapy was altogether different from the model of special composition and improvisation that he was developing, and it demonstrates how modern improvisational music therapy arose out of a specifically European culture.

Towards a Music-Centred Approach

Crucial to this enquiry is the identification of the areas of difference between the two approaches, psychodynamic and music-centred. There were, however, some similarities between the two approaches as they began to emerge during the 1960s that, for clinical improvisation, are important to identify. First, as we have already seen, the clinical technique of improvisation, soon designated clinical improvisation, was to create music freely, moment by moment, in a session to 'stimulate, support and develop children's

¹⁵⁹ *Ibid.*, p.23.

¹⁶⁰ See: Nordoff, Robbins and Marcus, *Creative music therapy*. This publication includes recordings of case studies.

responses'.¹⁶¹ Second, for both groups of pioneers there was a premise that the improvisations afforded a direct emotional engagement through music, an 'active emotional *substance* in the inter-responsiveness between child and therapist'.¹⁶²

How was the therapist intended to work to achieve this? Nordoff and Robbins write: 'When a child... cannot immediately respond vocally or instrumentally ... begin your work by creating a musical setting with form and mood: a musical emotional environment with which he may feel some affinity.' This highlights the essential similarity: both groups presented above were concerned with live music-making, as opposed to listening to recorded music. In particular, they were concerned with improvisation as a 'new' technique for therapeutic work in music. However, a starting point for examining the differences between the two approaches, I propose, lies with the fact that Paul Nordoff, as the primary musical instigator in the Nordoff-Robbins partnership, was a composer and pianist.

In Chapter Four, I will discuss two different paradigms for improvisation. The first relates to a concept of improvisation where it is essentially performers' music, in part where the *raison d'être* is for it not to relate to composition.¹⁶³ The second paradigm is where improvisation and composition are processes intrinsic to each other, improvisation contains composition and vice versa. Indeed, one phenomenological account of improvisation places the two activities in relation to each other on a

¹⁶¹ *Ibid.*, p.viii.

¹⁶² *Ibid.*, p.xiv.

¹⁶³ L. Foss, 'Improvisation versus composition', *The Musical Times* 103 (1962), 684–685.

continuum with free improvisation at one end and composition at the other.¹⁶⁴ It is the second paradigm of improvisation that Paul Nordoff's work closely relates to; he naturally approached improvisation as a composer and composed many songs out of the improvised material.

I have mentioned above how Priestley approached the *psychodynamics* of music therapy from the 'inside'. Paul Nordoff certainly approached the *music* of music therapy 'from the inside'. His teaching of clinical improvisation, recorded and transcribed, constitutes a live demonstration of the 'inner workings' approach he and Robbins developed.¹⁶⁵ For example, he talks about the composition of melodies in terms of the craft of the composer:

In the construction of melodies – and we're talking about after the fact, we're not talking about actually manufacturing them, we're talking about looking at the inspired melodies of composers – we find the enormous importance of the scale in melodic construction ... [For example, J. S. Bach, Chorale from Cantata 147, 'Jesu Joy of Man's Desiring'] This is something I think we can really get down on our knees to. Not only what the man has done with this chorale melody ... but that we can listen to it ... we can see this beautiful embroidery that rises and falls also consists constantly of steps and skips and steps and skips!¹⁶⁶

In places, Nordoff is quite specific in how music operates with fewer restrictions in therapy, as he says:

One has to divorce the triad from one's conventional harmonic training, and begin to think of the triad as something one can use quite freely in therapy in quite a different way, without the harmonic connections you've been told and taught. [Plays a selection of major and minor triads as he speaks] This is an event [C- E flat- G]...! This is an occurrence [F-A- C]...! This is a challenge [A flat-C- E flat]...! And yet [D flat-F flat-A flat]... every one of them is just absolutely balanced and controlled [G- B-D].... Do this [B flat- D flat- F]... for a child [D- F sharp- A... then F- A flat-

¹⁶⁴ See: B. E. Benson, *The improvisation of musical dialogue: A phenomenology of music making* (Cambridge: Cambridge University Press, 2003).

¹⁶⁵ Robbins and Robbins, *Healing heritage*.

¹⁶⁶ *Ibid.*, p.4.

C]...Marvellous experiences with just the triad, the little old boring triad [C-E flat- G]. [Formatting in original]¹⁶⁷

However, in contrast to the teaching of Nieman, this freedom is a specifically *musical* freedom rather than the more literal freedom of Nieman, which is both musical and emotional. Nordoff speaks about the freedom of improvisation with reference to Debussy:

You will find, when you study the works of Debussy, that there is a basic musical structure that he seldom abandons, and that is the relationship of five and one. No matter how free the harmony, no matter how dissonant it might seem, you will find this relationship of the dominant and the tonic is there, and it gives its underpinning. [Demonstrates from opening of Debussy prelude, Book 2, No.3] ... It's from this kind of freedom that a real music therapy – a clinical improvisational therapy – could have come into being.¹⁶⁸

It is important to note that Nordoff and Robbins were strongly influenced in their conception of music therapy by Rudolf Steiner's theory of eurhythmy, of music and movement. Steiner considered that music, sound, speech and the body were one thing:

Music and language, that is to say the sounds of music and of speech, are connected with the whole human being. When the human being sings or speaks, the experience of the singing or the speaking is in the astral body and ego ... Musical sound and the sounds of speech actually acquire their inner quality of soul from the warmth that, as it were, is carried on the waves of this air.¹⁶⁹

Steiner's theory of musical intervals creates an understanding of sound of each interval in direct relation to the self, from the experience of the inner self to the outer self, in the world. Each interval expresses some aspect of the human experience. For example, Steiner writes:

¹⁶⁷ *Ibid.*, p.67.

¹⁶⁸ *Ibid.*, pp.77–79.

¹⁶⁹ R. Steiner, *Eurhythm as visible singing* (translated by A. Stott), 3rd edition (Stourbridge: Anderida Music Trust, 1998).

Suppose that you are dealing with a major third. Then you will show inwardness by making the arm movement go away (out) from yourself. If you express the minor third, you remain more within yourself, which you indicate with your arm back towards yourself (inwards). You have a gesture that really expresses the experience of the third. If you want to experience these things, you must repeatedly practise the corresponding gesture and try to see how the experiences of the intervals actually flow from the gesture and how they are within it. Then the corresponding experience will grow together with the gesture, and you will possess that which makes the matter artistic.¹⁷⁰

Nordoff and Robbins absorbed directly from Steiner the notion that music is *intrinsic* to the self, and as such is healing *in itself*. From this idea in particular, it is possible to ascertain the beginnings of a diverse musical aesthetic within music therapy. Whilst the notion of improvisation and freedom were important for both approaches, the use of music was quite different. For what will now be termed the psychodynamic approach, the basis of the therapeutic work was improvised music that was conceived as self-expression of a conscious and unconscious kind. For the ‘music-centred’ approach, the basis of therapeutic work was that music was conceived as itself, and, therefore, consciously derived from specific composers (including the therapist and client).

Conclusion

In this chapter, I have described four major influences upon the development of clinical improvisation. First, I have indicated the cross-influence of practices within music education where improvisation, composition and forms of aleatoric music were concurrently being experimented with and incorporated within class music as a tool for learning. Second, anthroposophy provided a practical theory of music and the self,

¹⁷⁰ *Ibid.*, pp.19–20.

whilst psychoanalysis provided a theory of the experience of music, the self and the self in relation to others.

Finally, I discussed the influence of some developments in art improvisation during the 1960s. The theories afforded by free music-making and a soundworld enabled by twentieth-century atonality were shown to have influenced two important principles implicit in the emergent practice of clinical improvisation. First, implicit in music therapy practice was the notion that the spontaneity and freedom of improvisation enabled a ‘personal authenticity’ in music to emerge. Second, the practice of ‘close listening’ between players (in this case between therapist and client) was considered essential to the process of developing a musical therapeutic relationship through improvisation.¹⁷¹

This chapter has also covered a historical period, between the 1930s and 1970s, when music therapy began to emerge as an activity distinct from education and the performance of music in the concert hall. Two approaches began to develop side by side with some shared ideals, but also with the beginnings of some important differences. In 1977, a report in the *British Journal of Music Therapy* describes a BSMT ‘members’ meeting’ on music therapy techniques.¹⁷² The report comments how ‘Members of the audience were invited to come forward and show how they used some of the instruments

¹⁷¹ Curtis L. Carter poses the question: ‘Why is improvisation important to the arts? An immediate response is that improvisation is a means of suppressing historical consciousness that is necessary to break the causal chain between existing conventions and new developments in artistic practice. With improvisation there is hope that one will discover something that could not be found in a systematic preconceived process.’ See C. L. Carter, ‘Improvisation in dance’, *The Journal of Aesthetics and Art Criticism* 58 (2000), p.181–182.

¹⁷² J.L.R., ‘Members meeting on music therapy techniques’, *British Journal of Music Therapy*, 8 (1977), pp.14–15. [NB the report is attributed to J.L.R. but there is no further indication as to the identity of the author].

in their work as intermediary objects between the patient and himself and his environment – a process leading to identification.’¹⁷³ Putting the psychoanalytic language to one side, it is striking how some of the examples described illustrate aspects of the ‘two approaches’ discussed in this chapter. For example, on the one hand, Peter Wright illustrates psychodynamic thinking in his presentation as he ‘emphasised the self-knowledge which can result from the free use of an instrument and the preference certain adult patients show for the xylophone in improvisation techniques’.¹⁷⁴ On the other hand, Jean Eisler’s work suggests the influence of Nordoff and Robbins in that her presentation ‘demonstrated the transfer of spasmodic movements of an athetoid child on to a tambourine and how the sounds can become musically meaningful’.¹⁷⁵ It appears from this report that the separate paths that music therapy took over the coming decades were already being trodden.

¹⁷³ *Ibid.*, p.14.

¹⁷⁴ *Ibid.*, p.15.

¹⁷⁵ *Ibid.*

CHAPTER THREE

Ontological Method and the Music of Music Therapy

From a musicological point of view, improvisation in music therapy may not be “interesting” in the same way as a major piece of art music. Improvisation does not generally produce a musical work of art. Thus some analytical procedures from traditional musical analysis may not be relevant. Even if such methods might indicate structural idiosyncrasies of the improvisation, we do not use them to see how certain features may organise the musical text or what stylistic features are operating and how they are historically related. Instead we study how music provokes inter- or intrapersonal communication – in other words which musical structures will lead to change or a new initiative.

EVEN RUUD, 1998¹⁷⁶

How is it possible to approach the core question of ‘what is the music of music therapy?’ beyond a literal, empirical description?¹⁷⁷ What *is* the problem, and where does it arise? In this chapter, addressing these three questions will take us to the centre of the enquiry. The previous chapter contained a historical account in which clinical improvisation was examined as an emergent form of music-making with two distinct approaches. In this chapter, I will be referring to the music of music therapy in more general terms, as a single form of musical improvisation, in contrast to other forms of improvisation. Furthermore, as I have already discussed in Chapter One, clinical improvisation does not solely refer to free music-making; it encompasses the broader notion of an improvisational activity of music-making that might involve the spontaneous singing of

¹⁷⁶ E. Ruud, *Music therapy: Improvisation, communication and culture* (Gilsum, NH: Barcelona Publishers, 1998), p.163.

¹⁷⁷ Hereafter, the question of ‘What is the music of music therapy?’ may also be referred to as the ‘core question’.

known songs or playing of chord sequences. For this reason, any ontological exploration of the music of music therapy cannot refer solely to improvisation alone but will also need to consider forms of pre-composed music. It is the task of this chapter, therefore, to arrive at some generality as to what kind of musical domain is under discussion and at the centre of our concern.

First, I provide an initial approach to the core question through a discussion of the role of musical ontology in this enquiry. I examine what Andrew Kania has termed ‘higher-order’ music ontology as one such approach to making ‘comparisons’ between different forms or traditions of music-making. Second, with reference to Lee B. Brown’s critique of Kania’s approach, I discuss the difficulty of formulating an ontological account of music that is sufficiently ‘descriptive’ of the musical practice in question and embedded in live rather than purely abstract concerns.¹⁷⁸ Third, in light of this critique, I return to the literature and concerns of music therapy.

How did the core question come to be of concern? How did the question of what is the music of music therapy arise? I outline the background to this enquiry and discuss the difficulty of defining clinical improvisation beyond the circular terms of it being improvisation that takes place within the environment of therapy. I describe a scenario where an ambiguity has arisen regarding the type of music-making that is taking place, clinical improvisation or art improvisation where music therapists have improvised music as part of a professional meeting. As I show, it is out of this very ambiguity that, prior to starting this enquiry, I began to formulate what I described in Chapter One as a ‘pre-

¹⁷⁸ A. Kania, ‘The methodology of musical ontology: Descriptivism and its implications’, *The British Journal of Aesthetics* 48, No. 4 (2008), p.426; Kania, ‘New waves in musical ontology’; L. B. Brown, ‘Do higher-order music ontologies rest on a mistake?’

theoretical intuition' regarding the distinctiveness of the ontology of clinical improvisation.

Next, I discuss in depth the work of music therapists Sandra Brown and Mercédès Pavlicevic, who have addressed the ambiguity in the form of an action research project.¹⁷⁹ Their project considers a distinction between clinical improvisation and 'music-making' improvisation through an examination of their individual experiences of each form under semi-experimental conditions. Finally, I identify common themes between the philosophical and practice-based discussions considered in this chapter and show how these themes provide common ground to begin to explore a distinction between clinical improvisation and art or music-making improvisation.

The Role of Musical Ontology as Method

I have identified the core question of this enquiry as a question of comparative ontology. What does this mean, and in what way is the question of what is the music of music therapy of ontological concern? In this section, I present some current discussion in musical ontology, particularly drawing upon the work of philosopher Andrew Kania. Later in the chapter, I show how some comparative questions are common to both musical aesthetics and music therapy.

Approaches to Musical Ontology

One current debate within musical ontology concerns the 'right method' of approach, and in particular, what can be formulated as the question of where should a 'good' ontology

¹⁷⁹ Brown and Pavlicevic, 'Clinical improvisation in creative music therapy', pp.397–405.

begin?¹⁸⁰ Should it begin, for example, with a questioning of the fundamental metaphysical structure of a form of music; most commonly, is it a ‘universal’ (a Platonist position) or a ‘particular’ (a nominalist position)? Alternatively, should we look to the musical practice itself to see what questions arise directly out of it?

As a starting point for a critique of methodology, Kania has made the distinction between *descriptive* metaphysics, which ‘is content to describe the actual structure of our thought about the world’, and *revisionary* metaphysics, which ‘is concerned to produce a better structure’.¹⁸¹ Kania describes how Nelson Goodman ‘kick-started’ analytical musical aesthetics during the 1960s through an extreme ‘revisionary position’, whereby what might be considered as an understanding of the reality of musical practice is overthrown in favour of logic. Famously, Goodman argued an extreme nominalist position whereby the identity of a musical work in performance could only be verified through the complete compliance with the musical score, meaning a complete absence of wrong notes.¹⁸²

Kania traces the response to Goodman’s ‘extreme’ position and shows how this has

¹⁸⁰ See: Bohlman, ‘Ontologies of music’. This account of ontology will be referred to in some detail in Chapters Four and Five.

¹⁸¹ Kania, ‘The methodology of musical ontology’, p.434.

¹⁸² Goodman’s position can be as summarized in the following passage in which he writes: ‘Since complete compliance with the score is the only requirement for a genuine instance of a work, the most miserable performance without actual mistakes does count as such an instance, whilst the most brilliant performance with a single wrong note does not. Could we not bring our theoretical vocabulary into better agreement with common practice and common sense by allowing some limited degree of deviation in performances admitted as instances of a work?... But this is one of those cases where ordinary usage gets us quickly into trouble. The innocent-seeming principle that performances differing by just one note are instances of the same work risks the consequence – in view of the transitivity of identity – that all performances whatsoever are of the same work. If we allow the least deviation, all assurance of work preservation and score preservation is lost; for by a series of one-note errors of omission we can go all the way from Beethoven’s *Fifth Symphony* to *Three Blind Mice*.’ N. Goodman, *Languages of art*, 2nd Edition, (Indianapolis: Hackett Publishing Company, 1976) pp.186–187.

motivated a number of developments including ‘a growing interest in, or unrest about, the proper *methodology* for doing the ontology of music and the other arts’.¹⁸³ Especially, Kania continues, there has been a concern with ‘what exactly has priority when we do the ontology of art’.¹⁸⁴ He writes:

At the descriptive end of the spectrum is the particularist, who argues that there is no such thing as the ontological nature of the artwork, the musical work, the classical musical work for performance, or any kind of artwork. We must look at the particular details in any given case, describing each work as it is, rather than fitting them all, or any group of them into a Procrustean [sic] ontological theory ... As we move down the line towards the revisionary end, we encounter ontologists who give up more and more of our expert artistic judgements in the interests of a better theory of the way artworks really are, independently of how we think of them.¹⁸⁵

Kania is committed to what is arguably a reflective way of ‘doing’ ontology; a ‘meta-ontology’ led by the art form or practice in question, in this case music. This goes hand-in-hand with his examination of the ‘diverse ontologies’ to be found upon comparing different forms of music. He has termed this comparative project ‘higher-order ontology’.

¹⁸³ Kania, ‘The methodology of musical ontology’, pp.427–428. Nelson Goodman is well-known for his theory of the necessary ‘identity conditions’ under which it could be ‘certain’ that a performance was a performance of a *specific* work. This theory seems to many to be counterintuitive as regards to the activity of performing music in practice. Indeed, the metaphysical priority he gives to this enterprise is regularly cited as demonstrating the limitations of the ontology. For a recent example of this discussion see: A. Ridley, *The philosophy of music: Themes and variations* (Edinburgh: Edinburgh University Press), pp.105–13, and in response to Ridley: A. Kania, ‘Piece for the end of time: In defence of musical ontology’, *The British Journal of Aesthetics* 48, No.1 (2008), pp.65–79. For a less polarized discussion see: Benson, *The improvisation of musical dialogue*. Benson comments that ‘Given the kinds of expectations of composers such as Hindemith, Copland, and Stravinsky... I take it that [Ingarden,] Wolterstorff and Goodman are simply expressing the dominant view of the “moral” force that scores carry.’ pp.12–13.

¹⁸⁴ Kania, ‘The methodology of musical ontology’, p.429.

¹⁸⁵ *Ibid.*, p.435.

Higher-Order Ontology

As described above, Kania makes a distinction between fundamental and higher-order musical ontology.¹⁸⁶ Higher-order ontology can be seen as concerned with questions emanating from the musical phenomenon itself. In contrast, fundamental ontology is concerned with the topographically deeper, broader, non-musical questions of metaphysics, as referred to above, namely what kinds of things are there in the world and what kind of thing is music?; is it for instance, a physical object?¹⁸⁷

Kania's framework, whereby questions of 'higher-order' musical ontology are distinguished from questions of fundamental musical ontology, has proved a useful conceptual tool for this enquiry. The core question, what is the music of music therapy?, is essentially a comparative question and as such 'neutral' in relation to the 'fundamental' debates within musical ontology, which are essentially concerned with metaphysical questions regarding whether music is a universal or a particular.¹⁸⁸ This enquiry seeks to understand the music of music therapy in relation to the other forms of music that influenced its emergence and subsequent practice.

Higher-order musical ontology, Kania has written, enables an examination of 'different musical traditions on their own terms', rather than simply, for example, examining the music

¹⁸⁶ Kania, 'New waves', pp.32–33.

¹⁸⁷ Many discussions of musical ontology provide an overview of the differing 'fundamental' theories, including those already cited in this enquiry: see Kania, 'New waves'; See also: R. Wollheim, *Art and its objects*, 2nd edition 1980 (Cambridge: Cambridge University Press, 1968), for an example of a classic exposition of the 'type token' theory, posing the question, is a work of art physical or mental? For a compelling and critical review of the prevailing metaphysical theories of music see: Goehr, *The imaginary museum of musical works*, pp.1–86.

¹⁸⁸ See Kania, 'New waves', p.32.

of jazz as a ‘variation’ of the Western classical musical work paradigm.¹⁸⁹

The Purpose of Higher-Order Ontology: Evaluation and Misunderstandings

Taking Kania’s framework of higher-order ontology, different musical forms or traditions can be seen to raise their own distinctive questions of ontology.¹⁹⁰ On this account, a certain ontological understanding of a musical form or tradition enables an evaluation of a particular form or tradition, for example an evaluation of the intrinsic aesthetic worth of the music and/or type of musical performance. Kania shows how one musical tradition can be *misunderstood*, dismissed even, because it is evaluated *as though* it were, ontologically, the same as another musical tradition, and there is indeed huge potential for occurrences of this.

For example, what constitutes excellence in one tradition, such as the immediacy of expression conveyed through the ‘raw’ sound produced by a folk singer such as Billy Bragg, would be discounted as excellence within the context of many of the performance practices within Western classical traditions. To listen to and evaluate Bragg within the same evaluative framework as Ian Bostridge, a classical singer of Schubert’s song cycles and Britten’s operas, where it could be said that consistency of tone is valued over roughness of tone, would certainly demonstrate a naivety (intolerance even) of different performance traditions and the essential purpose of each. In Kania’s terms, however, such an evaluation further constitutes an ontological misunderstanding or category mistake. Such ‘misunderstandings’ can also be manifested

¹⁸⁹ A. Kania, ‘In defence of higher-order musical ontology’, p.98.

¹⁹⁰ *Ibid.*

in the provision of a music therapy service. For example, there is sometimes a reluctance conveyed by professional colleagues to provide considered referrals to music therapy, except on the (not unimportant) basis that the client ‘likes music’. One explanation for this could be that the music of music therapy is sometimes considered in the same terms as the music broadcast on the radio or sung in concert performances by the local choral society. In other words, the musical content of therapeutic sessions are (unreflectively) *evaluated* as ontologically akin to the musical content of leisure activities, which, possibly, the referring teacher or medical practitioner engages with in his or her free time. The music is thus considered as a ‘relaxing diversion’ rather than part of the therapeutic ‘core business’ of the school or hospital. Phillip Alperson, writing about jazz improvisation, provides a further example, demonstrating how an entire musical practice can be ‘misunderstood’ simply by evaluating it from within the wrong frame of reference. In this case, jazz improvisation is evaluated from within the same set of aesthetic values as the classical string quartet. He writes:

It might be contended that, as complex musical structures, musical improvisation typically pales in comparison with the conventional situation where a composer produces a composition antecedently to its public performance. At a recent meeting of the American Society for Aesthetics, for example, Denis Dutton asserted that he did not think it likely that there would ever exist a single jazz improvisation which would compare favourably (or even remotely) with the structural complexity of any of Beethoven’s late quartets.¹⁹¹

Alternatively, Ted Gioia argues that there is a different set of aesthetic values to be had in the performance of jazz in contrast to the performance of classical music, suggesting

¹⁹¹ P. Alperson, ‘On musical improvisation’, *The Journal of Aesthetics and Art Criticism* 43, No.1 (1984), p.22. In the same article, Alperson makes a distinction between the activity of improvisation and the product of improvisation, which further contributes to this discussion. This, however, is to pursue a more specific discussion about improvisation. Alperson’s discussion of improvisation will be examined further in Chapter Four.

that it is to be valued on account of its status as primarily a performer's music. It is the performer rather than the musical work that we are interested in, and to appreciate jazz in terms of the work is to misunderstand it. He writes:

Clearly any set of aesthetic standards which seek perfection or near perfection in the work of art will find little to praise in jazz [i.e. improvisation]. Yet this approach, however prevalent, is not the only valid way of evaluating works of art. A contrasting, if not complimentary attitude looks not at the art in isolation but in relation to the artist who created it; it asks whether that work is expressive of the artist, whether it reflects his own unique and incommensurable perspective on his art ... This I believe, is precisely the attitude towards art that delights in jazz. We enjoy improvisation because we take enormous satisfaction in seeing what a great musical mind can create spontaneously. We are interested in what the artist can do, given the constraints of his art. We evaluate Louis Armstrong or Charlie Parker not by comparing them with Beethoven or Mozart but by comparing them with other musicians working under similar constraints, and our notions of excellence in Jazz thus depend on our understanding of the abilities of individual artists and not on our perception of perfection in the work of art. In short we are interested in the finished product (the improvisation) not as an autonomous object but as the creation of a specific person.¹⁹²

These three examples of ontological misunderstanding are concerned with a misunderstanding of the meaning of the music. Kania demonstrates, however, the way in which such ontological misunderstandings can throw light not just upon a distinction in the meaning of the music as musical object, but also in its manifestation through performance.

Rock Music: A Case Study for Comparative Higher-Order Ontology

In this next section, I examine Kania's discussion of rock music, in particular to illustrate the way in which one form of music can be thought about in relation to another. It also illustrates how different forms of music can be viewed as distinct directly in relation to their practice.

Kania provides a case study to illustrate the way in which such a comparison can be

¹⁹² T. Gioia, *The imperfect art* (Oxford: Oxford University Press, 1988), pp.68–69.

made between differing ontologies, which are so identified, between rock music and Western classical music respectively. This involves the discussions of philosophers Theodore Gracyk and Stephen Davies, as both of whom have examined rock music.¹⁹³

Terminology

It is worth noting the terminology employed by these three authors. Taking Gracyk's own starting point, ontology as a category is treated within these discussions as what 'counts as a unit of significance or object of critical attention' within a musical work.¹⁹⁴ The term 'work' is used interchangeably within this literature to mean 'musical work', in the same sense that it is used in Western classical music. It is also used to mean 'work of art', in the sense that it is used to question *where* is the 'work of art' in this or that form of music. At the centre of the analysis is a discussion of performance. Kania, Davies and Gracyk have alighted upon the particular relationships between performance and specific musical styles. Davies makes a contrast between what he calls musical works 'for performance' and 'works not for performance'.¹⁹⁵ Like Kania, he is concerned that his approach has ontological relevance to 'the sorts of things that make a difference to the way composers, performers and listeners understand and discharge their socio-musical roles'.¹⁹⁶ He writes:

¹⁹³ Kania, 'Making tracks'; Davies, *Musical works and performances*; Gracyk, T. Gracyk, *Rhythm and noise: An aesthetics of rock* (London and New York: I. B. Tauris and Co., 1996).

¹⁹⁴ Gracyk, *Rhythm and noise*, p.x.

¹⁹⁵ Davies, *Musical works and performances*, pp.6–44.

¹⁹⁶ *Ibid.*, p.6.

I separate works that are for performance from those that are not, and, within works for performance, [he separates] those that are for live presentation from those that are not. In addition, [he continues] I distinguish works rich in properties from those that are not.¹⁹⁷

Davies distinguishes types of performance along a continuum for different sorts of musical ‘products’, or ‘works’, including improvisation.¹⁹⁸ His continuum charts an ontological comparison between ‘three kinds of works’: those for ‘live performance’, those for ‘studio performance’ and those that are ‘not for performance’.¹⁹⁹

More Terminology: Thick and Thin Works in Performance

Underlying these distinctions is a comparative account of the music itself, which entails the relationship between what Davies has termed ‘thick’ and ‘thin’ works (of music). ‘Thick’ and ‘thin’ refers to the extent of ‘constitutive’ or ‘determinative’ properties of a work for it to be that work.²⁰⁰ An electro-acoustic work, Edgard Varèse’s *Déserts* (1954) for tape, wind, percussion and piano, Davies cites as an example of a thick work. Here, not only has the composer provided directions (in the form of a score), but there is no possibility for any variation in the contribution made by the tape, a characteristic that is

¹⁹⁷ *Ibid.*

¹⁹⁸ See: Davies, *Musical works and performances*, p.7. Davies describes what he calls a ‘schema’, or a continuum, of ‘musical cases’. These cases range from: (a) a group freely improvises; (b) a group plays Bach’s *Brandenburg Concerto No.2*; (c) a group of musicians records Bach’s *Brandenburg Concerto No.2* aiming to simulate the sound of a live performance; (d) a group of musicians records Bach’s *Brandenburg Concerto No.2* with ‘a full range of electronic interventions’, the result sounding like a ‘hooked-on-classics’ or techno version on the piece; (e) An engineer creates a recording of Bach’s *Brandenburg Concerto No.2* but his tape is mixed with ‘snatches’ from the piece or anything else; (f) ‘an engineer creates a recording of Bach’s *Brandenburg Concerto No.2*, generating all the sounds electronically. The result sounds like Walter Carlos’s [LP] *Switched on Bach*.’

¹⁹⁹ Works created for ‘studio performance’ include a work created in a studio especially for electronic playback, for example on an iPod (See (d) in footnote immediately above).

²⁰⁰ Davies, *Musical works and performances*, p.20.

not only extremely specific, but also essential to the identity of the work.²⁰¹ Less thick than this are the symphonies of Josef Haydn, which, for example, can be performed within a wide range of tempi, dynamics and some variation in the number of players required. On the other hand, a ‘thin’ work, for example Theolonius Monk’s *Round Midnight*, is a piece that can tolerate all kinds of variation, including style of improvisation, instrumentation (including the microtonal instruments of Harry Partch), harmony and length, and still be identified as the same piece. As Davies writes, ‘If it is thin, the work’s determinative properties are comparatively few in number and most of the qualities of a performance are aspects of the performer’s interpretation, not of the work as such ... The thicker the work, the more the composer controls the sonic detail of its accurate instances.’²⁰²

Illustrating Higher-Order Ontology: Rock Music and Performance

I shall now outline the discussion between these three philosophers. Although they make fine distinctions between musical forms, the relevance of which initially might seem to be of little consequence in a discussion of music therapy, I present them here as an illustration of the type and complexity of distinctions between forms of music in music therapy that I will subsequently make in this enquiry. In particular, their discussion demonstrates the way in which such distinctions can work at the level of ontology rather than an empirical description of this or that form of music. This is not to adopt an

²⁰¹ *Ibid.*

²⁰² *Ibid.*

uncritical approach; I shall later look at the limits of higher-order ontology through the recent discussion between Kania and Lee B. Brown.²⁰³

At the centre of the discussions by all three philosophers is an initial agreement that in rock music, it is the *recording* of the rock track, rather than the *song itself*, that is considered the ‘primary medium’. However, the nature of the recorded rock track has a different emphasis in each account.

For Gracyk, in the ‘Western musical tradition’, the classical work ‘has generally been identified with the sound-structure, not the sounds themselves’.²⁰⁴ Alternatively, he writes that in rock music the ‘recordings are the primary link between the rock artist and the audience, and [therefore] the primary object of critical attention’. He continues, ‘these musical works are *played* on appropriate machines, not performed. Consequently, rock cuts across the typical dichotomy [in musical aesthetics] of musical work versus its myriad performances.’²⁰⁵ Importantly, Gracyk’s understanding of the rock track refines the notion of performance, in that it introduces the concept of music as ‘a *purely electronic work that is not for performance*’ [italics in original].²⁰⁶

Davies, however, further refines Gracyk’s notion of music ‘not for performance’, contending that it is only the ontologically ‘thick’ work of *purely* electronic music that is ‘not for performance’. In many cases, the rock track entails a performer who, with the engineer, has created the recording. Thus, rather than *the rock track* being ‘not for performance’, he provides the new additional designation of the rock track being for

²⁰³ Brown, ‘Do higher-order music ontologies rest on a mistake?’

²⁰⁴ Gracyk, *Rhythm and noise*, p.18.

²⁰⁵ *Ibid.*

²⁰⁶ Davies, *Works and performances*, p.31.

‘studio performance’. He writes in response to Gracyk:

I accept that, in some cases, the rock song is a purely electronic composition that is not for performance ... More often though, it is a work for studio performance. The performer’s skill is sometimes displayed in the immediacy of the present, as happens with improvised jazz, but it can also be exhibited in a more extended process during which his playing is being taped, superimposed, mixed, and modified, until a composite is produced. What happens in the rock studio is a mode of performance, I maintain, and the disc produced embodies a performance of a song.²⁰⁷

What is of concern here, for this enquiry, is the way in which both Gracyk and Davies have considered rock music and classical music as occupying distinct ontological domains.²⁰⁸ Kania, though, takes his argument one stage further. He writes:

Rock musicians primarily construct *tracks*. These are ontologically thick works, like classical electronic works, and are at the centre of rock as an art form. However, these tracks also manifest songs. Rock songs, like jazz songs, but unlike classical songs, tend to be very thin ontologically, allowing of alterations in instrumentation, lyrics, melody and even harmony. But while classical and jazz songs are works for performance *simpliciter*, rock songs are not works, nor are they *for* anything in particular. Rock tracks are not special kinds of performances of the thin songs they manifest, as [Stephen] Davies would have it. Rather they are studio *constructions*: thick works that *manifest* thin songs, without being *performances* of them. At the same time, a rock song may be instanced in a performance [*Italics in original*].²⁰⁹

In other words, in Kania’s account, the rock track is ‘its own thing’; whilst it might ‘manifest’ in the form of a well-known song, it is not a ‘performance’ of the song contained within the track.²¹⁰ He writes:

A rock track might manifest a work [originally composed] for performance without being an instance of that work ... The concept of manifesting a work (or non-work object, such as a rock song) is supposed to be indeterminate between that of authentically instancing a work and that of

²⁰⁷ *Ibid.*

²⁰⁸ Kania, ‘Making tracks’, p.402.

²⁰⁹ *Ibid.*, p.404.

²¹⁰ *Ibid.*

having no relation to it. A manifestation of a work represents the work, displaying its properties, without necessarily being an instance of it.²¹¹

The outcome of this philosophical enterprise is a series of fine conceptual distinctions whereby each author seeks to establish a position in relation to rock music. As is well-known to the performers and listeners of rock music, the style, like any musical style, has its own compositional and performance practices, which for philosophers raise the need to make fine conceptual distinctions before proceeding any further. The problem with this type of endeavour is that, on the one hand, it exemplifies ways in which an intuitive ‘everyday’ understanding of what the ontological nature of the/a rock track *is* cannot be taken for granted based on an ontological understanding of classical ‘lieder’. On the other hand, attempting to specify ‘once and for all’ a different understanding, based upon a new ‘rock ontology’, inevitably invites the need for further refinements. As all three authors have pointed out, rock music covers a vast range of music-making. Such a normative approach, however, seems to produce the very problem Kania is seeking to avoid when arguing for a descriptive rather than a revisionary method of ontology. Philosophers inevitably begin with philosophical questions in relation to a practice, but in attempting to understand a live practice this raises further questions due to the sheer inconsistencies involved. For example, as Brown writes:

Kania describes the relationship between live and recorded rock as ‘asymmetric’. That is, live rock performances ‘look to’ rock tracks, but not vice versa. But ... not only do rock bands perform songs live in concert before they record them in the studio, they very often perform songs live in concert that they never perform in the studio ... the relationship between song and track is a fluid one. Tracks are sometimes made in the interest of songs; and songs are sometimes sung in the interest of tracks. Sometimes neither is the case. Why try to simplify the relationship?²¹²

²¹¹ *Ibid.*, p.405.

²¹² Brown, ‘Do higher-order music ontologies rest on a mistake?’, pp.173–174.

It is to Brown's critique that I will turn next to account for a practice such as clinical improvisation that, as we have seen, is not only multifarious in form, but questionable as to whether or not it can be considered in terms of a musical work.

The Limits of Higher-Order Ontology?

Through this case study of rock music, Kania has proposed a method of comparative musical ontology in relation to a specific musical practice.²¹³ The method provides a means for examining a musical practice in relation to a different or similar musical practice. The effectiveness of this is clear in the way that Kania, Davies and Gracyk have 'alighted' upon a 'common theme' across varying musical practices, in this case, performance. In examining the relationship to musical performance, the question of what lies 'at the centre of a specific form of music, such as rock or jazz – or perhaps classical music' is seen to emerge.²¹⁴ Brown summarizes Kania's perspective as 'The main task for an ontology of a popular music form ... is to explicate what might be termed the *master concept* of this or that form of music – that is, *the work* of rock, of jazz, etc.' However, at the heart of Brown's critique is the problem of assuming a 'unified' work concept across musical practices, particularly improvisatory practices such as jazz. The mistake, from Brown's perspective, is a method that searches on the premise, *a priori*, that such a concept *might be found*, and that as such, it *has application* within actual musical practice. Formulations of jazz, for example, which actively seek to employ the work concept, not only 'strains our use of "work"', he writes, but 'the field of jazz is just

²¹³ *Ibid.*, p.170.

²¹⁴ *Ibid.*, p.169.

too rich for any [such] single unifying ontology'.²¹⁵ Brown makes the 'assumption' that a central work-kind *does* lie at the 'centre' of a given form of music, but is not straightforward as a principle of methodology. He writes:

If the phrase 'higher-order' ontology of F [i.e. musical form] merely denotes a collection of non-fundamentalist ontological questions about F, including the question of whether any single kind does lie at the centre of F, no one could object – although much has been said here to suggest that we should expect a negative answer to the latter. However, in practice, higher-order ontologists have proceeded on the premise that some specific kind K, does lie at the centre of F – and that the task is to settle the question about the nature of K.²¹⁶

As indicated above, for Brown to proceed on such a premise is to produce concepts, such as Davies's 'schema' described above (see footnote 27). Brown terms these concepts 'mere artefacts of philosophy', which will not evince a knowledge of differences between musical practices. He concludes:

The answer, I think, is the less abstract these concepts are, the less they try to cover a very diversified field instead of reflecting real differences in practices ... the danger of applying systems of any kinds – of any kind – is that they can become calcified. On the other hand, the more willing we are to diversify, the closer we are to converging with practice, which has no problem living with elaborate diversity – indeed, even with sharp conflict.²¹⁷

According to Brown, Kania's higher-ontology has failed to provide a convincing 'template' for a comparative enquiry such as this, given that his methodology concentrates upon abstract, philosophically driven concepts, rather than concepts embedded within musical practice. Brown seems to be saying that such concepts are unlikely to facilitate a comparative understanding of musical practices if they are employed with the aim of 'settling' an account of this or that practice. Given the

²¹⁵ *Ibid.*, pp.176–177. Brown's discussion of ontology in relation to improvisation considers Alperson's 'non-work' ontology. As previously referred to in this chapter, I will consider Alperson's discussion and other perspectives further in Chapter Three.

²¹⁶ *Ibid.*, p.179.

²¹⁷ *Ibid.*, p.184.

practice-based impetus for this enquiry, is there any aspect of Gracyk, Davies or Kania's account of musical ontology that is still relevant here?

To address this methodological concern, it is worth appropriating, once again, Gracyk's particular formulation of a higher-ontological question, namely the determining or exploration of what 'counts as a unit of significance or object of critical attention' within a musical work.²¹⁸ Upon posing this question in relation to real issues of practice, it is clear that ultimately the aim to understand and develop a musical practice is what in this instance will drive the nature of the enquiry, rather than the aim to understand and develop a theory for its own sake. Furthermore, as will be demonstrated later in the chapter, some of the questions arising out of practice and posed by music therapists are not dissimilar to questions posed by philosophers. For example, Kania is concerned with the idea that to understand what 'counts as a unit of significance' in a rock work is to be able to evaluate its worth. Similarly, Sandra Brown and Mercédès Pavlicevic are also concerned with the notion that to identify what they find in their research is the key issue for clinical improvisation, or in Gracyk's terms, 'the units of significance' is to understand what constitutes a good clinical improvisation.²¹⁹

Not surprisingly, given Kania's discussion, formulating a means of evaluation turns out to be a way of distinguishing clinical improvisation from what Brown and Pavlicevic term 'music-making' improvisation.²²⁰ Whilst the answer Brown and Pavlicevic are seeking is a practical answer regarding 'technique', which can be applied directly to

²¹⁸ Gracyk, *Rhythm and noise*, p.x.

²¹⁹ Brown and Pavlicevic, 'Clinical improvisation in creative music therapy'.

²²⁰ *Ibid.*, p.399.

their clinical practice, their practice-based findings also contribute a perspective on an ontological account of clinical improvisation.

This close link between the questions posed by philosophers and those posed by musical practitioners should not come as a surprise. In other words, if we take Kania's position that, whether or not we are 'doing' ontology, we do have ontological intuitions about artworks that are rooted in practice:

We think of a painting for instance, as being spatially located, made of paint and canvas, capable of surviving beyond its artist's life and then being destroyed at some later time, and capable of being bought and sold in its entirety ... that we have these beliefs about artworks is evident not only when we ask people about them, or when we are doing art ontology, but in just about any critical discourse, and much artistic practice.²²¹

So, in response to Lee B. Brown's critique of Kania, one reply is that if the questions raised by practitioners prove to be closely akin to those raised by philosophers, it may not matter if later they go their separate ways – philosophers to ever-refined concepts and practitioners towards a greater understanding of their practice; as Lee B. Brown emphasizes above, practice that 'lives with elaborate diversity'. Such an assumption of 'a unit of significance or object of critical attention' within a musical tradition is not necessarily a conceptual activity enforced from outside of that tradition, in particular by philosophers. As I have demonstrated above, there are significant aspects of the methodology of Kania and Davies that will bear some of the emerging questions of ontology in music therapy. It is to these questions as embedded within the practice of music therapy that I will turn next.

²²¹ Kania, 'The methodology of musical ontology', p.431.

Establishing a Definition for Clinical Improvisation

As already discussed, when the initial experimental work of the pioneers had been completed, rather than establishing a uniform approach, clinical improvisation continued to develop in a number of different ways. This meant that when music therapists wanted to discuss their improvisatory practices, they found that frequently they were discussing different forms of music-making. This led to a need for some common terms of reference. During the 1980s, under the auspices of the Association of Professional Music Therapists (APMT), a group of music therapists met over a period of two years to define some of the terms and concepts that were currently in use.²²² ‘Clinical improvisation’ was the term most urgently in need of a specialist account. The group began, however, from the perspective that a broader question needed to be resolved, what is ‘musical’ or ‘free’ improvisation? Free improvisation was defined as: ‘Any combination of sounds and silence spontaneously created within a framework of beginning and ending.’ Then, the definition of clinical improvisation was agreed as being ‘musical improvisation with a specific therapeutic meaning and purpose in an environment facilitating response and interaction’.²²³ Wigram recalls in particular Priestley’s role in that discussion:

Mary Priestley, the pioneer in Analytical Music Therapy, stressed from the moment a client entered the music therapy room or space, any sounds they made may be intentional or unintentional forms of music making. She gave an example of a client who leaned back in his chair and started tapping his finger against the side. It seemed that the production of sound could be interpreted as musical and improvisational provided the context was clearly therapeutic.²²⁴

²²² K. Abram, S. Caird and M. Mure et al., *A handbook of terms commonly in use in music therapy*, (Cambridge: Association of Professional Music Therapists, 1985).

²²³ *Ibid.*, p.5.

²²⁴ T. Wigram, *Improvisation* (London: Jessica Kingsley Publishers, 2004), p.37.

This brief illustration demonstrates how, on the one hand, clinical improvisation in musical terms might not sound that different from free improvisation. Indeed, many ‘free improvisations’ start with small sounds on objects that happen to be to hand, rather than musical instruments.²²⁵ It also demonstrates how, on the other hand, within the context of therapy, these same sounds might take on a specific therapeutic meaning, in this case a psychoanalytic meaning. That is to say, Priestley’s non-directive acceptance of her client’s ‘sounds’ illustrates the integration of psychoanalytic practice into her work.

Fundamental to psychoanalytic technique is the use of free association, the talking out loud of the client’s natural random train of thought; the principle being that however unconnected the train of thought might seem to the current moment, it is all considered meaningful. Psychoanalytic technique, therefore, can be seen as a means of making sense of our everyday daydreams.²²⁶ Does this mean, therefore, that music therapy technique in the form of clinical improvisation is no different from free improvisation; is it simply a way of making sense of the sounds for the purpose of therapy? This is the dilemma that forms the very basis of the enquiry: is there a distinction to be made in the music of music therapy and music made elsewhere? Furthermore, as we have seen with Kania’s comparison of rock music and classical music, the question is raised of whether this is merely a distinction of context between performance settings and therapeutic settings, or is there a distinction of ontology to be drawn? In the next section, I will

²²⁵ The frequency of this kind of tentative opening in free improvisation is sometimes raised as an objection to the practice, on the grounds that there is a tendency towards a predictable architecture of form. See P. Boulez, *Conversations with Célestin Deliège* (London: Eulenburg Books, 1976), pp.114–119 and Bailey, *Improvisation: Its nature and practice in music*, p.114.

²²⁶ See: C. Bollas, *Free association* (Duxford, Cambridge: Icon Books, 2002).

examine how and where the question arises. This dilemma may present itself most clearly where music therapists freely improvise together as colleagues, for example, as part of a session at a conference or seminar. This personal experience of such music-making has, in part, prompted the enquiry as a whole and it is from this perspective I shall begin.

Clinical Improvisation and Ontological Confusion

For many years, I was a member of a forum for music therapists working with adult clients in mental health settings. We used to meet in each other's workplaces three or four times a year for a day of discussion, news exchange and clinical presentations. Most of the meetings included 'improvisation' on the agenda. In retrospect, I have noticed that the rationale for including an improvisation session was never considered and, similarly, we didn't consider the rationale for clinical case presentations. Furthermore, we quite often held the improvisation session at the end of the day, and sometimes abandoned it altogether. However, on other occasions we would improvise as planned.

Following an improvisation, it is quite usual within music therapy practice to reflect in one way or another upon the meaning of the music, but in this instance, with this group of colleagues, such reflection was rare. This was in contrast to the music we analysed in response to case presentations, where all manner of interpretations and understandings would be considered. Indeed, when we played, I was never quite clear what we were actually doing or what kind of analysis we might bring to bear upon our group improvisations. Possibly other members of the group had a similar experience and this was the unspoken reason why we sometimes didn't play. Specifically, it was never

clear to me what the music *was*; was the music-making clinical improvisation or was it simply improvisation?

Why might there have been an ambiguity here, one which left me feeling confused? It could be that my 'confusion' was due to the shared professional identities of a group of people playing together in a work setting where they usually played music with clients. The question might have arisen specifically in relation to the 'site' (for example a hospital) of the music-making and the 'roles' of the players involved (a group of people who are music therapists).

However, the dilemma has not arisen, for example, where I have made music with colleagues outside of work. The string quartet in which I used to play, made up entirely of music therapists, did not need to discuss what we thought the music *was*, as this seemed self-evident. Our shared professional identity did not impact upon our music-making together. Similarly, at some professional music therapy 'functions' where music has been made it has been clear that we are making music for the sake of making music, albeit as a contribution to a particular event. The work environment or 'site' did not raise a question here; there was no doubt between us as to what the music was. Both these examples of music-making, however, playing music in the string quartet and during a music therapy function, entailed the performance of autonomous musical works; music which is jointly understood as being made for the sake of music rather than music made with a definite function, in this case the function of therapy.

This raises the question of whether my confusion was related to the fact of the music-making being in a form of free improvisation, which could be clinical improvisation or *not* be clinical improvisation without, on either count, it sounding

radically different. However, the free improvisation workshop I attended as part of a jazz summer school did not need any discussion; before we began to sing, the tutor simply told us what she wanted us to do in music terms. There was no doubt here, at least in my mind, what the music *was*.

I am deliberately stating the dilemma in terms of what the music *is*, rather than what the music is for. This is because in the case of the forum of music therapists, the matter could have been easily settled by deciding what the music was for, simply by enquiring about the intention of the players. It would have been possible to decide, with our experience of clinical improvisation, whether we were going to be improvising music for the sake of improvising music or if we were engaging in an interpersonal group interaction in music for the sake of group interaction. However, as no such discussion took place, I am arguing here that an *ambiguity* arose because it was possible in the scenario described to take part in such an improvisation and not know what the music *is*.

This ambiguity of musical understanding of what the music was, I am approaching here as an *ontological* ambiguity as it wasn't clear what was 'driving' the forum improvisation. In other words, it wasn't clear what implicitly 'counted as a unit of significance', to use Gracyk's terminology, or what constituted 'the master concept', to use the terminology of Kania, in the mind of this player at the very least.²²⁷ In all, I am arguing that this ambiguity illustrates the problem of ontology that is central to this enquiry, namely the problem that it is not clear what the music of music therapy is.

In the next section, I examine Brown and Pavlicevic's study in which they approach the same problem and use the observational methods of action research to make a

²²⁷ Gracyk, *Rhythm and noise*; Kania, 'Making tracks'. See discussion above in this chapter.

comparison between clinical improvisation and art or what they term ‘music-making improvisation’. I shall demonstrate a correspondence between the questions that arise from their project and the questions of music and performance arising out of higher-order ontology described earlier in this chapter.

Towards a Distinction: Brown and Pavlicevic’s Phenomenology of Clinical Improvisation

We have just considered the ambiguity that arose when a group of music therapists improvised music as part of a professional meeting. Is there a similar ambiguity regarding clinical improvisation where the music therapist is working with a client in a music therapy session? Brown and Pavlicevic posed this dilemma in the following terms, asking, what if a musician was referred to music therapy where ‘both music therapist and client ... [were] skilled musicians, can we be clear that in music therapy they are doing more than playing together? Can we be sure that they are engaged in a clinical musical relationship, rather than a purely musical one?’²²⁸ Brown and Pavlicevic, both music therapists trained at the Nordoff-Robbins London Centre, are unique in having examined this same situation in the form of a small-scale action research project. The project was concerned with exploring ‘the nature of the musical event in the music therapy session’ and ‘with the distinction between purely musical improvisation (or improvisation as art-form) and clinical improvisation (or improvisation as therapy), a distinction [they write] which we believe to be critical if we are to assert that our skills as music therapists go beyond the purely musical’.²²⁹ This stance, they acknowledge, is already in contrast to the views of

²²⁸ Brown and Pavlicevic, ‘Clinical improvisation in creative music therapy’.

²²⁹ *Ibid.*, pp.397–398.

some of their colleagues, all of whom would have trained in the same Nordoff-Robbins music-centred approach. They write: ‘There seems to be a continuum of views [about clinical improvisation] ranging from “it should and must be different” to “it is the same, as the musical experience and processes contain all the healing.” Our own intuitions have been that the clinical-musical relationship is different from a purely musical one.’²³⁰

Their findings, based upon their own live observations, provide what is understood as a phenomenological mapping of clinical improvisation. In the next section, I examine their account in some detail as laying the foundations for the delineation of ontology between clinical improvisation and music-making improvisation. Crucial to Brown and Pavlicevic’s stance, as implied above, is that a distinction between clinical improvisation and music-making improvisation lies in the actual music improvised, rather than in how the improvisation is heard or understood. They state:

We are not suggesting that art-form or therapeutic improvisation differs only because of how we perceive and describe the improvisations in music therapy sessions. It is not our perception or descriptive language which determines the function of the improvisation, but rather, we suggest that the difference between music as “art” and “therapy” is intrinsic within the improvisation itself ... We are simply attempting to clarify our own understanding that there is a structural or intrinsic musical difference between pure musical improvisation and clinical musical improvisation as used in [Nordoff-Robbins Music Therapy].²³¹

The basis for this argument lies in the specifically *clinical* musical skills of the music therapist, ‘which enable the client and therapist to form and work with a dynamic interpersonal relationship through the music’.²³² However as they further qualify, ‘the issues of artistic skill cannot be tossed aside’ as, on the one hand, the therapist is

²³⁰ *Ibid.*, p.398.

²³¹ *Ibid.*

²³² *Ibid.*

operating not just as a therapist but as a musician also. Furthermore, on the other hand, both the therapist *and* the client may be skilled musicians, and as such (we can surmise) practised in making music towards artistic ends.²³³ Even if the client is not a skilled musician, or an active musician in any sense, such a ‘musical agenda’ of music-making as it occurs outside of therapy will usually be present to a greater or lesser extent for the expectations of the client young or old. Frequently, the expectation of the adult or elderly client of music therapy will be of a session where they take part in music that they know already. Part of the task of music therapy though is to demonstrate to the client the creative possibilities of the music, to demonstrate the way in which making music can be a communicative and therefore therapeutic activity. Pavlicevic has termed this communicative potential the *dynamic form* of the music.²³⁴ This is not always a straightforward process, particularly where a client possesses a long-held belief that they are ‘not musical’ or fear that they will be harshly judged for their lack of ability to play an instrument.

For Brown and Pavlicevic, the issue of artistic skills is highlighted even more ‘when the client is also a skilled musician, where the therapist needs to monitor that aspiring to art form in sessions does not become a defense against clinical engagement, rather in the same way as intellectualizing may be a defense in verbal psychotherapy’.²³⁵

However, if at the centre of a concept of making art resides the idea of making something ‘beautiful’, for Brown and Pavlicevic the same also needs to be

²³³ *Ibid.*

²³⁴ M. Pavlicevic, *Music therapy in context*, pp.118–138. I examine the concept of Pavlicevic’s dynamic form as part of the consideration of music and emotion in Chapter Six.

²³⁵ Brown and Pavlicevic, ‘Clinical improvisation in creative music therapy’, p.398.

acknowledged in the context of therapy. That aesthetic enquiry has always been imbued of the principle that ‘beauty’ resides not only within art. Brown and Pavlicevic argue (after Kenny) that there are aesthetic ideals to strive for in the development of the human being, and that there is an analogy between health and such development. Clinical improvisation is a complex musical activity on these terms. It is both a ‘therapeutic event’ with a ‘communicative agenda’ and an event with a ‘particular aesthetic quality’. They summarize their position as follows:

Clinical improvisation techniques, therefore, enable clients to hear themselves in sound, within the context of a musical relationship, and the therapist to assess and work with the clients’ personal difficulties, as seen in their musical being. This relationship is a therapeutic one, rather than a purely musical one, although the end product might be heard as artform.²³⁶

Empirical Research

Taking as the premise an ‘intuition’ that clinical improvisation was different to what they termed ‘music-making’ improvisation, Brown and Pavlicevic established semi-experimental conditions under which both types could be explored in the form of two different types of improvisation sessions. Central to the research was the way in which when organizing the improvisation sessions they identified a ‘variable’ in the differing roles of the client and the therapist in clinical improvisation, and the roles of the two

²³⁶ *Ibid.*, p.399. The possibility that clinical improvisation may be heard as art form closely links to the notion that it is the beauty in music which is healing. The question of where the healing takes place is further examined in Chapter Six in relation to Hanslick’s theory of music and emotion in music. See also the discussion of ‘continuity’ between music inside and outside of therapy in relation to Kenneth Aigen’s work in this dissertation pp. 177-180 and the same author’s consideration of Carolyn Kenny, p.219. For both these authors beauty in music is at once the aim of the therapy and the source of its efficacy.

improvising musicians in music-making improvisation. They write of how they decided to question their perception of these two roles:

Our own understanding of the differences between the roles of the therapist and that of music-maker is that the nature of any healing process suggests a necessary emphasis on the needs of the client rather than those of the therapist. We could see the primary aim of therapy as being to bring some relief to the client in terms of her or his presenting difficulties. Although the therapist is necessarily involved in the therapeutic process and may well be changed in some way by the experience, this is not the purpose of the interaction. In contrast, in a music-making improvisation there is an assumed equality of focus between the improvisers, with the needs of the shared music being the paramount factor rather than the personal needs of the improvising musicians ... At this point, we felt that only the experience itself could clarify these thoughts and give us some actual data to work with, and so we decided to improvise with each other.²³⁷

Brown and Pavlicevic therefore planned to examine the characteristics of the roles in relation to each other and separately examine the ‘recorded content of the sessions for any musical differences between them’. They set up three experimental improvisatory sessions, lasting thirty minutes and taking place a week apart. In each session, they would take it in turn to experience one of the three roles: therapist, client and improvising musician. They did not discuss the sessions during the two-week period, nor did they listen to the recordings that were made. They made written notes immediately after playing to record their ‘immediate impressions of the music improvised and our personal feelings about each session’. They describe the structure of the sessions:

In the conventional Nordoff-Robbins approach, we kept verbal interaction to an absolute minimum during sessions. Thus once the session began, we simply played music, choosing whatever instrument we wanted to play ... We felt it was important at this point to try to clarify whether our taking on of a role actually resulted in a difference in the way the musical interaction was structured: in other words, is the music in the musical session structured in the same way as the music in the therapy session? Does the music sound similar or different? ... When we put the players in role of therapist/client, we found that we often judged their contributions as therapeutically inappropriate. For example, at times the ‘therapist’ musically initiated or led the improvisation in a dominating way, which did not take the ‘client’ into account – it was as though the ‘therapist’ was putting her own musical satisfaction as a priority and, at times, it also seemed as

²³⁷ *Ibid.*

though the ‘client’ had to abandon her music idea for the sake of the ‘therapist’s’ musical idea, which again would not appear therapeutically appropriate.²³⁸

In their summary of the findings, Brown and Pavlicevic compare their experience of clinical improvisation in relation to music-making improvisation:

It can be seen that there was much mutuality in the music making improvisation; there were several points where our musicianship meant that we moved simultaneously into the same musical experience – sometimes with a sense of awe! – and other times where there was a high degree of interplay and musical interweaving, with foreground/background alternating very fluidly between us. In the therapy improvisations, two modes seemed to predominate: on the one hand, there was a strong emphasis on the therapist attending to, and joining the music initiated by the client; at other points, there would be divergence between the music of the two players (e.g. in terms of tempo, rhythmic pattern, dynamic, mood) where either the therapist introduced and stayed with the material which the client resisted joining or else, after a shared moment, when the client returned to what she had previously played, neither of which was necessarily appropriate in terms of shared music or art form.²³⁹

Discussion and Conclusion

It can be seen that Brown and Pavlicevic used an empirical research method in order to explore some similar themes in the practice of clinical improvisation to Gracyk, Davies and Kania’s philosophical research method with regard to rock music. Although the aims and method of each project were different – one being related to theory, the other to practice – both sets of researchers were seeking to establish what lay ‘at the centre’ of the respective musical practice. For the enquiry into rock music this was to establish what was at the centre of an ‘art form’ that, in Kania’s terms, not only meant that it deserved the ‘honorific “work of art”’, but also that it could be distinguished from

²³⁸ *Ibid.*, pp.400–401.

²³⁹ *Ibid.*, p.405.

classical music.²⁴⁰ For Brown and Pavlicevic, this was done to explore what was at the centre of clinical improvisation that meant not only that it deserved the ‘honorific’ therapeutic, but also could be distinguished from ‘art’ or music-making improvisation. Both sets of researchers achieved their aims through establishing a common theme; in the case of rock music the type of performance was central, whereas with clinical improvisation the distinction was made along the lines of the roles of the players. How can this second distinction enable some understanding of clinical improvisation that lays the groundwork for further ontological enquiry?

Brown and Pavlicevic established that musical ‘interaction’ between players was a *constant* in both types of improvising. This was surely to be expected, almost to the point of being a truism, and certainly concurs with some of the anecdotal evidence from interviews with musicians from the free improvisation movement.²⁴¹ However, in the different improvisation sessions undertaken as part of the project, they noticed that the interaction took on different forms, for example ‘leading’ or ‘supporting’. They noticed that the type of supporting or leading differed depending on the role of therapist, client or player each took. In music-making improvisation, they write, “‘Supporting’ is equivalent to being “in the background musically”, and “leading” is equivalent to being

²⁴⁰ Kania, ‘New waves’, p.32.

²⁴¹ Gavin Bryars, in an interview with Ben Watson describing the development of Joseph Holbrooke, comments: ‘Initially, we were playing harmonic jazz mostly the approach of the Bill Evans Trio at the ‘61–’62 Village Vanguard – which actually gave that liberated role to the bass and to the drums, a more melodic and less rigid format, a genuine interplay between the players ... The freer stuff arose out of exploring that territory ... Anything could happen. We had to be ready for anything. Because we were developing these systems of trust and mutual confidence in the general playing, once we moved into the freer playing, that was already there – we were used to listening to each other very intensely.’ Watson, *Derek Bailey*, pp.75–77.

in the foreground.’²⁴² In clinical improvisation, ‘to think of supporting as only meaning background is not enough. The therapeutic elements of ... [the therapist supporting] might require initiative, guiding, helping out – the equivalent to leading in [music-making improvisation].’²⁴³ Furthermore, such supporting in therapy would be almost exclusively the role of the therapist. Indeed, for the therapist to allow the client to support him or her in this way could be understood metaphorically as the equivalent of the therapist taking time in a psychotherapy session to talk about their own problems. This is an example of what in a clinical improvisation would be considered extremely ‘poor practice’. However, should an uninformed or partially uninformed observer be evaluating the improvisation as though the roles of the players were the same, as if they were both playing as musicians, such practice would not be considered poor. It might even be considered as good, in that both musicians were ‘supporting’ each other.

In all, one of the key findings of the research project was the way in which, in clinical improvisation, the roles of the players would generally be distinct, and ‘there was a strong emphasis on the therapist attending to, and joining the music initiated by the client’. However, of even further significance was the way in which it was found that in the course of this same ‘attending to’ there were times at which the music might

²⁴² For an example of this type of interactive playing in a professional free improvisation session listen to CD recording *Joseph Holbrooke Trio (Derek Bailey / Gavin Bryars / Tony Oxley)*, The Moat Recordings (1998, *Tzadik*, TZA7616). Also available on <http://www.youtube.com/>. Especially recommended is Track 2: Section 6’ 30 – 8’. During this short section, there is an increase in intensity. The bass gradually takes ‘the lead’, sounding like somebody ‘crying out’. Bryars plays an appoggiatura figure in the medium-high register of the instrument. Oxley plays single beats on the drums ‘in reply’, supporting the intensity of the moment through an increase of tempo. Bailey supports on the guitar through matching some of the notes of the bass and also by playing fast. The bass figure gradually descends to a lower register and then drops to start a new melodic idea. This idea becomes ‘ballad-like’ for a moment, as if to forget the extreme freedom. Oxley hits a cymbal and starts a new idea with different feel, and the bass starts a new motive.

²⁴³ Brown and Pavlicevic, ‘Clinical improvisation in creative music therapy’, p.403.

diverge, for example ‘in terms of tempo, rhythmic pattern, dynamic, mood’. This might occur where either ‘the therapist introduced and stayed with the material which the client resisted joining or else, after a shared moment, when the client returned to what she had previously played’. Brown and Pavlicevic continue by commenting that neither of these musical scenarios ‘was necessarily appropriate in terms of shared music or artform’.²⁴⁴ They identify a scenario that could, if evaluated on the same grounds of free improvisation, be judged as bad or unsuccessful.

Towards Ontology

In this chapter, I have taken an aspect of musical ontology – higher-order ontology – together with a method – descriptivism – and discussed some of the problems of providing a cogent account of what lies ‘at the centre’ of a particular musical practice. I have also taken ‘higher-order’ musical ontology as a domain in which comparative theorising can occur. I have used a recent *comparative* discussion in musical ontology, which enquires into the nature of rock music (in relation to classical music), as a model upon which to discuss the findings of an empirical research project looking at the nature of the clinical improvisation event. In doing so I have found that both the group of philosophers and the group of music therapists (i.e. practitioners) asked similar types of comparative questions, finding (alighting upon) what I have called common denominators as a means to compare like with unlike, or as a way to determine the ‘master concept’ of a musical tradition. The common denominators were that of performance (philosophers) musicians’ role (practitioners) and evaluation (both groups).

²⁴⁴ *Ibid.*, p.403.

Whilst the two groups have sought a different type of outcome – the philosophers to gain greater conceptual clarity and the practitioners to gain greater clarity about their practice – it would seem that there are areas of conceptual research where the questions raised are closely related. Indeed, Kania writes,

One meta-ontological conclusion that I draw from this range of topics in musical ontology is that there is no sharp line between philosophical ontology and musicology (broadly construed). Just as there is little sense in distinguishing the more abstract scientific writing about Quantum Theory from the applied philosophy of science on that topic, musical ontology at higher levels shades into musicology. On the other hand, though we are unlikely to confuse musicology and particle physics, as we descend to the fundamental ontological levels, despite our talking about quark flavours in one case and sound structures in the other, the issues can be the very same.²⁴⁵

In all, Brown and Pavlicevic have provided us with a phenomenological description of the clinical improvisation event in relation to the ‘music-making improvisation event’. In doing so, they acknowledge that there are differences in opinion between their colleagues regarding the extent to which clinical improvisation is considered the same or not the same as art. However, we shall see that within the practice of music therapy at large, for some therapists this distinction is not meaningful at the level of improvisation for therapy and improvisation for art.

In Chapter Four, taking this description as a starting point, I will examine the practice-based diverse ontology of musicologist Phillip Bohlman. In moving closer towards practice, I will begin to examine questions left open in this chapter, namely the relationship between improvisation and the musical work. Ultimately, I will show how the diversity of ontology not only exists between clinical improvisation and music-making improvisation, but within clinical improvisation also.

²⁴⁵ Kania, ‘New waves’, p.33.

PART II

THE DIVERSITY OF CLINICAL IMPROVISATION

CHAPTER FOUR

Clinical Improvisation as Process and Product

Despite their differences, common to all theories and music therapy models discussed ... is a preoccupation with “the work,” that is, the music as sound-structure. In music therapy, much of our analytical effort is spent on “the work” – taping our sessions, noting the tiniest structural variations and assigning them grand significance. While this may be for good reason (I would not for a moment suggest we stop!), is it possible we are neglecting anything in the process?

ERINN EPP, 2008²⁴⁶

In my low periods, I wondered what was the point of creating art. For whom? Are we animating God? Are we talking to ourselves? And what was the ultimate goal? To have one’s work caged in art’s great zoos – the Modern, the Met, the Louvre?... Robert [Mapplethorpe] had little patience with these introspective bouts of mine. He never seemed to question his artistic drives, and by his example, I understood that what matters is the work: the string of words propelled by God becoming a poem, the weave of color and graphite scrawled upon the sheet that magnifies His motion. To achieve within the work a perfect balance of faith and execution. From this state of mind comes a light, life-charged.

PATTI SMITH, 2010²⁴⁷

What is the nature of clinical improvisation? We have already seen that it emerged from different ideas about music and how, upon taking a closer look, clinical improvisation entails different musical forms, sometimes including pre-composed songs for example. The theme of this chapter is a discussion of clinical improvisation in terms of these different forms. I argue that it can be conceptualized as a diverse musical practice, a practice that can be understood at different times as process and product.

In the previous chapter, I examined Andrew Kania’s category of ‘higher-order’ musical ontology as a method for drawing a distinction between clinical improvisation

²⁴⁶ Epp, ‘Locating the autonomous voice’, p.9.

²⁴⁷ P. Smith, *Just kids* (London: Bloomsbury, 2010), p.65.

and art improvisation.²⁴⁸ I discussed the application of this type of ontological enquiry to rock music, and made a comparison with the empirical research project undertaken by Brown and Pavlicevic to explore the clinical improvisation ‘event’.²⁴⁹ However, my examination of ‘music’ was of ‘music’ in the most general of terms. This was to accommodate within the discussion a contrast between the ontological enquiry pursued in the philosophical research considered and the phenomenological enquiry pursued in the practice-based music therapy research. This accommodation was necessary because within these two enquiries two different assumptions about music can be perceived to be ‘at work’.

On the one hand, contained within the ontological enquiry of Kania there is an understanding of ‘music’ as synonymous with the musical artwork or *product*. On the other hand, contained within the music therapy research project of Brown and Pavlicevic there is an understanding of ‘music’ as synonymous with ‘lived-experience’ or *process*. I will demonstrate that both these paradigms are at work within the music of music therapy – clinical improvisation.

In this chapter, I consider the diverse nature of improvisation and revisit the question of what kind of ontological approach will elicit the kind of understanding being sought. To this end, I explore the music of clinical improvisation ‘close up’. I do this specifically in relation to improvisation as a form of music-making that is both distinct from *and* linked to composition. I link the ‘domain’ of the musical work with the notion of music as product, and the ‘domain’ of improvisation with the notion of music as process. I also

²⁴⁸ Kania, ‘Making tracks’.

²⁴⁹ Brown and Pavlicevic, ‘Clinical improvisation in creative music therapy’.

present the idea that in music therapy and elsewhere these two musical domains may sometimes be merged and sometimes distinct in conception. Whilst music therapy as a clinical intervention is usually understood in terms of a process, I will propose the view that given a certain cultural specificity, a pluralistic understanding of clinical improvisation can be evinced whereby it functions at different times, both as a ‘process’ and as a ‘product’. I will show how these different paradigms begin to enable a distinction to be drawn between the two approaches of music-centred and psychodynamic music therapy. I begin, however, by examining these issues through a consideration of improvisation as a concept. We see how, in common with its essential characteristic, improvisation as a concept is by no means fixed.

Improvisation: A Diverse Theory and Practice

What is meant by the term improvisation in music? Whilst I have already clarified the Western perspective of this enquiry, there are places where further reflection upon the assumptions being made can provide context, and highlight some of the difficulties inherent in any discussion of musical improvisation. Phillip Bohlman, as an ethnomusicologist, comments about music in general, and how when we consider it we tend to think about it in our *own* terms, because ‘any metaphysics of music must perforce cordon off the rest of the world from a privileged time and place, a time and place thought to be one’s own’.²⁵⁰ For Bohlman, we can only think about music from the unique place in which we stand in the world and all our thinking is bound, at least to some extent, to be relative to that place. In this section, I examine aspects of this

²⁵⁰ P. V. Bohlman, ‘Ontologies of music’.

relativity and establish some diverse notions of improvisation as a basis for understanding improvisation in music therapy.

Time and Place

For Bruno Nettl, to even have a concept of, or name for, improvisation as a separate musical activity is to indicate a certain cultural specificity. Indeed, on the one hand, he presents us with examples that are out of the domain of Western music, where improvisation, composition and performance are so merged it is difficult, possibly irrelevant even, to make any distinction at all.²⁵¹ On the other hand, he suggests that in comparing improvisation within musical traditions ‘across continents’, it will be for some purposes more apt to examine differing conceptions of ‘musical works’, rather than improvisation. This is because, ironically, it is sometimes within different localised conceptions of ‘works’ across different musical cultures that the many variants of what constitutes improvisation are to be found. Such examination seems to confirm that, within some musical traditions, improvisation is less relevant a concept than in others, and indeed is sometimes absent altogether.²⁵² Nettl refers, for example, to the music of the American Indians:

It is said that they do not improvise, but simply perform their songs in numerous variants arrived at by oral tradition. It is sometimes difficult to see why two rather different performances (without even the guidance of words) are regarded as variants of the same song, and why two others that sound practically alike are taken as separate musical items. We can only conjecture that the Indians’ idea of musical entities is different from ours ... [and] we may then find the concept of improvisation [in this music] altogether unnecessary.²⁵³

²⁵¹ B. Nettl, ‘Thoughts on improvisation: A comparative approach’, *The Musical Quarterly* 60, No.1 (1974), 2–3.

²⁵² *Ibid.*, pp.1–19.

²⁵³ *Ibid.*, p.9.

An example such as this illustrates Bohlman's theoretical vantage point, how improvisation in one tradition is the 'musical work' of another and vice versa.²⁵⁴ However, this complexity is not only found in relation to our geographical place in the world; it is also relative to history and the development of music as an artefact. As Andy Hamilton writes, a distinction between improvisation and composition became increasingly important with the rise of the 'fixed' musical work:

The development of Western musical notation, at least until some avant-garde developments in the past century, has been one of increasing specification and prescription in the requirements it placed upon performers. This process reached its highest point during the nineteenth and twentieth centuries and was associated with the increasing hegemony of the work concept. Performers who had once had an improvisational freedom now interpreted an essentially fixed work. The dichotomy between improvisation and composition lacked its present meaning, or perhaps any meaning at all, before this process was well advanced.²⁵⁵

Indeed, a reading of the successive editions of *Grove's Dictionary of Music and Musicians* published since the end of the nineteenth century demonstrates the extent to which definitions of improvisation have tended to not only be value-laden, but also varying in conception and musical reference points.²⁵⁶ Most strikingly, this is with regard to the type of musical skill required and by implication the social class of that same musician.

For example, Maitland writes in 1904 that 'extempore' playing is 'the art of playing without premeditation, the conception of music and its rendering being simultaneous. The power of playing extempore evinces a very high degree of musical cultivation, as

²⁵⁴ Bohlman, 'Ontologies of music', pp.17–18.

²⁵⁵ A. Hamilton, *Aesthetics and music* (London and New York: Continuum, 2007), p.193.

²⁵⁶ Hereafter referred to as 'Grove'. I owe the impetus to consult Grove to Nettle's observation of 'two apparently conflicting views of improvisation' to be encountered in the definitions of 'music dictionaries and encyclopaedias'. See: Nettle, 'Thoughts on improvisation', p.2.

well as the possession of great natural gifts'.²⁵⁷ This definition is replaced in the editions of Grove published in 1927 and 1954, reading: 'Extemporization or improvisation is the art of thinking and performing music simultaneously. It is therefore the primitive act of music-making, existing from the moment that the untutored individual obeys the impulse to relieve his feelings by bursting into song.'²⁵⁸

A recent definition in Grove, published online in 2001 and authored by Nettl himself, once again specifies the relationship between improvisation and the musical work. However, the relationship in this definition has become less parochial, and instead more fluid and far-reaching. He writes:

[Improvisation is] the creation of a musical work, or the final form of a musical work, as it is being performed. It may involve the work's immediate composition by its performers, or the elaboration or adjustment of an existing framework, or anything in between. To some extent every performance involves elements of improvisation, although its degree varies according to period and place, and to some extent every improvisation rests on a series of conventions or implicit rules.²⁵⁹

These definitions are useful as they further demonstrate not only the fluidity of the conception of improvisation, even within the relative cultural specificity of Grove, they also point to an underlying diversity of musical paradigm. Whilst these definitions can be identified here as significant both with regard to time and place, it is also possible to discern some additional understanding of improvisation at work with regard to the value in which it is held by a particular group of people or society.

²⁵⁷ G. S. Grove and J. A. F. Maitland (eds.), *Grove's dictionary of music and musicians* (London and New York: Macmillan & Co., 1904).

²⁵⁸ G. S. Grove and H. C. Colles (eds.), *Grove's dictionary of music and musicians* (London: Macmillan, 1927, third edition / edited by H. C. Colles); G. S. Grove and E. Blom (eds.), *Grove's dictionary of music and musicians* (London: Macmillan, 1954, fifth edition / edited by E. Blom).

²⁵⁹ B. Nettl et al. 'Improvisation', in *Grove Music Online* (2001). Available at: <http://www.oxfordmusiconline.com/subscriber/article/grove/music/13738>. Accessed 16 September 2011.

Value

As indicated by both Nettl and Hamilton above, composition and improvisation are frequently considered as distinct rather than merged activities. One example is a situation in which the centrality of the notated musical work gives meaning to the idea of improvisation. Alperson's discussion, referred to in Chapter Three, provides a live example of this perspective, in that he appears to be addressing a readership for whom improvisation is an 'unconventional' and separate form of music-making, in contrast to the familiar experience of listening to or taking part in everyday performances of the repeatable musical work.²⁶⁰

Another example of this 'separatist' or 'improvisation as other' perspective can be elicited from the following definition, apparently referring to a folk tradition of music. Improvisation is where 'the untutored individual obeys the impulse to relieve his feelings by bursting into song'.²⁶¹ Whilst there is a political and hierarchical overtone to this description, as though improvisation is a primitive *substitute* for 'real' music-making from musical scores, the description here appears similar to the jazz-related practices of free improvisation and clinical improvisation outlined in Chapter One.²⁶² It could be said that these two perspectives of improvisation, both of which relate closely

²⁶⁰ P. Alperson, 'On musical improvisation', *The Journal of Aesthetics and Art Criticism*, 43, No. 1 (1984), pp.17–29.

²⁶¹ Grove and Colles, *Grove's dictionary*, 1927; Grove and Blom, *Grove's dictionary*, 1954.

²⁶² Free improvisation has also subsequently been driven by politics. For example, Ben Watson writes: 'Derek Bailey's philosophy of free improvisation is fully in line with that of Heraclitus – you can't step into the same river twice. The water changes, you change, everything changes. The first take is the best because it's unique, and all imitations are ghastly. The real world is concrete, ever changing and specific, irreducible to fixed concepts and eternal laws. For Bailey, music is a tissue of concrete utterances, irreducible to scores and systems: Free improvisation is thus militantly dialectical. It confounds bourgeois assumptions about music being a matter of scores and records, fixities derived from the world of property relations and promising profits to those with capital to invest.' Watson, *Derek Bailey*, p.8.

to the idea of the musical work, reveal attitudes that are on the one hand conservative – seeking to dismiss improvisation as, in Alperson’s characterisation, a ‘pale imitation of conventional music-making’ – but on the other hand anticipate the radical, as in Bailey’s pioneering free improvisation that actively sought to disconnect improvisation from composition altogether.²⁶³ Indeed, as Hamilton writes, ‘the concept of improvisation, in its present-day sense, especially in jazz, arose precisely as a reaction to the emergence of works; while there is plenty of scope for ‘playing it again’ in the way that jazz utilizes the standard songs of Tin Pan Alley’.²⁶⁴

Thus to summarise this section, improvisation is conceptualized in different times and places in different ways. In particular, it can be conceptualized as merged, merely linked to or completely separate from composition. In some places, however, it is important to note that it is not conceptualized at all.

Musical Ontology and Improvisation

How is it possible to account for and understand such a diversity of ideas about improvisation? In the next section, I address the question of ontology in relation to improvisation. I look at the limits of seeking a single musical ontology for clinical improvisation, particularly one that assumes a sole paradigm of musical works or product. In doing this, I show how this work paradigm alone, ultimately, cannot account for the diversity of musical practice found within clinical improvisation. Instead I propose that Bohlman’s ‘diverse’ account of ontologies of music can provide an account

²⁶³ Alperson, ‘On musical improvisation’, p.24; Watson, *Ibid.*

²⁶⁴ Hamilton, *Aesthetics and music*, p.214.

of clinical improvisation, one that is embedded in its varied practice; a practice that entails both works/products and non-works/processes.

Work and Non-Work

In Chapter Two, we saw how an account of musical diversity could be seen as the central concern of Andrew Kania's project to establish questions of 'higher-order ontology' as distinct from questions of 'fundamental ontology'.²⁶⁵ For Kania, different musical forms may indicate a differing musical ontology, an ontology he establishes in this particular instance through relating the form of music to its mode of performance: public performance, studio performance and 'not for performance'.²⁶⁶ On the other hand, one of the limits of 'higher-order musical ontology' arguably lies in the fact Kania's discussion is situated firmly within the paradigm of the musical artwork or product.²⁶⁷

As we saw previously, this ontological conception of music as synonymous with musical works is central to the critique of higher-order ontology by Lee B. Brown. Brown argues that Kania's approach assumes *a priori* that there is always such an 'artwork' and 'centre' to be found in this or that particular form of music. Taking jazz as a case example, Brown demonstrates the way in which on the one hand, the notion of a musical work might sometimes elicit an understanding of some of the many forms of jazz, but on the other hand, it is a concept foreign to the very way in which jazz comes about. Furthermore, he argues the field 'is just too rich for there to be any single

²⁶⁵ Kania, 'New waves'.

²⁶⁶ Kania, 'Making tracks'.

²⁶⁷ This is possibly connected to the musical form with which Kania has been chiefly concerned and that served as the impetus for his project, namely rock music, rather than limitation of perspective. See Kania, 'In defence of higher-order musical ontology'.

unifying ontology' that will underpin our understanding of jazz performances; no one theory can possibly cover all types of practices.²⁶⁸ This perspective is not surprising, nor difficult to support. The 'richness' Brown cites can be illustrated by a brief consideration of the music of two jazz musicians who have pioneered different traditions in the UK and the USA respectively, Keith Tippett and Dave Brubeck.

In the free piano improvisations of Keith Tippett, what might be considered most pertinent is the element of complete freedom and 'uniqueness' of the musical content of each performance. Here, the performance, the activity of improvising the music, is integral to the existence of the music that is heard. A recording that might later be listened back to on many occasions may subsequently add to the quality of the listener's experience, but is not a fundamentally necessary part of Tippett's improvisation as heard in situ. Whilst the recording might, through mechanical means, provide a sense of 'work' or product to the improvisation, it can be argued the 'nature' of that same improvisation lies in its moment-by-moment 'happening', of its very existence being ephemeral.²⁶⁹

Alternatively, the music of Dave Brubeck exists (in part) in the form of titled 'compositions' (Blue Rondo à la Turk on the album *Time Out*, for example) that function to some extent as musical works. Integral to the performance of these

²⁶⁸ L. B. Brown, 'Do higher-order music ontologies rest on a mistake?', p.179. See discussion in Chapter Two, pp.99-104.

²⁶⁹ Whilst a recording can be thought of a type of 'product', this alone does not transform an improvisation into a fixed entity, as is the case with a written composition. Benson writes that whilst recordings have 'significantly altered' the lack of permanence an improvisation has in relation to a composition or musical work, 'the aural existence of an improvised solo does not have the same status as the written existence of a musical work, for the latter *prescribes* what ought to be the case whereas the former merely *describes* what once was the case in a particular performance.' Benson, *The improvisation of musical dialogue*, pp.24-25.

compositions, however, are the improvisations of Brubeck's Quartet, which intersperse the composed tutti sections. For this music, both the work concept, in terms of a performable semi-repeatable musical product, *and* the activity or event of that same music in terms of a process, are important to an understanding of the whole.

Jazz, therefore, as the focus of many discussions in analytic aesthetics, provides a case example of the complexity of formulating, step-by-step, an all-encompassing ontological account of improvisation. How then is it possible to account for, and understand, the evident diversity found in improvisation? Furthermore, is it possible to generalize from this account to understand the diversity also inherent in clinical improvisation? As Brown comments, if an ontological account 'struggles' to reflect practice, what is its purpose beyond that of creating 'mere artefacts of philosophy'.²⁷⁰

Towards Diversity

Brown proposes what he calls a 'non-work ontology'. He shifts the focus of consideration from 'what is produced' *as* an improvisation, and thus what can be understood as a work, to the 'activity' *of* improvisation. Put simply, he shifts the focus from improvisation as *work* to improvisation as *process*. Drawing on the work of Phillip Alperson, he writes:

A competent appreciation of improvised music involves a focus, not simply upon a musical line, but also upon the *activity* of creating it. From this ... [springs] an ontology according to which what is central in jazz is not an *abstractum* that could be instantiated in multiple instances, [as per a musical work] but rather the specific act of creating *this* music, unfolding *now*, so to say, as one listens.²⁷¹ [Italics in original]

²⁷⁰ L. B. Brown, 'Do higher-order ontologies rest on a mistake?' p.181.

²⁷¹ *Ibid.*, p.177.

I have already cited the work of Alperson, who was for some years a solitary researcher within analytic aesthetics into the music of improvisation. In his original article published in 1984, Alperson proposed a view of improvisation as an ‘unconventional form of music-making’ operating from the ‘conventional’ perspective of a work paradigm. Improvisation was accounted for in terms of being where ‘one individual, simultaneously composer and performer, simultaneously creates a musical work’.²⁷² As I have already noted in this chapter, this type of account is unsatisfactory in that it privileges a specific kind of music-making, and indeed a particular time and place. It is as though within Western music the performance of composed musical works constitutes the primary form of music-making, against which, singularly, improvisation is to be understood. However, as we have already seen, this assumption does not take into account the myriad of ways music comes into existence. Indeed, as Roger Scruton points out, the type of assumption being made here is that ‘composition is the paradigm case, and improvisation secondary’. Scruton continues: ‘It would be truer to the history of music, and true to our deeper musical instincts, to see things the other way round: to see composition as born from the writing down of music, and from the subsequent transformation of the scribe from recorder to creator of the thing he writes.’²⁷³

In a recent article, Alperson has developed his perspective, now seeing improvisation as occupying a ‘varied terrain’. He writes:

When we think of an improvisation, we sometimes have in mind a particular kind of human activity: the act of improvising. We may also have in mind a particular product: that which is produced in the activity of improvising. So, John Coltrane improvised a performance of “My Favorite Things,” and that improvisation is something he produced in his improvisatory activity.

²⁷² Alperson, ‘On musical improvisation’, p.21.

²⁷³ R. Scruton, *The aesthetics of music* (Oxford: Oxford University Press, 1997), pp.438–439.

There are contexts in which the activity of improvisation takes centre stage and contexts where we wish to speak about the product. Clearly, there is an intimate connection between the two, and we will want to understand the connection.²⁷⁴

Alperson's new account allows a different emphasis to emerge regarding the musical product and the musical process or activity. It is not a matter of conceptualizing music as belonging to one or another domain. Here, both the domains can be 'spoken about' with reference to a performance of the single jazz standard, *My Favourite Things*. How though, as Alperson asks, is the connection between the two domains to be understood?

Musical Ontologies: Connecting Domains

We will now look at the work of Phillip Bohlman. He argues that 'multiple ontologies of music exist at both the individual and local level, as well as the global level', meaning that we cannot help but be necessarily confronted with more than one ontology at once.²⁷⁵ This is not in the sense of the 'comparative' higher-order ontology of Kania, whereby different forms of music may be found to be distinct. Instead, Bohlman approaches musical ontology the opposite way round. Whilst Kania's project entails an analysis, a 'looking in' on the musical product or object in question from the outside to make a comparison with another musical object, for Bohlman musical ontology is 'interactive', resulting *from* 'human experience and everyday practice'.²⁷⁶ We can interpret Bohlman's viewpoint as where music is already happening in relation to us as subjects, rather than being a fixed object we look in on. Whilst each route entails two contrasting 'directions', (like the way the Paris

²⁷⁴ P. Alperson, 'A topography of improvisation', *The Journal of Aesthetics and Art Criticism* 68, No.3 (2010), p.273.

²⁷⁵ Bohlman, 'Ontologies of music', p.17.

²⁷⁶ *Ibid.*, p.19.

Metro is arranged) these directions have a dialectical quality to them; they are not set up in oppositional terms, but instead in terms of relation. It is along each route that ontologies of music are 'revealed'. Bohlman further provides a series of 'metaphysical/ontological conditions' which are characteristic of each route. In particular, he cites the condition of music as object and music as process:

The metaphysical condition of music with which we in the West are most familiar is that music is an object. As an object, music is bounded, and names can be applied to it that affirms its objective status. As an object, moreover, music can assume specific forms, which may be assigned to paper or magnetic tape, and language systems can assign names to music and its objective properties. By contrast, music exists in the conditions of a process. Because a process is always in flux, it never achieves a fully objective status; it is always becoming something else. As a process, music is unbounded and open. Whereas names may be assigned to it, they are necessarily incomplete.²⁷⁷

The contrast between the 'metaphysical/ontological conditions' of musical object and musical process produces a tension, and Bohlman is inviting us to incorporate the tension dialectically as a basis for considering a series of 'metaphysical routes' along which music reveals itself.

²⁷⁷ *Ibid.*, p.18.

My Music/Your Music
Our Music/Their Music
Music 'Out There'/Music in the Numbers
Music in Nature/The Naturalness in Music
Music as Science
Music as Language/Music Embedded in Language
Die Musik/Musics
The Voice of God/The Struggle of the Everyday
In the Notes/Outside the Notes
In Time/Outside Time
Vom Musikalischen Schönen [sic]/On the Unremarkable in Music
Authentic Sound/Recorded Sound
In the Body/Beyond the Body

*Figure 1. Bohlman's Metaphysical Routes*²⁷⁸

²⁷⁸ *Ibid.*, pp.19–34.

Two Ontological Routes

How does Bohlman set out this potentially vast territory of musical ontologies? Taking cartography as a metaphor, he ‘maps’ thirteen different ‘metaphysical routes’ that effectively can be seen as ‘crossing’ the world of music (*Figure 1*). Two routes are of immediate interest for this enquiry and I shall briefly describe them here.

Bohlman describes these routes respectively as ‘my music/your music’ and ‘our music/their music’.²⁷⁹ He suggests the potency of what happens to music when it becomes ‘one’s own’. Instances of ‘my music’ might include ‘the music one has grown up with; the music that has accompanied one through a difficult or especially joyous time’.²⁸⁰ The music that is ‘my music’ takes on this particular meaning of ownership. For Bohlman, it can also be ‘my music’ in that it might relate to others, for example ‘it may be the music ... about which one exhibits special knowledge ... or because it contrasts with someone else’s, with “your music”’.²⁸¹ Bohlman demonstrates an instance of how ‘as an attribute of identity, “my music” may result from the production or reproduction of music’.²⁸² However, whilst the identity of ‘my music’ is of particular importance where ‘I’ have created it, in some instances ‘my music’ becomes ‘my music’ simply through special *experience* of it. This identity with music could be described as one premise upon which clinical improvisation is made. For if the music itself does not mean something to the client on a specifically personal basis, either in the experience of

²⁷⁹ *Ibid.*, pp.19–22.

²⁸⁰ *Ibid.*, p.19.

²⁸¹ *Ibid.*, pp.19–20.

²⁸² *Ibid.*, p.20.

it or the production, it becomes merely a mechanical method for therapy. This is indeed the case in some behavioural and educational approaches to music therapy. Furthermore, Bohlman states how “my music” cannot be “your music”. To make it so would devalue it, negating the reasons for possessing it as “my music”.²⁸³ To engage with music by this account, therefore, is to engage with it personally as individual subject; music is not to be separated from the subjective experience of it, it is not an experience that can be shared, for example, across cultures or generations.

Whilst a notion of my music/your music can be taken as fundamental to clinical improvisation, another ‘ontological route’ is also of significance here, that of ‘our music/their music’.²⁸⁴ Clinical improvisation draws upon the social, or the inter-subjective, meaning and experience of music-making. This provides a contrasting ontology to ‘my music/your music. As Bohlman writes:

“Our music” is not so much owned as shared and it therefore makes sense that most concepts of “our music” (e.g. folk music, traditional music, or national music) stress its reproducibility ... “our music” comes into existence within the group; the boundedness of the music accords with the boundedness of the group itself, and “our music” even becomes a means of communication for knowing and familiarity within the group itself.²⁸⁵

The group experience within music therapy, whilst therapeutic, may not represent the total sum of individual meaning for a client. I will examine the implication of the ontological distinction made here by Bohlman further as part of the conclusion to this enquiry, as we finally identify a diverse ontology as existing within notions of performance in relation to clinical improvisation.

²⁸³ *Ibid.*

²⁸⁴ *Ibid.*, pp.20–22.

²⁸⁵ *Ibid.*, p.21

At this point of the enquiry it is sufficient to take an understanding of these two routes, ‘my music/your music’ and ‘our music/their music’ as an illustration of Bohlman’s ‘routes’ whereby musical ontology is ‘yielded’ by musical practice, including the clinical musical practices to be found in music therapy. Both these routes, furthermore, raise issues of the distinction Bohlman makes between process and product. In the following section, I will initially explore the paradigms of musical process and object/product as manifested in the conception and practice of composition, improvisation and performance, both within and outside of music therapy practice.

Process and Product in Clinical Improvisation

As was described in Chapter One, music therapists in the UK have placed emphasis upon the *process* of the clinical intervention, that the value of music therapy comes from a shared experience of the process of live music-making as it occurs over the period of time in which the therapy takes place.²⁸⁶ However, the notion of process is not the only way in which the music of music therapy might be understood, as the musical material of clinical improvisation, whilst occurring within a process, can sometimes emerge in the form of a musical ‘product’.

In a music therapy group for elderly people suffering from depression and mild dementia, for example, the musical contents might typically include the singing of

²⁸⁶ This is in addition to the outcome of the therapeutic intervention overall. An outcome might consist of a child becoming able to take part in shared musical experiences having previously been unable to tolerate the therapist’s sounds. Such a sharing would be manifested in the music that emerged, but the overall outcome might eventually generalize into non-musical situations such as play with other children. Whilst the emphasis of this type of music therapy is upon a process, it does not mean to say that there is no therapeutic outcome or ‘product’ to the work. For examples of possible outcomes in work with children, see the original *Rating Scales* devised by Nordoff and Robbins, in Nordoff and Robbins, *Creative music therapy*, pp.177–208.

known songs. It might be the case that many of the same songs are sung on a regular basis. Here, even though such songs can be described as constituting ‘mini works’, that is to say, musical products, the *experience* of the songs in themselves, over time, can be considered part of a musical process. This is particularly important given that the ‘rendering’ of a song in itself can be improvisational; new words, countermelodies, rhythms and different forms of accompaniment might all be experimented with and developed. This very experimenting with what otherwise might be considered as fixed can reflect part of a group process towards greater intimacy. Indeed, songs that gradually over time come to be songs sung on a regular basis become an integral part of the individual and shared experience of the group.²⁸⁷ Furthermore, a song might emerge out of a shared improvisation, either a song already known or one that is spontaneously ‘composed’ out of the improvisation. A chord sequence or rhythm that emerges out of music-making that is otherwise free in form and character might accord an improvisation with an identity associated with a particular moment within a therapeutic process.²⁸⁸ Both forms of music – improvisation and composition – can equally be considered part of the clinical improvisation process.

As indicated by Erinn Epp at the head of this chapter, it could be argued, furthermore, that in recording the music of their patients for the purpose of listening back and

²⁸⁷ For an example of the transformative effect of the client-therapist dynamic upon the rendition of pre-composed songs in music therapy, see the case study of ‘Harry’ in R. Darnley-Smith, ‘Music therapy’, in S. Evans and J. Garner (eds.), *Talking over the years: A handbook of dynamic psychotherapy with older adults* (Hove, East Sussex and New York: Brunner-Routledge, 2004), pp.181–195.

²⁸⁸ For example, in a music therapy group that took place within a day hospital for adults with long-term mental health problems, one particular improvisation that occurred was later identified by some of the group members as the moment when they began to trust the therapy space as a safe place where they could share some of their current difficulties. The long improvisation had gradually developed out of a sequence of two chords improvised by the therapist in a style and mood reminiscent of one of Eric Satie’s *Gymnopédie* pieces for piano.

transcribing for clinical analysis, music therapists are in a sense creating musical ‘products’. One British-trained music therapist, Colin Lee, has taken this practice to an extreme, whereby in demonstrating his work he has ‘performed’ his transcriptions of the musical contents of sessions in public, explicitly as quasi-musical works.²⁸⁹

However, much music resulting from improvisation within music therapy can be said to emerge as process. An improvisation within a clinical session might have no sense of composition, and no formal beginning or end in terms of conventional harmonic/rhythmic features. It might not reflect a progression in the sense of musical ideas or motifs being gradually transformed, as it might simply begin and some minutes later end. Over time, it might remain music that simply consists of random ideas, motifs and gestures. For example, in work with adults who are suffering an acute psychiatric disturbance, the musical sounds might be very fleeting; the client might enter the therapy room only momentarily and briefly make sounds on the variety of instruments available. The therapist might not even have time to respond or take part before the client leaves. Alternatively, they might ‘mirror’ the client’s sounds as a way to encourage them to stay, or at least let them know that they have been heard.

Revisiting the Historical Perspective

What does this diversity mean and how can considering clinical improvisation from this perspective of process and product enable a deeper understanding of the two

²⁸⁹ Lee, in close collaboration with a client, Francis, who was himself a professional musician, describes the collaborative process of arranging and rehearsing a score from a music therapy session for piano and clarinet. He performed it with a music student at a service for World Aids Day with Francis present. See C. Lee, *Music at the edge: The music therapy experiences of a musician with Aids* (London and New York: Routledge, 1996), pp.120–128. Lee’s work will be further considered in Chapter Five.

approaches? In the final section of this chapter, I will revisit the historical beginnings of clinical improvisation in the UK and further examine the paradigms of process and product as existing in the music of music therapy. I demonstrate how the practice of each of the two approaches has tended to, but not exclusively, emphasize a music-making that can be understood as emanating from within a paradigm of either process or product. I will show how the notions of musical product and process, whilst inherent across the music-making of both approaches, also have a special individual meaning for each.

Paul Nordoff: Improvising Musical Works

In Chapter Two, I explained the way in which Paul Nordoff's practice of clinical improvisation developed out of his work as a composer. Indeed, it is possible to discern the inventiveness of Nordoff's playing both in the recordings of his clinical work with Clive Robbins and from the transcriptions of teaching sessions.²⁹⁰ In keeping with any music of substance, no musical motif was too mundane and all musical ideas afforded therapeutic possibilities such as might be contained in the timbre, key and tempo of the music, and so on.

In the early teaching sessions, Nordoff taught improvisation via reference to the classical (piano) repertoire rather than in direct reference to his own clinical material.²⁹¹ It would seem that the source for his technique of clinical improvisation was pre-composed musical works. Nordoff would cite an aesthetically interesting harmonic

²⁹⁰ Robbins and Robbins, *Healing heritage*.

²⁹¹ *Ibid.*

progression, gesture, phrase or texture through a series of live examples for piano and discuss the music in terms of the needs of the prospective child in music therapy. For example, upon illustrating the interval of a minor third in a succession of extracts from Schumann, Bach, Chopin and Ravel, he plays the opening of *Davidsbündler*, opus 6, no.9, by Schumann. Nordoff emphasizes the interval relation between B flat and C sharp, upon which he comments in the following terms:

That was Schumann's starting point and you don't know what key you are in. Tonality has loosened up and we are in a completely new world of musical experience [from the previous illustrations] with the same two notes. This is what you are bringing the children: musical experience through the meaningfulness of the intervals you use; the intention with which you use them; the activity the intervals set up, both tonal and rhythmic; the moods that can be established with them.²⁹²

Upon examining the published case studies, it is possible to see how (with the support of Robbins) he would transform the spontaneous sounds of a child, such as crying, laughing, talking, babbling or singing, into an improvisation. He would gradually work with whatever sound or sounds a child made, and transform them into structured musical ideas that could again be 'returned' to the child and played with. Subsequently, such clinical material could be notated, complete with time and key signatures. For example, Nordoff and Robbins describe a case study of music therapy with a child called Anna. The transcription of the opening moments of a session demonstrates how Nordoff improvises upon her declaration that she is 'going to go to school'. Anna sings/cries out on C#² and freely descends an octave via a glissando on the word 'school'. Nordoff vocally imitates this leap, transforming it from an octave into a major ninth. His experimentation with large intervals and high notes encourages her to sing higher in

²⁹² *Ibid.*, p.35.

response. Nordoff now has an overall musical conception out of which he begins to create a song, singing in counterpoint to Anna, all the time improvising a lilting 6/8 metre accompaniment on the piano.²⁹³

It is arguable that this way of improvising constitutes a kind of ‘instant composition’. The compositional element, however, did not have the effect of ‘fixing’ the material as product, or ‘closing down’ the available musical possibilities. Instead, the process of spontaneously making the sounds *into* something was a way of making the music personal, making it *belong* to the child as part of an ongoing process. For example, as the therapy progressed, musical material from earlier sessions might be hinted at or reintroduced, sometimes by the child and sometimes by the therapist.

Whilst, as we have already seen, there is a distinction to be made between improvisation and composition, there is also a view in relation to Western traditions of music that improvisation, composition and performance are *inextricably* linked and that it may be hard to determine improvisation as a standalone concept at all. The view can be summarised as follows: where there is composition there is, or has been, a process of improvisation, and at least some activity of performance. Where there is improvisation there is some kind of composition, for example in the performer’s shaping and development of melodies/motifs, their timing and variation of musical ideas. Where there is a performance there is inevitably improvisation, or improvisatory music-making, whether or not the performance is of a work or improvisation per se.

One version of this view has been extensively explored by the philosopher Bruce Ellis Benson, who argues that improvisation is integral to both performance and composition; it is

²⁹³ Nordoff and Robbins, *Creative music therapy*, p.42.

the ‘improvisatory’ in music and music-making, rather than the fixed, that is foregrounded.²⁹⁴ He writes,

On my view, both composition and performance are improvisatory in nature, albeit in different ways and to differing degrees. Composers never create *ex nihilo*, but instead “improvise”: sometimes on tunes that already exist, but more frequently and importantly on the tradition in which they work. Performers – even when performing music that is strictly notated – do not merely perform but also “improvise” upon that which they perform.²⁹⁵

Alternatively, Benson argues *improvisers*, as well as composers, never create *ex nihilo*:

Sam Rivers or Ornette Coleman [who] may push the boundaries of jazz in many ways ... [are] clearly ... not just playing “anything” ... Improvisation (whether in jazz or in eastern genres) is far more organized than it might appear. Many of these limitations come from the tradition in which they have arisen, in the sense that improvising is based on and can only be understood in light of the entire tradition of improvising that has gone on before ... For improvisation is a kind of “composition” in the sense of “putting together”.²⁹⁶

In all, Benson’s phenomenology of music can be seen as a study of the improvisatory in composition, his view being that the process of composition is, in itself, inherently improvisatory. This is a process, as he puts it, from ‘*Ursprung to Fassung letzter Hand*’, that is to say, without clear beginning (when does an improvisation become a composition?) or completion (when, if ever, can a composition be declared ‘fully defined and finished?’).²⁹⁷ On the other hand, given the improvisatory nature of

²⁹⁴ Benson, *The improvisation of musical dialogue*, p.25.

²⁹⁵ *Ibid.*, p.25–26.

²⁹⁶ *Ibid.*, p.136.

²⁹⁷ *Ibid.*, pp.66–68. It could be said that the ambiguity of beginnings and ending are key to an understanding of the improvisational quality that in this account exists in artworks. Benson discusses how, with regard to the ending of a composition, there is a distinction to be made between artistic and non-artistic ends, or, as argued by Monroe Beardsley, ‘it may not be the same thing for the *artist* to be finished as for the *work* to be finished, for artists may feel that they have done everything possible and still not have the assurance that a work deserves to be declared finished’. In a more qualitative view, the artist Frank Auerbach demonstrated the ineffability of ‘completion’ in his statement that he considered a painting was completed when he stopped looking at *it* and *it* started looking back at *him*. In interview he states: ‘It is hard to say where this idea of finished comes from. You could say the

composition, improvisation is understood here largely as a ‘performer’s’ music-making, reaching across a continuum from composed musical works to free improvisation.

This view is reflected by practising musicians and composers. For example, in an interview on BBC Radio 3 with the composer and free improviser Fred Frith, the interviewer Robert Worby opened with the statement, ‘Cornelius Cardew said that improvising was like composing at the speed of light’. He then posed the following question: ‘Is composing like improvising at a glacial pace?’ Frith replied, ‘That’s one of *my* lines you just stole there! I always say if you are going to call improvising instant composition, then you might as well call composition slowed down improvisation, so I guess I agree with you, yes, I think increasingly the distinction between the two [forms of music], thankfully, is no longer being so stuck.[sic]’,²⁹⁸

For composers such as Frith, improvisation lies at the heart of the process of composition, and as such he incorporates the performer into this same process. The performance itself, almost *as* an improvisation, can be seen as part of the process of composition.²⁹⁹

This perspective from musical aesthetics and compositional practice, whereby the processes of improvisation and composition are conceptualised as embedded within each other, is integral to Nordoff’s music therapy approach. In Nordoff’s clinical improvisations it is possible to discern a form of music-making closely linked to an idea

ultimate finish is when the painting becomes itself, what you are portraying.’ C. Lampert, N. Rosenthal and I. Carlisle, *Frank Auerbach: Paintings and Drawings 1954–2001* (London: Royal Academy of Arts, 2001).

²⁹⁸ F. Frith and R. Worby, *Hear and now: Robert Worby interviews Fred Frith* (London: BBC Radio 3, 2 February 2008). Transcribed from a personal recording made of the broadcast.

²⁹⁹ *Ibid.*

of free music-making, out of which a musical work or product emerges. Furthermore, it can also be seen how such a conception of clinical improvisation, involving both composition and improvisation, engenders the pursuit of a coherent musical form in the music-making. It is not surprising, therefore, that contemporary music therapists who have trained in this music-centred approach, pioneered by Nordoff, have linked their work to an idea of the music in music therapy as necessarily having a particular kind of aesthetic value, and it is this factor in particular that is constitutive of the notion of the music being healing in and of itself.³⁰⁰ The music of music-centred music therapy is driven by such values, that at the core of the work it is music itself as an art form that, simply put, does the work.

In the next section, we will discover that, from out of the form of free-improvisation incorporated into the psychodynamic approach, a different musical aesthetic emerged to that of the music-centred approach. Whereas ‘traditional’ aesthetic concerns, or what Hamilton has called an ‘aesthetic of perfection’, could be said to drive the music-making in the music-centred approach, we will see that the psychodynamic approach is concerned with a different aesthetic, roughly corresponding to Hamilton’s ‘interpenetrating opposite’ of an aesthetic of ‘*imperfection*’.³⁰¹ This aesthetic of

³⁰⁰ See: Aigen, ‘In defense of beauty’.

³⁰¹ Hamilton makes this distinction in his discussion of Ted Gioia’s idea of jazz improvisation as an ‘imperfect art’. In response to the notion of improvisation as a kind of instant composition, discussed above, he sets up improvisation as a distinct form of music-making, occupying a ‘rival’ aesthetic domain to that of composition, complete with different musical aspirations and values. Hamilton asks ‘how could imperfection be an aesthetic value?’ He takes the Latin derivations of ‘perfection’ and ‘imperfection’, writing that they have a ‘descriptive sense’: ‘*perficere* means “to do thoroughly, to complete, to finish, to work up”; “*imperfectus*” means “unfinished, incomplete”’. Hamilton comments, ‘the aesthetics of imperfection finds virtues in improvisation which transcend ... errors in form and execution ... these virtues arise precisely because of the ‘unfinished state of such performances’. However, Hamilton develops the dichotomy further; whilst there are clear thematic distinctions to be made between the two domains, such as the distinctions between process and product that we are

imperfection, with its emphasis upon freedom and spontaneity over coherence of form, provides a useful contrast for the purpose of this discussion, and is certainly descriptive of this type of clinical improvisation. However, as emphasized by Hamilton, an aesthetic of imperfection still operates in relation to an aesthetic of ‘perfection’, which is ultimately tied to a notion of ‘art’. However, in psychodynamic music therapy, we will see how ‘art’ is not what ultimately drives the clinical improvisation. Most importantly, the music-making of the psychodynamic approach has been driven by a concern with what I am calling ‘the relational’ in music.

Alfred Nieman and Free Improvisation

The other composer-pioneer, Alfred Nieman, did not become a clinician. It is most probably for this reason that, with the exception of Mary Priestley’s account cited in Chapter Two, his influence upon clinical improvisation has not been widely considered or documented.³⁰² Whilst the content of his classes entailed the improvisation of titled ‘pieces’, for example ‘fear’, ‘going into the forest’, ‘the street where I live’, ‘ice cream’ and so on, the music was expected to be free from tonal harmonic conventions such as cadences and intervals of thirds, fifths or octaves. These improvisations in themselves might also be said to have turned out like ‘instant compositions’, a sense possibly engendered by the added element of the class taking place in a small concert hall and the

concerned with here, as we have also seen such apparently opposite domains can operate dialectically in close relation to each other. Hamilton writes: ‘My argument is that “improvisation” and “composition” denote ideal types or interpenetrating opposites. A feature that seems definitive of one type also turns out to be present in the other.’ Hamilton, *Aesthetics and music*, pp.196–197.

³⁰² The comments that follow regarding Nieman are based upon my own experiences as a music therapy student, 1985–1986, and the tape recordings of a small selection of sessions that I have in my personal possession.

improvisations gaining the feel of a performance through the presence of listeners and the use of a tape recorder.

However, whilst Nieman was dogmatic in his direction of students with regard to the use of atonality, he was equally emphatic about the freedom of the improvisations, the exploration through spontaneous music-making of what was truly authentic to each individual player in the moment. The musical content was expected to be led by the feelings of the player, rather than by a compositional sense of making a musical work.

Despite Nieman's own emphasis upon free improvisation as intrinsically connected to art and not just a 'function of therapy', the influence that he had upon clinical improvisation was in the instilling of a musical aesthetic driven by interpersonal concerns, rather than necessarily musical ones.³⁰³ Whereas Nordoff was concerned with the tonality and musical forms of the European soundworld of the nineteenth and early twentieth centuries, Nieman's teaching of improvisation was firmly rooted in the soundworld and values of the twentieth-century musical avant-garde, together with other areas of improvisational activity.

A link is frequently observed between Freud's clinical method of free association and the procedures and theories of free improvisation in composition, jazz and other art forms – in particular the procedures of surrealism and abstract expressionism pioneered in

³⁰³ See: G. Peters, *The philosophy of improvisation* (Chicago: University of Chicago Press, 2009) for an extended quasi-political discussion in opposition to this type of approach. For example, Peters argues for a 'purist' view of improvisation, in contrast to an interpersonal co-operative model that he equates with a denial of the inevitable completion amongst players activated through music-making. He writes: 'What would a successful improvisation be? The claim being made here is that success should not be measured against a consensual goal or *têlos* that drives the work ever urgently towards a communicative conclusion ... Indeed one could go further and suggest that the primary aim of free-improvisation is to ensure that this ongoing and endless destruction is not short-circuited by the finished artwork or by any spurious community promoting an ideology of oneness.' *Ibid.*, p.51.

painting and automatic writing.³⁰⁴ As Matthew Sansom writes, ‘the emerging aesthetic emphasized the artist’s capacity for self expression and rejected the supremacy of the intellect, carrying forward the well-established ideal that maximum spontaneity would express the deepest levels of being’.³⁰⁵ Indeed, in a way similar to Freud’s method for the recalling and free association of dream material, Nieman encouraged music that flowed spontaneously wherever the musical idea ‘wanted to be taken’.³⁰⁶ This description echoes another definition from the composer Lukas Foss, who writes:

Improvisation is not composition. It relates to composition much in the way a sketch relates to the finished work of art. But is not the very element of incompleteness, of the merely intimated, the momentarily beheld, the barely experienced what attracts us in the sketch? It is work in progress ... It is performers’ music.³⁰⁷

This type of freedom and spontaneity can be understood, therefore, in the context of a particular soundworld, that of twentieth-century atonality and the free improvisation practices already mentioned. This soundworld was integral to Nieman’s approach. Furthermore, as we have already seen in earlier chapters, whilst he worked alongside both Juliette Alvin and the team of Paul Nordoff and Clive Robbins, his musical approach was taken up by Mary Priestley. Priestley truly began to develop this form of

³⁰⁴ M. Sansom, ‘Imaging music: Abstract expressionism and free improvisation’, *Leonardo Music Journal*, 11(2001), pp.29–34.

³⁰⁵ *Ibid.*, p.31.

³⁰⁶ See: S. Freud, *The interpretation of dreams* (translated by J. Strachey) (London: Penguin Freud Library, 1900/1991). For Freud, the method of eliciting dream material (along with other material derived from the unconscious) entailed ‘the adoption of the required attitude of mind towards ideas that seem to emerge “of their own free will” and the abandonment of the critical function that is normally in operation against them’, *Ibid.*, pp.176–177. Nieman’s method was to encourage a letting go of the physical manipulation of sounds, a manipulation that is usually highly developed in even the most rudimentary of musician. For some of Freud’s patients and Nieman’s students, possibly for similar reasons, such ‘involuntary [musical] thoughts [could] release a most violent resistance which [sought] to prevent their emergence’, *Ibid.*, p.177.

³⁰⁷ L. Foss, ‘Improvisation versus composition’.

music-making 'into' clinical improvisation, where the music came to be understood as synonymous with a deep expression of the unconscious self. The task of the music therapist was to make music in relation to whatever sounds the client made. One of her many vivid case examples can illustrate this:

I saw a 46-year-old widow with three children, Mrs G., who had a history of depression. She spoke curiously cheerfully about the rather gloomy facts of her life and I had the feeling that the words were like a dry crust covering something else ... Mrs G sat in front of the chime bars and a tray of white sand beside a bowl of shells while I sat by the xylophone and cymbal. Immediately out came the chaotic, aggressive inner music. She viciously hit a chime bar, I replied on the cymbal while she stabbed the sand with a shell. She played two more notes, banging in between two chime bars, and then hit the existing shell in placing another near to it while I replied on the xylophone ... [this] clearly revealed the hidden layer of savage music which was only connected to her conscious life through the depression, otherwise she was not in touch with it at all.³⁰⁸

One can only imagine the type of sounds that emanated from this painful moment of musical self-disclosure in therapy. From Priestley's description, the music-making can be understood in terms of a free improvisation that is entirely focussed upon the relationship with the patient. The music therapist responds not to form the music into a coherent improvisation that might be of aesthetic interest, but instead she follows the musical expression of the client wherever it goes.

Conclusion

In this chapter, I have explored many issues inherent in conceptualizing improvisation in general, in terms of the musical paradigms of product or process. I have shown that to approach improvisation, including clinical improvisation, in terms of its relationship to a

³⁰⁸ M. Priestley, *Music therapy in action*, p.200. The term 'inner music' refers in Priestley's work to an aspect of the unconscious, 'the prevailing emotional climate behind the structure of someone's thoughts.' *Ibid.*, p.199.

musical product or work, is in some instances to undermine, culturally appropriate or misunderstand the meaning of its improvised nature. For Brown, the very ephemeral and multifarious nature of improvisation creates a problem in formulating a single ontology that specifies what '*kind of thing this music centrally is*'.³⁰⁹ Furthermore, taking jazz as an example, ultimately the primary focus of improvisation can be said to reside in its performance, and as such arguably in the lived process of music-making, rather than the fixed product. On the other hand, we have also seen in this chapter how there are plentiful examples of improvisation (including jazz) that tend towards a fixed product, even where aspects of its 'repeatability' might be in question.

We have seen in Benson's account how it is possible to conceptualize *composed* music on a continuum and in relation to improvisation. For Benson, with the exception of electronic music that is pre-recorded in a studio, the notion of the improvisatory is to be found in even the most fixed work and its attendant processes.³¹⁰ On the other hand, we have seen how for some performers and composers, particularly from the tradition of free improvisation that I have outlined, improvisation is a form of music-making, the sole purpose of which is for it *not* to be repeatable in the sense of composition.

The conception I have presented of clinical improvisation can be seen as encompassing this multifarious tradition of music, and I have shown how this diversity can be initially understood through revisiting the work of Paul Nordoff and Alfred Nieman. Through an examination of their approaches a new distinction can be made, as clinical improvisation emanating from Nordoff's approach can be understood in the

³⁰⁹ L. B. Brown, 'Do higher-order ontologies rest on a mistake?', p.177.

³¹⁰ Benson, *The improvisation of musical dialogue*, pp.26–30.

sense of improvisation, which ‘tends towards’ the idea of a musical work. This is improvisation that either arises out of, or forms the basis of, what may be identified as, or repeated as, a ‘musical work’. On the other hand, I have also indicated how clinical improvisation emanating from Nieman’s approach might be completely free and follow both the musical and interpersonal/emotional intuitiveness of the therapist’s understanding of the client, or group of clients.

Given the issues inherent in establishing a musical ontology/higher-order ontology outlined by Brown, together with his notion of improvisation in terms of a non-work ontology that emphasises the *activity* of the music-making, what kind of ontology will encompass clinical improvisation as a single concept?

In this chapter, I have shown the need for an account that can also incorporate a consideration of improvisation that tends towards a musical work or product, together with one that emphasizes process. I have also identified a further complexity in the need for clinical improvisation to be considered as a process in itself, whether or not the actual music is pre-composed or improvised. To this end, I have cited Bohlman’s multiple ontologies as a basis from which to describe and understand the musical diversity to be found within music therapy, where in Bohlman’s account the paradigms of process and product are incorporated as ‘conditions’ of the metaphysical/ontological routes he describes (*Figure 1*). That is to say, music does not exist singularly as process or product. Instead, as has been the overriding theme of this chapter, within the same music, in this case clinical improvisation, both paradigms may provide a perspective.

In Chapter Five, I will explore clinical improvisation in more detail, and in taking the model of Bohlman’s route we will find there is an ontological distinction to be made

within the music of music therapy itself. We will begin to establish that clinical improvisation is not one form of music for which there can be a single ontological understanding.

CHAPTER FIVE

Two Approaches: The ‘Aesthetic’ and the ‘Relational’ in Clinical Improvisation

Music assumes many different ontologies when it becomes one’s own.

PHILLIP BOHLMAN, 1999³¹¹

What is the difference between the two clinical improvisation approaches, psychodynamic and music-centred? We have now established an understanding of clinical improvisation as a diverse musical activity encompassing paradigms of process and product. We saw how this diversity of paradigm was common to both approaches.

In the previous two chapters, the nature of clinical improvisation was thus explored and considered in relation to art improvisation and as a phenomenon in its own right, together with some of the issues inherent in that exploration.

In the previous chapter, I revisited the historical beginnings of clinical improvisation and saw how a diverse musical aesthetic has developed in the music-making of contemporary music therapists, meaning the impetus that drives the ‘direction’ of the musical clinical decision-making is different in each approach. In one, the direction of the therapist’s musical clinical decision-making can be seen as ‘leading towards’ the notion of composition or ‘aesthetic wholeness’ (music-centred), and in the other the

³¹¹ Bohlman, ‘Ontologies of music’, p.19.

direction can be seen as leading towards the notion of freedom and spontaneity or ‘relationship’ (psychodynamic). I use the metaphor of ‘leading towards’ and the notion of ‘musical direction’ to account for the performative improvisational nature of the music of both approaches, music that may or may not sound radically different as dependent upon the two approaches. In this chapter, I move away from a specific consideration of the music in terms of influences and soundworld towards an examination of what the music therapist does and how they consider that same music. It will be seen that these two approaches are not simply two different perspectives of therapeutic practice in general, but that the music-making arising out of each approach occupies what can be seen as distinct ontological domains. What questions are necessary to gain access to these domains and how will the distinction be made? To this end, I revisit the work of Kania and Bohlman and demonstrate how, despite their different theories, their work enables us to pose questions of comparative ontology. Ultimately, in this chapter I reframe the central question posed by Kania and ask, ‘what is at the centre of each approach to clinical improvisation?’

Linking Two Accounts of Ontology

Thus far in this enquiry we have considered two different accounts of music ontology, those by Andrew Kania and Phillip Bohlman respectively.³¹² There is a sense in which each account originates from different theoretical traditions and disciplines, and in some respects they might be considered irreconcilable. However, as we have seen, both theorists provide important methodological perspectives on which to draw and as a way

³¹² Kania, ‘Making tracks’; Kania, ‘New waves’; Bohlman, ‘Ontologies of music’, pp.17–34.

to frame the central arguments of this enquiry. I shall briefly examine here the differences between these two theories of musical ontology and present the way in which they will be employed in the second half of the enquiry.

Kania's 'higher-order ontology' addresses the diversity to be found between different traditions of music-making and the 'growing interest' within analytical aesthetics to understand music outside of the Western musical canon.³¹³ He is concerned with establishing the ontology of specific traditions of music, put simply, on the grounds that different traditions of music raise different issues.

Bohlman's starting point is that there is no single ontological position to argue for from which a tradition of music might be understood. His aim is not to establish 'the' ontology of this or that 'music', as is the case with Kania's approach; instead he seeks to realize an account that metaphorically 'maps' some of the many 'routes' of meaning, routes that we may (or may not) be confronted with as we encounter, in his terms, the lived experience of music.³¹⁴

However, these two accounts not only assume different points of departure, they perform different functions. Kania's concern lies with the making of ontological distinctions, in particular in the service of providing a basis upon which to make appropriate value judgements. Bohlman is not concerned with making comparisons *between* different traditions of music; he is concerned with how 'the everyday *experiences* of music *yield* ontologies of music'.³¹⁵ Rather than being concerned with how ontology might deepen our understanding of music, as Kania presents his project,

³¹³ Kania, 'New waves', p.32.

³¹⁴ Bohlman, 'Ontologies of music', p.19.

³¹⁵ *Ibid.*

Bohlman's perspective can be expressed the other way round; he is concerned with how musical practice deepens an understanding of ontology.³¹⁶ Both, however, provide a kind of thematic analysis from which to view and investigate this or that musical form.

To summarize, therefore, both theorists ask different types of questions, both of which will serve to illuminate the core question of this enquiry, namely, what is the music of music therapy? Kania poses the question of *what* is at the centre of a form of music, or, after Theodore Gracyk, '*what* is the primary focus of critical attention?'³¹⁷ Bohlman poses the broader question of *where* does the ontology of, in this instance, *clinical* improvisation arise?³¹⁸

We can now reframe these two questions as follows: First, what, is at the centre of one approach to clinical improvisation to distinguish it from another approach? Second, where does this ontological distinction arise?

For the remainder of this chapter, I explore the first question: what is at the centre of clinical improvisation? I examine how this 'centre' varies across the two different approaches through a consideration of the musical forms and structures of clinical improvisation (*Figure 2*). In Part Three of the enquiry, I show how distinct ontological domains emerge in the music therapy literature, initially through a consideration of

³¹⁶ Kania, 'In defence of higher-order musical ontology', p.101. However, so as not to misrepresent Kania, it is worth noting that he is not immune to what, in a manner of speaking, philosophy can learn from music. He illustrates anecdotally how musical practice can inform ontology. He writes: 'Having had a rather sheltered musical upbringing, I had some sympathy with formalist arguments for the superiority of classical music over rock. Discovering that I might well have been listening *to the wrong thing* when appreciating rock music (a work performance rather than a constructed track) effected a kind of Copernican revolution in my experience of the music. Such an experience would arguably be valuable even if the theory underpinning it were wrong... its value is undeniable if the theory is correct.' p.101. [Italics in the original]

³¹⁷ Kania, 'Making tracks', pp.402–414; Gracyk, *Rhythm and noise*, p.x.

³¹⁸ Bohlman, 'Ontologies of music'.

emotion and meaning in clinical improvisation (Chapter Six) and finally, through a consideration of musical performance (Chapter Seven).

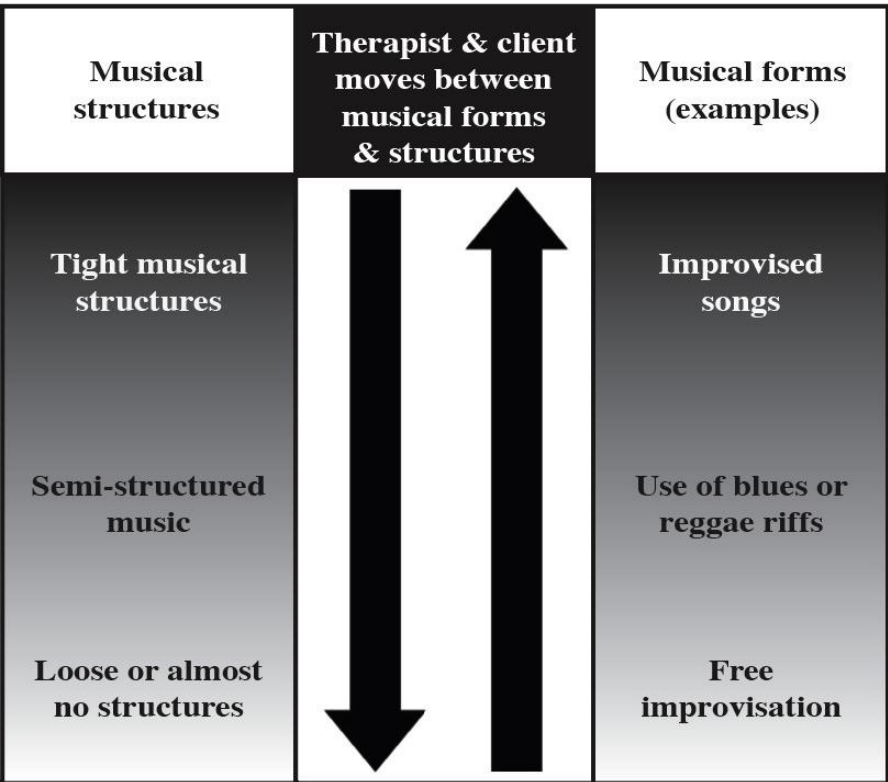


Figure 2: A Continuum of Musical Forms and Structures

A Continuum of Musical Forms and Structures

I now move away from thinking in terms of specific soundworlds and musical influences and towards the type of clinical musical decisions therapists make in their clinical work. This is because in recent years the diversity of approach is not necessarily accounted for by specific soundworlds. Indeed, to make a broad statement, as music has inevitably changed since the 1960s–1970s and the requirement that music therapists have a classical training has been relinquished, together with an increase in the digital availability and influences of non-Western music, so has the soundworld changed in music therapy. Within an individual music therapy session, the clinical improvisation might take many different characteristics. In the way that Bailey describes free improvisation in Chapter Two, the musical forms of clinical improvisation can be thought of as encompassing as many styles and influences as there are therapists.³¹⁹ There is no single music therapy sound. Instead, it can be best represented not in terms of a particular musical form, style or soundworld, but as a continuum (*Figure 2*) ranging from tightly defined musical structures to complete free improvisation.

As I have written about elsewhere, such a continuum indicates the potential contents of any single session or series of sessions with a group or individual.³²⁰ It is possible, for example, to work with a group and for some members to wish to sing or play pre-composed music, such as a ‘rock’ song, and others to improvise playing percussion instruments freely. The role of the therapist is to make decisions regarding what music might be played in any one moment. This is not simply a matter of *musical* choice, it is

³¹⁹ See: Bailey, *Improvisation: Its nature and practice in music*, p.83.

³²⁰ Darnley-Smith and Patey, *Music therapy*, pp.79–85.

also a therapeutic choice. Whilst the therapist effectively decides which musical direction to take in any one moment, the decision is also based upon the felt relationship with the client. In a group setting, the therapist will be making a combination of musical/interpersonal decisions instantaneously when deciding for instance whose music to follow. They might follow the (tonal) harmonious singing of one client, or the chaotic piano playing of another, and at the same time find a way to play so to make sense of both. Furthermore, the continuum (*Figure 2*) provides a way of considering the variety of musical forms within a music therapy session by placing an emphasis upon musical structure. Some clients at any one time might have a greater or lesser need for musical 'help'. This can be reflected through the amount of structure the therapist decides to give to the music. The continuum (*Figure 2*) may also chart some examples of therapeutic process; for some clients, gradually becoming able to 'tolerate' a musical freedom where they take the major portion of responsibility for the musical ideas might indicate one kind of progress towards health. On the other hand, for another client to be able to tolerate the structured music-making or singing/playing a known song, where previously they were unable to take part except in a chaotic and highly individual way, indicates another kind of progress.

In all, the continuum (*Figure 2*) can be seen to represent the musical territory of clinical improvisation that is indeed valid for both approaches. I will now examine the type of thinking within psychodynamic music therapy practice that I am specifying in terms of 'the relational'. This will begin to establish a basis for making an ontological distinction between the two approaches, a distinction that will continue into the following section of this chapter where I will examine the idea of 'aesthetic wholeness'

as being ‘at the centre’ of music-centred music therapy.

The ‘Relational’ in Psychodynamic Clinical Improvisation: The Thinking of the Therapist

How each music therapist thinks about the musical dilemmas that arise in clinical work can indicate much about their individual approach. I have written elsewhere about the dilemmas music therapists sometimes face where a client’s preferred music is composed music they already know.³²¹ For such clients, free improvisation can seem like a strange activity, more like making noise than making music. However, in contrast, to make familiar music in a session is not necessarily a positive experience. To make music that is already known, usually in the form of a song, can sometimes feel restrictive. For example, the sense of the music being ‘right’ or ‘wrong’ can creep in, and indeed sometimes clients can express concern about their perceived lack of ‘musical skill’. The therapist, as suggested above, has to make ‘dynamic’ decisions in relation to individual and/or group members as to the extent of musical structure (or known musical product) and the extent of musical freedom. Within a music therapy session, there are two parallel forms of improvisation taking place. On the one hand, there is the musical activity, which may be to a greater or lesser extent improvised and free. On the other hand, there is the improvisation that takes place in the music and in the thinking of the therapist.

³²¹ Darnley-Smith, ‘Music therapy’.

The Psychodynamic Approach and ‘Unconscious Relating’

The Jungian analyst and music therapist Averil Williams has described clinical improvisation in terms of a kind of ‘acoustic dreaming’, the ‘dreaming’ that in psychoanalytic terms is understood as derived from our unconscious whether we are awake or asleep.³²² Taking this understanding further, like our ordinary dreaming, the improvised music in therapy often finds its own form over the course of a session. By definition, the content, outcome or length of an improvisation cannot be predicted; it may end gradually or suddenly, it may feel full of life and feeling or it may feel empty and flat. To each individual the music may feel ‘expressive’ and full of meaning, and some clients may want to talk about it. Alternatively, they may feel disconnected from it, or may they *want* to disconnect from it, preferring to forget about it altogether. The task of the therapist, then, is to facilitate this ‘acoustic dreaming’ in such a way that feels meaningful and safe for the client. Such an understanding as outlined here suggests a psychodynamic approach to the work, whereby this highly intuitive aspect of the therapist’s skill necessitates a particular ‘attunement’ in the therapist to their *own* unconscious world, and to the unconscious inter-subjective relating that is taking place between them and their clients. In psychoanalysis, this relating is understood in terms of transference and countertransference.

Transference is ‘the process by which a patient displaces on to his analyst feelings, ideas ... which derive from previous figures in his life ... by which he relates to his

³²² Averil Williams, Personal Communication, (1999).

analyst as though he were some former [significant person] in his life'.³²³ The concept originally developed out of Freud's realization that his patients were 'resistant' to the interpretations he made of their thoughts and feelings. However motivated or intelligent his patients were, they seemed to develop an attitude towards him which could only be likened to falling in love (erotic transference) or the converse, a 'hostile' withholding of themselves (negative transference). Freud realised that such feelings constituted 'a repetition' of an earlier relationship and as such were the 'best tool, by whose help the most secret compartments of mental life ... [could] be opened'.³²⁴

Countertransference refers to the analyst's 'emotional attitude towards (the) patient'.³²⁵ The concept, whilst known to Freud, is generally regarded as being first formulated by Paula Heimann, who described it as 'an instrument of research into the patient's unconscious' and explicitly used the term to 'cover all the feelings which the analyst experiences towards his patient'.³²⁶ Heimann stressed that [psychoanalysis] 'is a *relationship* between two persons' and for this reason the therapist's own analysis was crucial. [Italics in original]³²⁷ She qualified this statement by explaining that 'the aim of the analyst's own analysis, from this point of view, is not to turn him into a mechanical brain which can produce interpretations on the basis of a purely intellectual procedure,

³²³ C. Rycroft, *A critical dictionary of psychoanalysis* (Harmondsworth, Middlesex: Penguin Books, 1968), p.168.

³²⁴ 'Transference', 1917, trans. J. Strachey, in J. Strachey and A. Richards (eds.), *Introductory lectures on psychoanalysis, 1916–1917* (Harmondsworth, Middlesex: Penguin Freud Library, 1991), p.496. See also: P. Gay, *Freud: A life for our time* (New York and London: W. W. Norton and Co., 1988), pp.300–301.

³²⁵ Rycroft, *A critical dictionary of psychoanalysis*, p.25.

³²⁶ P. Heimann, 'On countertransference', in M. Tonnesman (ed.), *Collected papers 1942-80* (London: Routledge/Tavistock, 1989), pp.73–79.

³²⁷ *Ibid.*, p.74.

but to enable him to *sustain* the feelings which are stirred in him, as opposed to discharging them (as does the patient), in order to *subordinate* them to the analytic task in which he functions as the patient's mirror reflection'. [Italics in original]³²⁸ To achieve this, for Heimann, the analyst needed 'a freely aroused emotional sensibility so as to follow the patient's emotional movements and unconscious phantasies'.³²⁹ It was not enough to listen freely to the patient to gain access to their unconscious world; the analyst had also to engage on an emotional level, to be able to use their experience of feelings in relation to the patient. The analyst's feelings are understood here as a significant pointer to the patient's unconscious processes and as a guide towards a fuller understanding of the psychodynamics of the therapeutic relationship.

Psychodynamic music therapy has absorbed the concept of transference and countertransference to the extent that as unconscious processes of relating they can be said to manifest in music also. Helen Odell-Miller writes of the intense experience of 'here and now' provided in a music therapy session where 'interactions are played out often within improvisations'. Her definition of *musical* countertransference is where:

As the therapist you realise that you are playing in a certain way in response to the patient, which previously you had been unaware (or unconscious) of. You then are able subsequently to make use of this musical experience. This would be by consciously altering your musical style; and/or after the music has finished, making a verbal interpretation during discussion. This interpretation helps the patient understand how they may have influenced your response.³³⁰

Elaine Streeter provides a detailed musical analysis of two improvisations with a patient as a way of analysing the emerging process of the transference. Of one improvisation

³²⁸ *Ibid.*

³²⁹ *Ibid.*, p.75.

³³⁰ Odell-Miller, 'Music therapy and its relationship to psychoanalysis'.

she writes the following: ‘By the time the therapist pianist realized she had taken the lead ... the client’s input had become a shadow in the background, then the music stopped. An obstacle appeared to have been put in the way of the life of this music. It had lost direction. There was an awkward pause.’³³¹ For the therapist, the question arises here of what is the felt quality of this shared music-making? Such a question is based upon an understanding, expressed in the work of both Streeter and Odell-Miller, that manifested through the experience of making the music are the interpersonal dynamics of conscious and unconscious between client and therapist.

Not surprisingly, similarly to the psychoanalytic traditions of verbal psychotherapy, within psychodynamic music therapy the music therapist is also required to undergo their own therapy to learn about their own emotional life as experienced within therapeutic work through the phenomena of transference and countertransference.³³² Furthermore, as indicated within psychoanalysis, it is not enough simply to listen and respond to the client in the music-making. There needs to be an emotional reciprocity on the part of the therapist also.

The musical decision-making that I am describing as central to the task of clinical improvisation in the psychodynamic approach, therefore, entails an emotional involvement with the client through the joint processes of the music and emotional *thinking* of the therapist. This process, I want to emphasize, is *also* a type of

³³¹ E. Streeter, ‘Definition and use of the musical transference relationship’, in T. Wigram and J. De Backer (eds.), *Clinical applications of music therapy in psychiatry* (London: Jessica Kingsley Publishers, 1999), p.93.

³³² A period of personal therapy is a requirement for the completion of all arts therapies trainings validated by the Health and Care Professions Council. See: <http://www.hpc-uk.org> and fn.18 in Chapter One. Whether or not this is further required to be specifically *psychodynamic* psychotherapy, as described in this section, is a choice made by individual training programmes.

improvisation, albeit a non-musical improvisation. The music therapist and client(s) may begin a music therapy session from week to week without knowing what music will be played, or the extent to which it will be improvised or not improvised. They may not know whether they will be freely making sounds, creating songs or playing/singing composed musical material that has been heard and/or played before, or a mixture of all of these.

We have now seen that at the 'centre' of the psychodynamic approach is the notion of unconscious relating in music. This notion of relating is what drives the aesthetic direction of the music-making involving the therapist's thinking, listening and their emotional experience of the client in the room. Therefore, decisions about the direction the music-making takes, for example to vary a motif or not to vary a motif, are informed by relational concerns. For example, the therapist might play very quietly without variation, and for long periods, in response to a silent client. The moment when the therapist decides that it is time for the music to stop is not determined by an intuitive sense of musical balance, for example, but by the needs of the client. That is to say, the therapist foregrounds in the improvisation the relational concerns of the therapy rather than the aesthetic concerns of the therapist as musician. In the next section of the chapter, I am going to contrast the notion of the relational as being at the centre of clinical improvisation in the psychodynamic approach with the notion of 'aesthetic wholeness' as being at the centre of clinical improvisation in the music-centred approach.

The Music-Centred Approach and ‘Aesthetic Wholeness’

The core question of this enquiry, as we have already seen, is ontological in nature. Of key importance is the distinction to be made between the two approaches, a distinction that can illuminate many aspects of ontology. Throughout the enquiry, I consider this distinction in terms of the way the ‘nature’ of music appears to be understood within the context of the practice of music therapy. In Chapter Three, I described the problem at the heart of this enquiry, that the nature of clinical improvisation was ambiguous. I then outlined what I described as a pre-theoretical intuition based upon experiences of improvising with professional music therapy colleagues. This intuition contained the notion that there was a distinction to be made between clinical improvisation and art improvisation. In Brown and Pavlicevic, we saw that amongst their own music therapy colleagues there was a ‘continuum of views’ about clinical improvisation, ranging from the clinical-musical relationship considered as different to a purely musical one, to it being the same.³³³

In this section, I will examine some of the ways in which it is apparent that the music of music-centred music therapy, as manifested in clinical improvisation, is understood as no different to the music of other forms of music-making; that is to say, art improvisation. We will see how this idea transpires in the work of Gary Ansdell, and then how a technique for musical analysis, in the work of Colin Lee, raises the question of how can we understand the music of therapy simply through considering it as music? I will then refer to the work of the American music therapist Kenneth Aigen, whose

³³³ Brown and Pavlicevic, ‘Clinical improvisation in creative music therapy’.

notion of there being ‘continuity’ between clinical improvisation in music therapy and improvisation in art elucidates the perspective of a unified concept of music. Finally, I will consider the work of therapists for whom ‘aesthetic wholeness’ is at the centre of a music-centred approach to clinical improvisation. This prepares the way for Chapter Six, where we will see the way in which the distinction between the aesthetic and the relational can be further examined through Hanslick’s formalist theory of music and emotion.

Music as a Unified Concept in Music-Centred Music Therapy

Whilst there is a constant search within music therapy for a theory that will make sense of music-making as a therapeutic activity, whether it be a form of music-centred or psychodynamic practice, it is striking from a consideration of the music therapy literature how little enquiry there is that is specifically concerned with the nature of the music itself.³³⁴ This is exemplified throughout the literature of music therapy, not only in the UK but also worldwide, as practitioners have sought to develop accounts of the work, accounts that tend to emphasize either the therapeutic relationship as being of central importance or the music itself as a medium.³³⁵

Leslie Bunt presents this distinction as existing along a continuum whereby ‘each therapist’s position ... is influenced by training, personal philosophy, and therapeutic

³³⁴ The music therapy literature concerned with the nature of clinical improvisation, or other models of improvisational music therapy.

³³⁵ L. Bunt, ‘Clinical and therapeutic uses of music’, in D. J. Hargreaves and A. C. North (eds.), *The social psychology of music* (Oxford: Oxford University Press, 1997), p.251.

orientation'.³³⁶ However, significantly, Bunt's continuum can be seen as based upon the assumption of a single understanding of the nature of music at work within the practice of clinical improvisation. Is this because, unlike, say, fine artists, who constantly question the nature of their practice, music therapists tend to be musicians for whom the nature of the music itself is not considered important, and can be taken as read?

Indeed, music therapist Brynjulf Stige demonstrates how the notion of 'music' tends to lie unexamined. Discussing the work of Gary Ansdell, Stige comments, 'when ... [Ansdell] uses concepts such as "the fact of the musical experience", and argues that music therapy works the way music works [sic] ... [Ansdell] seems to presuppose that music is one thing'.³³⁷

Stige is identifying an assumption within the literature whereby it is taken as read that, in itself, 'the music' is self-explanatory; no further investigation is needed. Instead, however, there is a different type of exploration of the music in music therapy prevalent within the literature. This exploration is concerned with the perceived neglect of the consideration of 'the music' as an art form in clinical practice, the specifically musical product or process as opposed to the specifically therapeutic concerns of, for instance, a particular case study.

To some extent, this view is at the heart of a critique of music-centred approaches of psychodynamic thinking in the music therapy relationship. Where can such a belief be seen to operate? I will now look at the work of two authors, Gary Ansdell and Colin Lee, as both have considered the music of music therapy from the perspective of musicology.

³³⁶ *Ibid.*

³³⁷ Stige, 'Perspectives on meaning in music therapy'.

Musicology: Putting Music at the Centre of Clinical Improvisation

Ansdell questions the absence of musicology in the music therapy literature. He writes:

I ... find it odd (and possibly worrying) that one can search in vain through much of the music therapy literature for reference to (let alone use of) the latest ideas and theories of musicologists. Equally, in music therapists' presentations it is rare that speakers include any *critical thought about music itself* as part of their theoretical elaborations of clinical work ... What if speech therapists were to exclude linguistics, or physiotherapists anatomy, from their list of foundational or interdisciplinary fields? [Italics in original]³³⁸

Ansdell's rhetorical question suggests that knowledge of music therapy can be grounded in the literature of 'musicology' in the way that physiotherapy or speech therapy can be grounded respectively in anatomy or linguistics. In keeping with this analogy, it might be more accurate to say that musicology can deepen knowledge of the *medium* of treatment in music therapy rather than the body of knowledge that is concerned with what is being *treated*. For example, in relation to music as a therapeutic treatment, music psychology would seem to be a more fundamental discipline than musicology, and developmental psychology and abnormal psychopathology still more fundamental.

On the one hand, whilst speech therapy treats communication, and physiotherapy treats movement, the question is raised of whether music therapy treats music. This almost sounds nonsensical, but later in this chapter this very idea will be seen to have been incorporated into the project of some recent music-centred music therapists.³³⁹ On the other hand, Ansdell's analogy with physiotherapy and speech therapy demonstrates his own position with regard to the role of specific musical knowledge as fundamental to

³³⁸ G. Ansdell, 'Musical elaborations, what has the new musicology to say to music therapy?', *British Journal of Music Therapy* 11, No.2 (1997), p.36–44. Ansdell explains in a footnote to this section that for the purpose of writing about music therapy, he is defining musicology as 'any variety of *critical thought about music itself*'. [Italics in original] See: Ansdell, *ibid.*, fn.1, p.36.

³³⁹ B. Abrams, 'Understanding music as a temporal-aesthetic way of being: Implications for a general theory of music therapy', *The Arts in Psychotherapy* 38 (2011), 114–119.

the practically orientated discipline of music therapy.

What does Ansdell mean by his well-known assertion, cited by Stige, that ‘music therapy works in the way music itself works, and “its results” are essentially of the same kind as music achieves for all of us’?³⁴⁰ Here, Ansdell is building an account of music-centred music therapy. In keeping with Stige’s analysis, for Ansdell there is in relation to music therapy one kind of music. Whilst Ansdell does not discuss this in terms of an *ontological* position, he does provide some clarification. He writes that ‘most therapists would rather have ... [clinical improvisation] seen as a special form of music-making than a musical form of clinical therapy, answerable to another system’.³⁴¹ The music in therapy, which Ansdell refers to, is the same music without any distinction, ontological or otherwise, which occurs outside of music therapy. This music, furthermore, is the same as *us*, [as human beings] as ‘like to like’.³⁴² Ansdell explains: ‘We make and experience music because we have bodies which have pulses and tone, tensions and resolutions, phrasing of actions, bursts of intensity, repetitions and developments.’³⁴³

This concept of music as derived from the bodily self is illustrated in a case study. He describes a ‘drop-in’ group, which took place as part of a counselling service in the crypt of a church in central London, and explains how he carried out his work:

I gave a simple instruction to the whole group every time a new person joined – that listening was as, if not more important than playing, and that you did not need to play all the time. I also said that

³⁴⁰ Ansdell, *Music for life*, p.5.

³⁴¹ *Ibid.* Ansdell is referring here to ‘another system’ of non-music therapy that might inform music therapy, such as psychoanalysis.

³⁴² *Ibid.*, p.8

³⁴³ *Ibid.*

we were building the music together – that it was less a chance for ‘self-expression’ in the way we tend to think of this, but to imagine that music was almost *playing us*. [Italics added]³⁴⁴

Ansdell’s focus in this work is the music itself, never an interpretation of musical meaning. Any discussion about the improvisations within these sessions was directed to the *features* of the music that emerged.³⁴⁵ This illustrates how for Ansdell the music itself is healing, as the act of a group listening to each other in the creation of an improvisation in itself enables a sense of feeling accepted and valued.

The Problem of Musical Analysis as Therapeutic Analysis

The work of Colin Lee, who like Ansdell trained with Clive Robbins, provides another example from the perspective of musicology as a ‘unified concept of music’ emerging from his consideration of clinical improvisation. In this instance, Lee has examined the possibilities afforded by the transcription and musical analysis of clinical improvisation. He compares, for example, ‘the musical and therapeutic elements of a composition by Lutoslawski with a piece of therapeutic improvisation by a client from the London Lighthouse’. He writes: ‘Many questions came to the fore, not least the realisation that if through this small study so many questions could be raised about both music and therapy, then there must be that much more to be learnt from studies of, say, a late Beethoven string quartet or a Mozart symphony.’³⁴⁶

³⁴⁴ *Ibid.*, p.148.

³⁴⁵ *Ibid.*, pp.152–153.

³⁴⁶ C. Lee, ‘Forward: Endings’, *Journal of British Music Therapy* 5, No. 1 (1991), p. 3.

Whilst Lee does not specify what he means in his reference to the ‘therapeutic elements of a composition by Lutoslawski’, his supposition that there is ‘much more to be learnt’ about clinical improvisation from the music, for instance, of Mozart or Beethoven, is pivotal to this enquiry as a whole. The question is raised, however, of on what basis is it possible to learn about the music of music therapy from the autonomous nature of Western art music?

The assumption of a unified concept of music that is central to this section of the chapter can be identified here. To understand Lee’s question is to realize that his conception of the music of music therapy is that it is no different to art music. To use Bohlman’s metaphor, Lee is working from an assumption that the two kinds of music-making, ‘musical’ and ‘therapeutic’, are on the same ontological routes, traversing the same territory.

From the musical scores of Beethoven or Mozart, therefore, it is possible to learn about the ‘compositional’ processes that emerge in music therapy, in the same way that a composer might learn through musical analysis. For Lee, therefore, there is no separation to be made between the therapeutic process of music therapy and the compositional process of art music; they are one and the same.

A further question is raised, however, namely what has it been possible for Lee to learn about (using his terms) ‘therapeutic composition’ from a study of ‘musical composition?’ On one level, the matter is simply one of expanding the tonal range and soundworld of his personal method of clinical improvisation. Lee writes about how he undertook this as he might as a composer:

The large majority of [Nordoff-Robbins] music therapy improvisation is tonally based ... I [have] tackled this by applying the techniques of acquiring musical resources suggested by Nordoff and Robbins ... to present-day composers. In adapting this approach to the music of such composers as Boulez and Birtwistle, and through practice and experience in sessions, my feeling for a balance between tonality and atonality began to develop.³⁴⁷

Lee takes this perspective further through his development of a procedure for the transcription and analysis of the musical contents of sessions.³⁴⁸ He justifies his approach in the following terms:

The justification for such a partial analysis of the work with the same individual was that it permitted me to compare two strongly contrasting improvisations from different sessions ... While it is not my intention to draw in depth [sic] subjective conclusions or parallels, many value judgements with regard to the growth of therapeutic process through analysis, were deduced.³⁴⁹

Lee's analysis of this piece of clinical work as evidenced here is detailed and meticulous. However, it is hard to draw the meaning from it that Lee intends, beyond that of a useful description of the musical contents of a session. For example, he comments upon a particular passage from a session:

In examining the rhythmic interplay we see subtle nuances with regard to the musical dialogue. In bar 49 S [the client] again takes the accompanying role but in bar 50 he imposes a definite triplet rhythmic motive, regardless of the therapist's musical content which remains in duple time. This shows an advanced stage in the therapeutic relationship where both parties are able to be mutually responsive whilst strongly defending their own musical predispositions.³⁵⁰

Whilst Lee is commenting upon the specifically musical material from this moment in a session, it is not possible to learn anything new about the therapy from the analytic

³⁴⁷ Lee, *Music at the edge*, p.21.

³⁴⁸ Lee, 'Structural analysis of post-tonal therapeutic improvisatory music', p.7..

³⁴⁹ *Ibid.*

³⁵⁰ *Ibid.*, p.8.

procedure employed. The musical analysis, whilst highlighting occurrences and the repeats of those occurrences, in and of itself demands interpretation from the perspective of the therapeutic context for meaning to be construed. Indeed, even where Lee is most technical, for example in his pitch analysis of another section of improvisation through ‘integer notation’, beyond a detailed description his conclusion is made through an interpretation of the therapeutic parallels to be found in the music rather than building specific musical meaning. However, he is obviously aware of this issue, writing that ‘it could be argued that this form of analysis is too detailed to be effective in identifying therapeutic parallels. What it does elucidate is the complex, possibly subconscious, musical correlations of tones that in essence go into the construction and timbre of a particular juncture within the improvisation.’³⁵¹

There is a further problem with Lee’s approach. This is with regard to the *intention* of the client in improvising to make a ‘piece’ of music that is musically coherent in the same way as a composer will presumably intend a piece of composed music to be, specifically the type of Western classical music Lee refers to. If Lee finds correlations between pitches, for example, the question is raised of whether it is meaningful to understand such a correlation as part of an intended musical ‘scheme’ as though it was intentionally crafted by a composer. An improviser might repeat a motive, for example, consciously or unconsciously, but is it relevant to give *musical* meaning to such repetition in the way this might be understood when, for example, analysing the musical score of chamber work? Indeed, it is interesting the way in which Lee, in transcribing sessions, is also creating a score, complete with bar lines and indeed bar numbers. The

³⁵¹ *Ibid.*, p.9.

process of such transcription could be viewed as analogous to a type of wresting of ‘music’ out of ‘nature’.

Bohlman writes of the way in which music can become a metaphor for nature, ‘when bird-song is perceived as naturally melodic, and then is represented by a singer or composer (such as Olivier Messiaen in his *Catalogue d’Oiseaux*) as a melody itself ... the naturalness in music, originally raw, becomes cooked, for its substance is altered to situate it human society’.³⁵² If a clinical improvisation can be considered as ‘natural’, then it is as though the ‘raw’ improvisation has been ‘cooked’ and transformed into a musical ‘product’, altogether different it can be presumed from its origin as spontaneous music-making.³⁵³

Lee is evidently prepared for such an observation, and he concludes this particular study by commenting that the elemental content of the clinical improvisation may resemble the content of composed music:

Analysis of musical content within therapeutic improvisation demonstrates that the improvised moment, however chaotic it may at first appear, can have a consonant structure in exactly the same way as a premeditated composition. An improvisation survives and exists for as long as it occurs, whereas a composed piece of music has been crafted and designed to a preconceived level by its creator. Perhaps the differences are not so great as they would at first appear; both have an underlying unity of conception. ... A music therapist may have no wish to pose as a composer and vice versa, but if what both are creating can be shown to be subject to the same structural considerations and inner relationships, then such analytic insights as these should be fundamental in the furtherance of music therapy.³⁵⁴

³⁵² Bohlman, ‘Ontologies of music’, pp.23–24. Bohlman is citing this rich concept of ‘raw and cooked’ from Claude Lévi-Strauss.

³⁵³ *Ibid.*, p.24.

³⁵⁴ Lee, ‘Structural analysis of post-tonal therapeutic improvisatory music’, p.11. It is important to note that Lee’s presentation of musical scores in publications and at conferences has always been from the perspective of an ongoing exploration of some of the questions raised here with regard to the transcription and musical analysis of clinical improvisation. See C. Lee, ‘Lonely waters’, in C. Lee (ed.), *Proceedings of the International Conference Music Therapy in Palliative Care* (Oxford: Sobell Publications, 1994), pp.201–238.

For Lee, therefore, because the music of music therapy, clinical improvisation and the music of art improvisation and composition share common elements, such as pitches, rhythms, harmony and motivic structure, clinical improvisation can be subject to the same kind of analysis as art improvisation.³⁵⁵

However, it is not ultimately clear what musical insights are possible through this method beyond insights gained from description, such as literally being able to see the client's musical material in relation to the therapist's set out on paper. Indeed, this method can be seen as tending to foreground the musical object away from the context within which it has arisen, For example, as Epp writes, 'emotional content in music cannot be satisfactorily derived by studying the music in isolation – the isolated musical structure *or* [furthermore] the isolated space of the music therapy room'. [Italics in original]³⁵⁶ It can be argued, however, that elements of description that are relevant to composed music, for example the harmonic relationships within a piece, may not be relevant to freely improvised music to the extent that Lee is claiming. There is a distinction to be made between analysing music that is *intended* by a composer to be in a certain form, and music that simply emerges 'as such' spontaneously within the context of therapy. This returns us to the distinction, made in Chapter Four, between music as product or musical work, and music as a process or activity. Through transcription, however, in capturing the performative origin of a clinical improvisation in this way Lee is exploring the idea of a clinical improvisation as precursory to a musical work. Furthermore, this is a clinical

³⁵⁵ *Ibid.*, p.7.

³⁵⁶ Epp, 'Locating the autonomous voice'.

improvisation that not only can be returned to for analysis (and listened back to via recording), but, as we saw in Chapter Three, can subsequently be ‘arranged’ and performed in public.³⁵⁷ Indeed, in an earlier article he writes of how analysis is ‘a method enabling musicians the opportunity to investigate improvised music both as a product of therapeutic growth and also as a piece of art in its own right’.³⁵⁸

Most importantly for Lee, and indeed for Ansdell, there is no distinction to be made between the processes involved in the clinical improvisation in music therapy and the processes involved in improvisation/composition for its own sake.

Diverse Intuitions

In this section, I have shown how Ansdell and Lee place emphasis upon the music as an isolated phenomenon within the therapy. For these two music therapists the *musical object* arising out of clinical improvisation is of prime importance over and above an interpretation of the client and therapist’s experience of that same music. On the one hand, therefore, within the psychodynamic approach described earlier in this chapter it could be seen that the therapist’s understanding of the relational experience of the music was at the centre of clinical improvisation; it was the relational experience that drove the therapist’s clinical musical decision-making. On the other hand, for the music-centred approach, it is now clear that the musical aesthetic object is at the centre of, and drives, clinical improvisation.

I have also shown in this section how the emphasis placed upon the musical aesthetic

³⁵⁷ See Chapter Three, p.135-6, fn.289.

³⁵⁸ Lee, ‘Structural analysis of therapeutic improvisatory music’, p.18.

object of clinical improvisation arises out of an intuition that is contrary to the intuition that forms the basis for this enquiry. Whilst my own pre-theoretical intuition, as researcher, contains the notion that there is a distinction to be made between clinical improvisation and art improvisation, the music-centred approach, as expressed in the work of Ansdell and Lee, is based upon the intuition that there is no distinction to be made. In this section, I have highlighted one problem with assuming this notion of the nature of the music of music therapy when undertaking a purely musical analysis of clinical improvisation. However, whilst a musical analysis can describe and analyse the purely musical elements of a clinical improvisation, it is not clear from Lee's account if there is any further understanding to be gained regarding the therapeutic elements.

How is it possible to understand this intuition that there is no distinction to be made between clinical improvisation and art improvisation? Furthermore, how is it possible to understand the notion of 'aesthetic wholeness' as being at the centre of music-centred music therapy? I will now turn to these two questions question through an examination of the work of Aigen.

Ken Aigen and the Notion of Continuity

Ken Aigen, writing from a music-centred perspective and in common with Ansdell and Lee, asserts the notion that there is no distinction to be made between clinical improvisation and art. He writes extensively of his 'belief that rests on the... fundamental notion that musical experiences in clinical contexts can be continuous with non-clinical musical experiences'.³⁵⁹ In stating this position, Aigen refers to a wider debate within the

³⁵⁹ Aigen, 'In defense of beauty', p.112. .

aesthetics of music regarding a distinction between the ‘fine and useful arts’.³⁶⁰ In particular, he grounds his perspective in the theory developed by American pragmatist philosopher John Dewey, in his work *Art as Experience*.³⁶¹ Aigen demonstrates how Dewey sets out to critique theories of art that ‘start from a readymade compartmentalization, or from a conception of art that “spiritualizes” it out of connection with the objects of concrete experience’.³⁶² That is to say, the notion of art for art’s sake is based upon an assumption that the artwork is separate from ‘common experience’. Put simply, for Dewey, the experience of art is synonymous with the artwork itself, and he ‘discusses not the form of the work of art but the form of the experience’.³⁶³ This is to the extent that ‘Dewey has no need to account for the art-object, because the end of art is fulfilment in experience, not the production of ad hoc objects’.³⁶⁴ Aigen links Dewey’s project to his own theoretical project as a music therapist, which is to understand ‘the connection between aesthetic experience’ and what he sees as ‘the common goals of therapy’.³⁶⁵ Aigen writes: ‘In setting out to create an aesthetic theory ... [Dewey] has formulated his purpose in remarkably similar terms: “This task is to restore continuity between the refined and intensified forms of experience that are works of art and the everyday events, doings, and sufferings that ... constitute experience.”’³⁶⁶ This notion of

³⁶⁰ K. Aigen, ‘An aesthetic foundation of clinical theory: An underlying basis of creative music therapy’, in C. B. Kenny (ed.), *Listening, playing, creating: Essays on the power of sound* (Albany, New York: State University of New York Press, 1995), p.238.

³⁶¹ J. Dewey, *Art as experience* (New York: Perigree, 1934/1980).

³⁶² *Ibid.*, p.10.

³⁶³ D. B. Kuspit, ‘Dewey’s critique of art for art’s sake’, *Journal of Aesthetics and Art Criticism* 27, No.1 (Autumn 1968), p.96.

³⁶⁴ *Ibid.*

³⁶⁵ Aigen, ‘An aesthetic foundation of clinical theory’, p.237.

³⁶⁶ *Ibid.*

‘continuity’ is the basis upon which Aigen argues for a unified concept of music in clinical improvisation. In doing this, he is arguing for the centrality of aesthetic considerations in the music of music therapy, both in terms of what makes a good clinical improvisation and the client’s experience of the music per se. Aigen is addressing approaches to music therapy for which, as we have already seen, considerations of aesthetics may be less important. He writes: ‘Some traditional clinical theories maintain that music is a “mere” de facto means, by not addressing their aesthetic component.’³⁶⁷ Indeed, he distinguishes his own approach from an approach whereby ‘aesthetic considerations are at best tolerated and at worst thought to be counter to the clinical value of such musical-emotional expressions because artistic goals are considered to be fundamentally different from clinical goals’.³⁶⁸ Instead, for Aigen, artistic and therapeutic goals are one. How is this version of music-centred music therapy conceived? Aigen incorporates Dewey’s notion of art being a unity of ‘means and end’ rather than either for a purpose or not for a purpose. He writes:

In music therapy, we can see this unity of means and ends when we adopt a dynamic conception of the purpose of clinical process. Client outcome is not a static state of being achieved at the end of therapy, but is instead something that unfolds within the clinical process itself ... music therapy treatment, unlike medication or other medical procedure, is not something offered or engaged in as a means towards some completely autonomous end. Instead, facilitating the ability of clients to *live in the music* is simultaneously the means and goal of ... [Nordoff-Robbins] Music Therapy. [Italics in original]³⁶⁹

How does this view manifest in music therapy practice? Aigen makes a link between aesthetic values in art and the kinds of needs that clients bring to therapy:

³⁶⁷ *Ibid.*, p.239.

³⁶⁸ Aigen, ‘In defense of beauty’, p.115.

³⁶⁹ Aigen, ‘An aesthetic foundation of clinical theory’, p.239.

Consider how music therapists strive to establish greater personality integration for clients, provide a sense of meaning and wholeness in their lives, and seek to create a sense of unity in therapy groups to facilitate personal expression and group process. In all of these ways, we can see how aesthetic experience is a vehicle for providing what is often lacking in the lives of clients.³⁷⁰

Aigen identifies a parallel between aesthetic values of integration, wholeness and unity, and the need people have for therapy where these values are damaged or lacking in their lives, and conceptually integrates the two. In doing this, he also makes a link with the aesthetic in nature, or ‘the beautiful’ in a human being.

Conclusion

In this chapter, we have seen how the two music therapy approaches can be compared through distinguishing between the ‘direction’ of the improvisation. I have characterized these two contrasting directions as ‘tending towards’ the ‘aesthetic’ and the ‘relational’. To demonstrate the multifarious and fluid nature of clinical improvisation, one that moves between paradigms of process and product, I have encapsulated the musical forms of clinical improvisation on a continuum (*Figure 2*), which emphasizes the pre-composed structure, or absence of structure, present in the music at any one time.

We can now see that a distinction can be made between psychodynamic music therapy and music-centred music therapy in terms of, on the one hand, the relational direction taken by psychodynamic music therapists and, on the other hand, the aesthetic direction towards ‘aesthetic wholeness’ taken by music-centred music therapists. Furthermore, we have seen how the musical direction taken by psychodynamic music therapists presupposes that the music of music therapy constitutes a distinct ontology of

³⁷⁰ Aigen, ‘In defense of beauty’, p.125.

improvisation. As we saw in Chapter Four, the music-making in a music therapy session might move away from the aesthetic concerns to be found in music-centred music-making and towards relational concerns, sometimes at the expense of a conventional aesthetic of perfection and more in keeping with an aesthetic of imperfection, as described by Hamilton.³⁷¹ Indeed, at one extreme, there is the possibility that the music of music therapy, through the therapist's focus solely upon the 'relational', may not seem 'musical' at all. To illustrate the interpersonal nature of 'the relational' in clinical improvisation, I have outlined the therapist's emotional thinking in terms of psychodynamics, namely the psychoanalytic concepts of transference and countertransference.

I have also considered the music-centred approach in relation to the presupposition that between clinical improvisation and art improvisation there is a unified concept of music. There is no distinction to be made between the music of music therapy and music made elsewhere; music is one thing, or constitutes a single ontology.

A fundamental distinction between the two approaches, therefore, can be seen to lie first in what I have called 'the direction' of the therapist's music, and second in the implied conceptual understanding of the music as either 'the same' or 'different' to art music. Where do these distinctions arise? I will address this question in the final part of the enquiry and explore two areas as a way to highlight an ontological distinction to be made between the clinical improvisation practice of the two approaches. First, in Chapter Six, I explore a distinction between the two approaches whereby the musical therapeutic *effect* is deemed to occur in the relationship between therapist and client, or

³⁷¹ See: Chapter Four, pp.141-3 and fn.301. See also: Hamilton, *Aesthetics and music*, pp.193-199.

alternatively deemed to occur through the music itself. Second, in Chapters Seven and Eight, I explore how this distinction arises through a consideration of the role of musical performance within clinical practice.

PART III

THE ONTOLOGY OF CLINICAL IMPROVISATION

CHAPTER SIX

Hanslick, Music and Emotion

For the psychotic patient, in my view, music therapy can be seen as an experience orientated rather than an insight orientated form of therapy, the aim of which is to help the individual manage their internal world in such a way as to develop ego-strength ... The focus is the relating and its meaning. The relating goes on whether there is playing or not, and the clue to the meaning is not hidden somewhere in the music but in the shared experience of the therapist and patient.

DAVID JOHN, 1995³⁷²

In music therapy emotional creativity is sounded through the musical act; music and emotion are 'fused', so to speak. The one presents the other. And yet each of these has its own, separate system of thought. It is my view that, as music therapists, we need to be clear about this pivotal interface between the two if we are to escape confusion in research.

MERCÈDES PAVLICEVIC, 1995 [EMPHASIS IN ORIGINAL]³⁷³

³⁷² D. John, 'The therapeutic relationship in music therapy as a tool in the treatment of psychosis', in T. Wigram, B. Saperston and R. West (eds.), *The art and science of music therapy: A handbook* (Amsterdam: Harwood Academic Publishers, 1995), p.160.

³⁷³ Pavlicevic, 'Music and emotion'.

This Enquiry is concerned with the making of an ontological distinction between two forms of music-making, art improvisation and clinical improvisation. It is also concerned with an ontological distinction to be made between the two approaches, psychodynamic and music-centered clinical improvisation. Where do these distinctions manifest themselves or to use the terminology of Bohlman, where are they yielded? ³⁷⁴ In the final part of the enquiry, I explore two such places; first, the question of location of the therapeutic effect of clinical improvisation and second, through an examination of the role of performance in music therapy.

In the previous chapter, I formulated a comparative ontology across the two approaches to clinical improvisation. I demonstrated how on the one hand, the musical soundworld of both approaches to clinical improvisation is varied, and traverses composed and improvised music-making (*Figure 2*). On the other hand, following Andrew Kania's question of higher-order ontology, I examined the question of what is at the centre of clinical improvisation. I identified two contrasting 'centres' of clinical improvisation: first, 'the relational' in the psychodynamic approach, and second, 'the aesthetic' in the music-centred approach.

In this chapter, I explore two distinct ways of understanding the location of the therapeutic effect. Whereas in the previous chapter I explored a distinction between the two approaches in terms of the *direction* of the music-making, now we will see, not surprisingly, that the *location* of the therapeutic effect can be distinguished in a similar way. Whilst the therapeutic effect of the music-centred approach can be seen to occur through the active making of a musical aesthetic object, in the psychodynamic approach

³⁷⁴ Bohlman, 'Ontologies of music'.

the therapeutic effect can be seen to occur through the client's relational experience of that same music.

This distinction can be understood in parallel with another question frequently posed from within musicology, psychology and aesthetics regarding the location of emotion in music. This is because the question of emotion in music also entails considering its location in the experiencing subject or musical aesthetic object.

To this end, in this chapter I describe an aspect of the debate that took place during 1999 in the pages of the *British Journal of Music Therapy*. As indicated in the opening chapter of the enquiry, the theme of this debate can be taken as the question of what constitutes 'best practice' in music therapy. In part, this can also be seen as a debate questioning where the therapy takes place; is it in the music or in the therapeutic relationship? I examine Elaine Streeter's critique of the work of Ansdell and Lee, which illuminates what can be seen as a major discrepancy of belief between the two approaches. Next, I examine some of the themes arising out of the musical aesthetics of Eduard Hanslick, and show how he accounts for the ubiquitous connection between music and emotion through his theory of music and *motion*.³⁷⁵ I briefly explain how this theory is given some further consideration through philosopher Nick Zangwill's contemporary interpretation of Hanslick's ideas.³⁷⁶ Zangwill's interpretation is important for the link it is possible to make between Hanslick's theory of music and motion and

³⁷⁵ E. Hanslick, *Vom Musikalisch-Schönen: Ein Beitrag zur Revision der Ästhetik der Tonkunst* (1891). Translated as: *On the musically beautiful: A contribution towards the revision of the aesthetics of music*, trans. G. Payzant. (Indiana: Hackett Publishing Company, 1986).

³⁷⁶ N. Zangwill, 'Against emotion: Hanslick was right about music', *The British Journal of Aesthetics* 44, No.1 (2004), pp.29–43.

Pavlicevic's theory of 'dynamic form' in music therapy.³⁷⁷

I indicate how Pavlicevic's theory of 'dynamic form' provides an understanding of the way in which the communicative mechanisms of music are put to work in therapy. However, it is outside the remit of dynamic form to investigate the nature of the music itself, even though some substantial understanding is theorised by Pavlicevic concerning the phenomenon of emotion as part of the music therapy clinical improvisation event.

Streeter's Critique

In the previous chapter, we saw how, within the music-centred approach developed by Lee, the musical developments that occurred in clinical improvisation were the primary concern of the therapist, and foregrounded in his consideration of an individual client's progress. I argued that Lee's research, whereby he has developed a form of musical analysis of clinical improvisation, demonstrates one way in which music therapists consider the joint music-making between client and therapist not only as therapeutic, but also as a musical aesthetic object in itself. We also saw a similar emphasis upon the music in a case example by Gary Ansdell, which described a drop-in music therapy group for adults. Here, Ansdell describes how he developed a way of working whereby he directed the focus of discussion that followed each improvisation upon the music itself, rather than the feelings of the players. Furthermore, Ansdell's approach within sessions was to emphasize the music as a shared group experience rather than individual self-expression; the shared making of music can be seen as the 'product' of sessions, rather than a meaningful experience for individuals.

³⁷⁷ M. Pavlicevic, 'Dynamic interplay in clinical improvisation'.

Elaine Streeter sets out a critique of case material described by Lee and Ansdell.³⁷⁸ Her overall concern with their approach lies with the absence of a theoretical understanding of the emotional life of the client, and the feelings evoked from within the therapeutic relationship. Of particular significance for Streeter, from an explicitly psychoanalytic perspective, is the development of the individual meaning of the client's way of relating, manifested in the therapist's inter-subjective experience, namely the countertransference phenomena. She advocates that 'music therapy theory needs to derive as much from psychological thinking as it does from musical awareness and, indeed, from an understanding of the connections between the two ... [and she believes that] it is necessary to challenge the basis on which some writers rely; i.e. that improvised music alone is the therapeutic relationship'.³⁷⁹

What can psychological thinking bring to music therapy? It is interesting to note that, in contrast to the work of Lee and Ansdell, in her description of her own clinical work Streeter separates the *musical* contents of music therapy from the interpersonal contents, and does not assume that the felt relationship between client and therapist, and therefore the therapy, takes place in the music alone. She writes:

The interpersonal relationship between client and music therapist results in a wide variety of communications, whether conscious or unconscious, emotionally felt, verbally expressed or musically experienced. Therefore, music therapy can never be confined to the music alone (however many similarities there are between the ways in which co-improvisation evolves and the ways in which people relate). Indeed, the interpersonal relationship is as vital a part of the therapeutic engagement as any other, whether identified within music or outside music ... Psychological thinking is an essential part of providing the necessary boundaries within which the interpersonal relationship between client and therapist can safely develop.³⁸⁰

³⁷⁸ E. Streeter, 'Finding a balance between psychological thinking and musical awareness in music therapy theory'.

³⁷⁹ *Ibid.*, p.5.

³⁸⁰ *Ibid.*, p.6.

At the heart of Streeter's critique, and in keeping with the findings of Brown and Pavlicevic discussed in Chapter Three, is the notion that implied in the concept of clinical improvisation is some definition of the roles of therapist and client, most importantly, both in *and* outside of the music-making.³⁸¹ This understanding of the therapist's role can be derived from a theory and practice of therapeutic relating, such as we have already seen in Chapter Five, as developed within psychoanalysis. The notion of the therapist's role relates to the practice of therapeutic boundaries, with the therapist maintaining the boundaries of the time of the session and the room in which it takes place. These are not concrete arrangements of time and place, but where maintained come to denote the therapist's emotional 'holding' and reliability.³⁸² Without the therapist's active creation of therapeutic boundaries, Streeter advocates that an unconscious 'merging' can begin to occur, as opposed to preserving 'the therapeutic relationship as different or separate from a personalised relationship'.³⁸³ This stress upon the need for therapeutic boundaries is coupled with a need for a consideration of the client's history that can deepen both the client's and therapist's process of shared understanding of the contents of sessions. The context provided by

³⁸¹ See discussion of Brown and Pavlicevic's work in Chapter Three.

³⁸² D. W. Winnicott, 'The theory of the parent infant relationship', (1960), in D. W. Winnicott, *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (London: Karnac Books, 1990), pp.37–55.

³⁸³ E. Streeter, 'Finding a balance between psychological thinking and musical awareness in music therapy theory, p.7.

the client's history further strengthens the therapeutic boundaries and, for Streeter, the opportunities for change.³⁸⁴

Streeter discusses two examples from the published case studies of Ansdell and Lee where she believes the role of the music therapist was compromised through a lack of consideration of therapeutic boundaries. In one case, this is illustrated through the 'intimacy' of a verbal exchange between the client and therapist, and in the other by the therapist explicitly ending the course of therapy and changing his role with the client to one of 'friendship'.³⁸⁵

In response to both cases, Streeter is critical of the lack of 'thinking' about the therapeutic meaning of the clients' music and actions, and asserts how it is 'essential that therapists are able to think about the strength of feeling they may at times have for their clients, and analyse this in relation to their client's histories and difficulties'.³⁸⁶

What is of significance here, in addition to her ethical concerns regarding practice, is how Streeter's critique illustrates a distinction to be made, on the one hand, between the location of the therapy in the emotional *experience* of the music-making and, on the other hand, the location of the therapy in the activity of making the musical object itself. For Lee and Ansdell, the meaning of the therapeutic work lies in the musical object, namely the clinical improvisations in their work. Alternatively, it is possible to surmise that for Streeter, the meaning of the therapeutic work lies in the musical emotional experience. It is this dichotomy that I will now begin to explore as part of a general

³⁸⁴ *Ibid.*

³⁸⁵ See: Ansdell, *Music for life*, pp.41–47 (case study of Emanuella); Lee, *Music at the edge*, pp.141–147.

³⁸⁶ E. Streeter, 'Finding a balance between psychological thinking and musical awareness in music therapy theory, p.9.

discussion of the idea of emotion in music.

The Role of Emotion in the Music of Music Therapy

In music therapy practice, the relationship between music and emotion is generally assumed to be self-evident. Indeed, whilst music therapy has developed for a wide variety of different purposes, of primary concern is the emotional life of the client. Upon what grounds is it possible to ‘interpret’ the feeling state of a client from the music they make within a music therapy session?

It is interesting that even within the experimental literature of music psychology there are currently no clear answers. Indeed, as noted above, there is some ongoing debate as to the ‘formal object of musical emotion’, a debate that seeks to establish, ‘where is the emotion ... is it located in the music or in the listener or both?’³⁸⁷ Patrik Juslin and John Sloboda comment upon this, writing how, ‘indeed in our view, many researchers continue to confound these processes, causing confusion’.³⁸⁸

However, within the experiential domain of music therapy practice, this relationship is frequently taken for granted.³⁸⁹ At the level of everyday practice, an assumed connection between music and emotion is often a point of departure for the work. This is an intuition generally accepted by clients, therapists and other professionals alike.

For example, in elderly care settings such as a nursing home, the offer of live music is frequently welcomed on the grounds that a musical event will usually evoke some kind of positive emotional response. Furthermore, it is not uncommon for the ward

³⁸⁷ P. N. Juslin and M. R. Zentner, ‘Current trends in the study of music and emotion’.

³⁸⁸ *Ibid.*

³⁸⁹ See: Epp. ‘Locating the autonomous voice’.

manager in an acute psychiatric setting to welcome without question a music therapist, on the grounds that by freely improvising or singing a song, a patient will be ‘expressing their feelings’ in a contained and positive way.

On the other hand, the provision of music therapy from within a medical culture tends to necessitate the need for ‘conclusive’ meanings, as though it were conclusively possible for the therapist to make a link between the expression perceived in a client’s music and how they appear to be feeling. Indeed, the specialised context of a hospital ward can sharpen this question of music and emotion in an interesting way. The problem arises when the music therapist provides a report of a client’s progress (or, as we have seen previously, process) to a multidisciplinary team. It can be difficult to do this in such a way that doesn’t simply present music therapy in terms of the sustaining of an activity (for example, ‘she stayed for the whole session’), which in itself might indeed be an important indication of the patient’s progress in therapy. It can be problematic to talk about the client in music therapy in terms of the musical content of sessions, so what is it that can be said about the music in these circumstances?³⁹⁰

Eduard Hanslick’s essay *Vom Musikalisch-Schönen* (hereafter referred to in translation as *On the Musically Beautiful*), first published in 1854, is widely used as a pivotal point for discussion on music and emotion.³⁹¹ As noted in recent music therapy literature, Hanslick’s formalist ‘doctrine’ of the ‘musically beautiful’ appears at first

³⁹⁰ It is possibly for this reason that music therapists frequently make use of the observational schedules of disciplines such as nursing and psychology.

³⁹¹ Hanslick, *On the musically beautiful*.

sight to propose a theory of music that discounts a consideration of feelings.³⁹² Hanslick writes, ‘the primary object of aesthetical investigation is the beautiful object [the music] not the feelings of the [percipient] subject’.³⁹³ However, within the same essay, Hanslick actually makes use of music therapy to refine his ideas further. Whilst retaining his original stand, he does not deny that music has an effect upon the feelings of the listener. Indeed, most importantly, the essay argues for a distinction to be made between the music as aesthetic object and the listener as ‘percipient’ subject. That is to say, a ‘listener’ with feelings in dynamic relation to the music.

Formalism and Clinical Improvisation

Hanslick’s formalist ‘doctrine’ of the ‘musically beautiful’ provides what at first might appear a contentious starting point for developing an understanding of clinical improvisation in music therapy. Indeed, within the music therapy literature Hanslick’s wider concern with the application of music, including music therapy, has not, hitherto, been considered. In fact, Hanslick might well be critical of applying music as therapy. This is because, from his perspective, it would necessitate the loss of the ‘autonomy’ of the music that he considered as central to the beauty and, therefore, value of the musical object. This was certainly his perspective in relation to the musical form of recitative, whereby the music becomes a means to convey the meaning of the words, rather than being of value in itself. He writes, ‘even the most relentless fitting of music to feeling...

³⁹² L. Ole Bonde, ‘Music analysis and image potentials in classical music’, *Nordic Journal of Music Therapy* 7, No.2 (1997)pp.121–128; Pavlicevic, *Music therapy in context*, pp.20-21;; Epp, ‘Locating the autonomous voice.

³⁹³ Hanslick, *On the musically beautiful*, p.2

generally succeeds in inverse proportion to the autonomous beauty of the music'.³⁹⁴

Indeed, the employment of music in recitative inevitably results in poorer rather than richer music per se. He writes:

Recitative ... being that type of music which most directly fits its own declamatory expression to the accentuation of individual words, attempting no more than to be a faithful imitation of specific, usually rapidly changing states of mind. This must, as the true embodiment of the feeling-theory, be the noblest and most perfect music. In fact, however in recitative, music is reduced to the status of handmaiden and loses its autonomous significance.³⁹⁵

With regard to the use of music as therapy, Hanslick might have asked, does the therapy have the propensity to 'take over', rendering the 'beauty' of the music irrelevant?

I propose that Hanslick can speak to the question of the location of the therapeutic effect in music therapy for a number of reasons. What is so significant about his writing is possibly that whilst he is uncompromising in his stand whereby the *content* of music is not emotion, he is also committed to articulating an understanding of how music and emotion might yet be theorized. In summary, in Hanslick's theory of 'the musically beautiful' we find an in-depth analysis of the relationship between the musical object and the listening/performing subject. This analysis has in turn stimulated the question raised by the two music therapy approaches: is the location of the therapeutic effect in the music (music-centred approach) or in the relational experience of the music (psychodynamic approach).

I shall now explore two areas that connect both directly and indirectly to music therapy. First, I will provide some context to Hanslick's theory of music and emotion through a brief exploration of the areas of his argument that relate to contemporary

³⁹⁴ *Ibid.*, p.22.

³⁹⁵ *Ibid.*

questions of research into music and emotion. Second, I will take Hanslick's idea of emotion and motion in music and relate it to Pavlicevic's theory of dynamic form.

Motion and Emotion

Hanslick identifies some of the noteworthy problematic questions of contemporary research into music and emotion. He is concerned throughout the essay to promote a scientific methodology in his approach to music, and possibly it is this interest that means he is able to identify the important questions, some of which preoccupy music psychology today. He can see the gaps in knowledge in the absence of a modern experimental psychology, which means it is difficult to understand the effect of music on the neural processes of the brain. For example, he questions the way in which music stimulates memories or makes us want to dance:

What it would be most important to know and what remains unexplained is the neural process through which the sensation of tone becomes feeling or mood ... what is psychological about... [music], namely awakened memories and the well-known pleasure of dancing, is not lacking in explanation, but the explanation is not at all adequate. It is not because it is dance music that it lifts the foot; rather it is because it lifts the foot that it is dance music.³⁹⁶

Hanslick will probably have welcomed the recent growth since the mid-1980s of the research discipline of music psychology.³⁹⁷ Furthermore, some of his precise questions about 'feeling and mood' have been central to a large body of research into areas such as musical memory, which appears to be 'spared' where elsewhere there is cognitive decline,

³⁹⁶ *Ibid.*, p.54.

³⁹⁷ A landmark publication for the development of music psychology is generally considered to be J. A. Sloboda, *The musical mind: The cognitive psychology of music* (Oxford: Clarendon Press Oxford, 1985).

for example in syndromes associated with dementia.³⁹⁸ Hanslick's anticipation of these empirical questions, from the standpoint of a musical theorist, would certainly warrant further research. However, there are further links to be made within this chapter with empirical research with regards contemporary research into musical communicativeness.

In his discussion of musical expression, Hanslick provides an important account of the relationship between music and feeling, the structure of which having a resonance with current research into musicality as a fundamental component of mother-infant communication. Hanslick argues that feelings cannot be expressed *by* music; feelings can only be experienced by people *in relation* to the music. It is possible to hear sadness in the music, for example in the opening theme of Brahms' *Symphony No.4*, but for Hanslick this sadness is in us, as the listening subject, not the music itself. He writes that:

In order to get on firm ground, we must first relentlessly get rid of such tired clichés. Whispering? Yes, but not the yearning of love. Violence? Of course, but certainly not the conflict. Music can, in fact, whisper, rage and rustle. But love and anger occur only within our hearts.³⁹⁹

On the other hand, it is as though for Hanslick the subjectivity of 'the subject' stops when they reach the music. The composer is not able to transfer their feelings into the music that he or she writes. Hanslick states:

It is not the actual feeling of the composer, as a merely subjective emotional state, that evokes the corresponding feeling in the hearer ... In a strictly aesthetical sense, we can say of any theme at all that it sounds noble or sad or whatever. We cannot say, however, that it is an expression of the noble or sad feelings of the composer.⁴⁰⁰

³⁹⁸ L. L. Cuddy and J. Duffin, 'Music, memory, and Alzheimer's disease: Is music recognition spared in dementia, and how can it be assessed?', *Medical Hypotheses* 64, No.2 (2005), 229–235.

³⁹⁹ Hanslick, *On the musically beautiful*, p.9.

⁴⁰⁰ *Ibid.*, p.47.

The question raised then is how is emotion linked so consistently *with* music if, it would seem, there is no emotion *in* the music? Instead, for Hanslick the relation between music and feeling lies in the physical similarity between music and what he terms ‘motion’. He links such motion to feeling or the physical components of feeling:

What, then, from the feelings, can music present if not their content? ... It can reproduce the motion of a physical process according to the prevailing momentum: fast, slow, strong, weak, rising, falling ... it can depict not love but only such motion as can occur in connection with love or any other affect, which however is merely incidental to that effect ... Motion is the ingredient which music has in common with emotional states and which it is able shape creatively in a thousand shades and contrasts.⁴⁰¹

Motion in Music as a Theory for Music Therapy

Mercédès Pavlicevic, in her working concept of ‘dynamic form’, introduced into the music therapy literature a description of the interface between human emotion and clinical improvisation.⁴⁰² This theory is based upon the observational and theoretical research of Daniel Stern and developed by Colwyn Trevarthen and Stephen Malloch.⁴⁰³

At the centre of Pavlicevic’s work is the notion that ‘the significance of clinical improvisation is that it is an *inter-personal* event rather than being only a *musically* interactive event’. [Italics in original]⁴⁰⁴ Pavlicevic describes how feelings can be ‘signalled’ through the qualities of our expressive acts, and how through clinical improvisation in music therapy this happens in a musical way. As human beings, we

⁴⁰¹ *Ibid.*, p.11.

⁴⁰² Pavlicevic, ‘Dynamic interplay in clinical improvisation’; Pavlicevic, *Music therapy in context*.

⁴⁰³ C. Trevarthen and S. Malloch, ‘The dance of wellbeing: Defining the music therapeutic effect’, *Nordic Journal of Music Therapy* 9, No.2 (2000), pp.3–17; D. Stern, *The Interpersonal World of the Infant* (New York: Basic Books, 1985), cited in Pavlicevic, *Music therapy in context*.

⁴⁰⁴ Pavlicevic, *Music therapy in context*, p.121.

express ourselves in many different ways or modalities, for example through tone of voice, gesture and facial expression.

In a discussion of the problem of music and expression, the philosopher Nick Zangwill writes in support of Hanslick's account, 'that it is not possible for music *itself* to have emotions'.⁴⁰⁵ He explores a 'category' of 'arational action' as a model for considering one way in which music can be said to express emotion. He writes:

The only remaining hope I can see for expression theories is to appeal to the sense in which one might 'express' an emotion when one acts *arationally* on it ... an example would be when one throws a cup at a wall out of anger at a pay-cut. That act is fully intentional, but it is not fully rational, for smashing the mug is hardly thought of as a means of restoring one's wages. Perhaps music expresses emotion in the sense in which smashing the mug expresses my anger ... for it seems that my anger is somehow manifest in the smashing of the mug. [Italics in original]⁴⁰⁶

Zangwill's example of a smashed mug can be further understood in terms of acts that have 'cross modal' meaning. Anyone in the room with the thrower of the mug would be able to 'read' and so understand from the quality of the thrower's action and the sound of the cup against the wall how the thrower was feeling.⁴⁰⁷ 'Dynamic form' in Pavlicevic's terms refers to the abstracted meaning, in this case anger, which we make of the emotional signals contained in these modalities of expression. For Pavlicevic, within the live, free music-making of music therapy the same process is mobilized. The

⁴⁰⁵ Zangwill, 'Against emotion', p.30.

⁴⁰⁶ *Ibid.*, p.40.

⁴⁰⁷ However, Zangwill comments that the problem with 'arational' expression as a model for an expression theory of music is the loss of control entailed in throwing the cup. The creation of music does not 'normally' involve losing control; in fact, it usually involves just the opposite. Zangwill writes: 'Music-making is fully deliberate. It is rational, not arational.' In the case of clinical improvisation, however, as we have seen throughout this enquiry, the music-making is not necessarily based upon a rational intentionality. Indeed, the very efficacy of the clinical improvisation 'tool' lies in its immediacy or lack of forethought. Zangwill's analogy of a smashed mug is more effective, it would seem, in relation to improvisation rather than the purely composed music. See: Zangwill, 'Against emotion', p.40.

therapist and patient experience the expressive quality of, for example, the tempo, dynamics or modulations of timbre or pitch in the music, and understand the sounds as emotional or relational.⁴⁰⁸

Hanslick's contribution to music therapy lies, on the one hand, in the making of a distinction between an idea of musical expression as causal (as though the music came readymade with the name of the projected feeling pinned to it), and on the other hand the meaning to be found in our engagement with the *quality*, or in Hanslick's terms, the motion of music as we experience it. In doing so, he makes the crucial distinction between music as object and the experience of the percipient subject. An analysis of this distinction provides a model for looking at a parallel distinction between psychodynamic music therapy and music-centred music therapy respectively.

So how does Hanslick account for feeling in relation to music and how is this relevant to contemporary music therapy practice? First, he clarifies that the composer is not expressing their feelings in music; rather they are crafting tonal forms in pursuit of the beautiful. Although the process of composing music is, of itself, emotional, and may be the 'cause and inauguration of many an artwork ... that [same] emotion never becomes the subject of the work'.⁴⁰⁹ He makes the distinction that it is 'an inner singing, not a mere inner feeling [that] induces the musically gifted person to construct a musical artwork'.⁴¹⁰ In Hanslick's view, it is the notion of an *artwork* that is the impetus for a

⁴⁰⁸ There is a misconception about music therapy, sometimes a misconception held by clients for whom free improvising is rather 'baffling' as a way to make music. Sometimes it is possible for such clients to become stuck with the notion that somehow if they play a drum in a particular way they are expressing a particular feeling. This can hinder the use of music therapy quite considerably.

⁴⁰⁹ Hanslick, *On the musically beautiful*, p.46.

⁴¹⁰ *Ibid.*, p.47.

composer to start composing, rather than a matter of putting feelings to music.

Second, he argues that it is the performer who can ‘outpour their feelings through their playing’, and it is these feelings that have an effect on the listener.⁴¹¹

To the performer it is granted to release directly the feeling which possesses him, through his instrument, and breathe into his performance the wild storms, the passionate fervour, the serene power and joy of his inwardness. The bodily ardour that through my fingertips suddenly presses the soulful vibrato upon the string, or pulls the bow, or indeed makes itself audible in song, in actual fact makes possible the most personal outpouring of feeling in music-making ... The musical artwork is formed; the performance we experience.⁴¹²

This leads Hanslick to the conclusion that in free improvisation both performer and creator come together in the highest degree of musical immediacy, and I think it can be surmised that for Hanslick it is here that music and emotion have some meeting:

The highest degree of immediacy in the musical revelation of mental states occurs where creation and performance coincide in a single act. This happens in free improvisation. Where this proceeds not with formally artistic but with predominantly subjective intent ... the expression which the player wheedles out of the keyboard can become a kind of genuine speaking. Whoever has experienced at first hand this uncensored discourse, this reckless abandonment of the self to the grip of a powerful spell, will already know how love, jealousy, rapture, and grief come roaring, undisguised yet unbidden, out of their night, to celebrate their feasts, sing their sagas, clash in battle, until their master the player recalls them, quietened, disquieting.⁴¹³

What is of interest here is the way in which Hanslick refers to an expressive form of free music-making, separate from the composed musical work that is the topic of this essay. It is as though he envisages a kind of ‘pre-music’, music that is as yet *unformed*, and so led by the emotions of the musician improviser rather than the formal requirements of the music in itself.

Third, Hanslick has, overall, made a distinction between the musical object and the

⁴¹¹ *Ibid.*, p.49.

⁴¹² *Ibid.*

⁴¹³ *Ibid.*

listening subject, and has ultimately concluded that emotion exists in the composer *prior* to the act of composition, in the performer and the listening subject, rather than residing in the musical work in itself. However, Hanslick also demonstrates the way emotion is understood in what Pavlicevic has called the ‘dynamic form’ or motion of the musical object. For Hanslick, therefore, emotion does not exist in the formed musical work as such; instead, it exists in the experience of the listener/performer and in the dynamic *quality* of its motion.

Conclusion

In this chapter, I have considered Eduard Hanslick’s theory of ‘the musically beautiful’ in relation to the location of therapy within the two approaches. Not surprisingly, this consideration has enabled a perspective of the psychodynamic approach where the location of therapy could be said to reside in the shared experience of the music, and the sense that is made of that experience by client and therapist. Alternatively, in music-centred music therapy, I have shown how the location of the therapy can be seen to reside in the musical object itself. I have explored some ethical concerns in relation to this second idea from music-centred music therapy where, in Streeter’s account, the therapy is implicitly assumed to take place in the music, without consideration of the way in which it might also take place in the relationship. I have shown how Pavlicevic’s theory of dynamic form provides a contemporary version of Hanslick’s theory of music and motion, and as such makes a case for emotion residing across both domains of the musical object and listening/performing subject. As such, Pavlicevic’s research informs the

communicative functions of music in the theory of both music therapy approaches. Where then does this leave Streeter's critique in relation to a distinction between the two?

Streeter acknowledges Pavlicevic's theory of dynamic form, but she is concerned that it 'does not offer much solid ground on which to base therapeutic practice' and doesn't appear to 'enable us to define between music improvised in music therapy as in any way distinguishable from music improvised in performance'.⁴¹⁴ Alternatively, what is central to Streeter's critique is her identification of the problems that can arise where there is no concept of difference between the roles of the client and therapist in the music. For Streeter, merging in music, improvising in such a way that it is not clear who is playing what role, can be contra-indicative to 'good' therapy. Where the therapist is intentionally working without a theory that distinguishes between the roles of client and therapist *in* the music, this leads to the idea that there is no distinction to be made between their respective roles outside of the music either. The point that Streeter is arguing here has in turn been critiqued within the literature of community music therapy. Within this therapy, basing an understanding of the work upon such a differentiation between the roles of client and therapist has been considered a negative experience for some clients in terms of self-actualization, and as such contra-indicative to 'good' therapy.⁴¹⁵

However, Streeter is raising an important theme; this is the tendency towards a 'merging' to be found in the ideas of music-centred music therapy in general. We have

⁴¹⁴ Streeter, 'Finding a balance', p.6.

⁴¹⁵ See for example: S. Procter, 'Playing politics: Community music therapy and the therapeutic redistribution of music capital for mental health', in M. Pavlicevic and G. Ansdell (eds.), *Community music therapy* (London: Jessica Kingsley Publishers, 2004), pp.214–230.

already encountered this in the previous chapter in the idea of ‘continuity’, where a single concept of music was at work in the music of music-centred music therapy. In the final two chapters, we examine the topic of performance. Here we will find this theme re-emerging as notions of continuity and discontinuity arise, which are characteristic of the music-centred and psychodynamic approaches respectively.

CHAPTER SEVEN

Clinical Improvisation and Performance

A better understanding of performance can not only increase our theoretical understanding of music. It reveals something of the character and condition of human experience more generally.

ARNOLD BERLEANT, 2004⁴¹⁶

Our laughter is always the laughter of a group ... However spontaneous it seems, laughter always implies a kind of secret freemasonry, or even complicity, with other laughers, real or imaginary.

HENRI BERGSON, 1911⁴¹⁷

Can the music of music therapy be performed? What might it mean to perform the same music, as made in the music therapy session, in a public performance situation? What questions can the relationship between clinical improvisation and its performance, in each of the two approaches, music-centred and psychodynamic, raise in this study of ontology?

These are the questions that will occupy the final two chapters of this enquiry. As with the preceding chapters, I will show that not only is there a distinction to be made between clinical improvisation and art improvisation, but there is also an ontological distinction to be made between the clinical improvisation of the two approaches to music therapy practice. I will show how this distinction resides both in the theoretical ideas

⁴¹⁶ A. Berleant, *Re-thinking aesthetics: Rogue essays on aesthetics and the arts* (Aldershot: Ashgate Publishers Ltd, 2004), p.170.

⁴¹⁷ H. Bergson, *Laughter: An essay on the meaning of the comic* (London: Macmillan and Co., 1911), p.6.

driving the two approaches and in the clinical improvisation that is manifested.

In Chapter Six, I cited the question of the location of therapy as being indicative of an ontological distinction to be made between the two approaches. My aim in this chapter is to show once again areas where such a distinction arises or, to use Bohlman's terminology again, is 'yielded'.⁴¹⁸

How might a discussion of musical performance yield further ontological understanding? In Chapter Three, I discussed the way in which a concept of 'performance' has been used as a thematic 'common denominator' for comparing diverse 'higher-order' ontologies across different forms of music. I made a broadly conceived distinction between the nature of performance entailed in the respective practices of classical music and rock music, and distinguished these different kinds of performance further as music 'for performance' and music 'not for performance'.⁴¹⁹ In this chapter, I will adopt the same principle, whereby a distinct ontology of music emerges through an exploration of music 'for performance' and music 'not for performance'. Whilst, on the one hand, the musical practices discussed by Davies, Kania and Gracyk largely referred to the 'composed music' of rock, I shall show how their explication of diverse ontologies also, on the other hand, relates to improvised music.⁴²⁰ I show how this diversity emerges through Ansdell's critique of the psychodynamic approach to music therapy.⁴²¹

⁴¹⁸ Bohlman, 'Ontologies of music'.

⁴¹⁹ Davies, *Musical works and performances*.

⁴²⁰ *Ibid.*; Gracyk, *Rhythm and noise*, pp.vii–36; Kania, 'Piece for the end of time'.

⁴²¹ Ansdell, 'Being who you aren't; doing what you can't'.

‘Playing’ Music and ‘Performing’ Music

I have already indicated the notion of different types of music as being ‘for’ different types of performance, namely ‘works’ (or improvisation) for live performance, for studio performance or ‘not for performance’.⁴²² However, this particular discussion within the philosophical literature, whilst on the one hand diversifying between different types of performance, on the other hand, seems to presuppose a unified overall concept of ‘performance’, using the term in the sense of a formal musical event as though there was only one kind of music-making.

This is not necessarily the case though. Within Western music at least, performance can be considered in at least two ways; first in a broad sense, as the sum of *all* musical activity.⁴²³ Second, performance can be considered in a narrow sense, in terms of a ‘ritualised’ event, such as the stage performances that take place at a folk festival. Performance in the narrow sense can be considered as the specialised outcome of *other* kinds of music-making, such as private practice or a group rehearsal.

Performance specified in the broader sense sometimes emphasizes the *performative* ‘nature’ of music. For example, music-making per se can be conceptualised as

⁴²² Davies, *Musical works and performances*, pp.20–36.

⁴²³ Alperson writes about the role of the audience in musical performance in contrast to fine art: ‘The materials of music are sounds and silence (or tonal sounds and silence as some would have it), and sounds and silences are transitory. The constant intervention of human agency is required in order to bring a set of musical sounds into existence and thereby make a musical work, conceived as a set of publicly audible sounds, available for the contemplation of listeners. Music in this sense, must be performed and, in this way, seems to differ from non performing arts such as painting or sculpture.’ Here, Alperson seems to be using the concept of performance in this broad sense to cover all musical activity, not just music-making in the formalised performance setting. The notion of the ‘public’ listener is contrasted here with the ‘private’ sounds, inaudible to others, which may occur in the mind of the composer. Alperson, ‘On musical improvisation’, p.18.

performance, and in this sense includes *all* types of music-making.⁴²⁴ This broad consideration includes both the formal public concert event and private musical activity that might occur spontaneously, without preparation, such as singing to a baby. It can even include the ‘everyday’ private ‘momentary performances’, such as humming a fragment of a tune, not to mention the types of public performances, such as those undertaken by a professional symphony orchestra in a concert hall.⁴²⁵

On the other hand, musical performance in the narrow sense can be considered in a specific way that reflects the ritualised *performer’s* practices in Western music. Here, musical performance is considered as an activity distinct from other forms of music-making, such as rehearsing or sight-reading a written score, and is closely related in conception to the presence of an audience.⁴²⁶ Ironically, it is the broader idea of music *as* performance that has in recent years contributed to the study of the ‘creative processes’ that make up the ritualised musical performance in the narrow sense. For example, in some empirical research the ‘rehearsal’ has become an event of interest alongside, but distinct from, the performance, as part of an overall creative process of making music.⁴²⁷

⁴²⁴ N. Cook, ‘Between process and product: Music and/as performance’, *Music Theory Online* 7, No.2 (2001), pp.1–31.

⁴²⁵ See: N. Hassan, ‘Singing to your self? Momentary musical performing and the articulation of identity’, in N. Hassan and H. Tessler (eds.), *Sounds of the overground: Selected papers from a postgraduate colloquium on ubiquitous music and music in everyday life* (Turku, Finland: International Institute for Popular Culture, 2010). For a broad perspective of music see this account in Grove: J. Dunsby, ‘Performance’, *Grove Music Online*. Available at: <http://www.oxfordmusiconline.com/subscriber/article/grove/music/43819>. Accessed 14 December 2011.

⁴²⁶ S. Godlovitch, ‘The integrity of musical performance’, *The Journal of Aesthetics and Art Criticism* 51 (1993), pp.573–587.

⁴²⁷ A. Bayley and M. Clarke, ‘Analytical representations of creative processes in Michael Finnissey’s second string quartet’, *Journal of Interdisciplinary Music Studies* 3 (2009), pp.139–157. Bayley and Clarke cite the work of Nicholas Cook (see fn.424 above in this chapter) as responsible for opening up new areas for the study of performance. In this paper, they describe two interlinked projects using an ethnographic approach. The first project is an exploration of the process of bringing a new string quartet to first performance, and comparing subsequent performances. The second project comprises the development of

In practice, musicians, players of many Western-based genres of music, may concur with this second, more specialised idea of performance as an activity that can be distinguished from other types of playing mentioned above, such as rehearsing. For example, the idea of the ‘garage band’ is not just to stay in the garage, but to get out and perform in the local venue. A classical musical ensemble might *play through* music within the process of a rehearsal as a precursor to a performance. This might be a sight-reading or near sight-reading exercise during the rehearsal process, or a trial run or a run through, or even just ‘a run’ in the case of music that isn’t scored.

The reason why it might be possible to make a simple distinction between playing (including rehearsing) and performing (including during a rehearsal) is that usually embedded in a performance is the notion that there are people to perform *to*, even if it is a private performance for the ‘performers’ only. Even the most private performance of ‘one’ could be considered as such, whereby the solo player, having worked upon a solo piece, ‘performs it’, as though there were an audience, to hear what it ‘sounds like’ under self-imposed performance conditions.⁴²⁸

It is the narrow sense of ‘performance’, such as the formal concert event, which is the starting point for the theme of this chapter. In Chapter Eight, I will consider the meaning of performance in music therapy through a consideration of it in its broader sense, which will be seen to incorporate the notion of the ‘self’ as a performance.

specialist software with which to analyze the data. For example, it enables a close comparison between video recordings of performances, from which detailed observations can be made and inferences drawn.

⁴²⁸ Al Alvarez writes vividly of sessions listening to his friend and neighbour, the concert pianist Alfred Brendel, ‘run through’ a programme before a recital: ‘It probably helps that I love music but cannot read a score, though even if I could, comment is not what he is after. Brendel disdains gush and he assuredly doesn’t need my praise. What I assume he wants is a sounding-board, a sympathetic and attentive presence in the room, not for vanity or reassurance, but simply to complete the artistic circle.’ A. Alvarez, *Where did it all go right?* (London: Bloomsbury, 2002), p.345.

The Practice of Performance in Clinical Work

In information leaflets frequently produced by music therapists working in settings such as care homes, schools or hospitals, performance has sometimes been cited as what music therapy is *not* for. This is intended to convey that the making of music in a music therapy session is not a kind of rehearsal for which the music therapist is looking for 'participants'. Nor is it usually facilitated as a kind of private performance or music lesson even. However, this is an example of the kind of 'category mistake' sometimes innocently made by colleagues from other disciplines. For example, it is not uncommon for a client to leave a music therapy session to be asked 'how did you get on?', as though there was some kind of 'performance' to be measured.

It can be seen that types of music-making that are 'performances' or become performances certainly occur within music therapy. For example, particularly within group therapy, the freedom and spontaneity of the music-making sometimes means that a client starts to sing or play in such a way that it becomes evident that a 'performance' has begun. Sometimes the group will respond as though they are accompanying a 'soloist' or sometimes they will remain silent, simply allowing the client to 'take the floor'. The expression 'take the floor' is used here deliberately to describe a change of dynamic; the group has moved from shared clinical improvisation into the different domain of listener and performer. Similarly, the dynamic may change where somebody enters the therapy room unexpectedly or wishes just to observe the improvising. Both these instances can create the feeling that the music has become a performance, whereas before it was a shared and private improvisation.

Stating that music therapy is *not* about performing music has been one way to

distinguish music therapy from music-making for other purposes, such as education or community work. It has sometimes been defined in this way to clarify for other professionals that there won't be an outcome to sessions, such as a concert, or to try to reassure potential clients that they won't be being judged on the proficiency of their playing or their ability to perform in front of others.

However, in recent years, as clinical practice has developed, performance has begun to be cited as an important theme, and music therapists have started to question why it was gradually dropped by therapists as part of their work.

Kenneth Aigen describes how a move towards explicit performance-based music therapy practice has a 'congruence' with the early work of Nordoff and Robbins, who, for example, arranged public and private performances of their specially composed working games or 'miniature dramatic pieces' and play songs.⁴²⁹ Aigen continues, 'additionally, the Nordoff-Robbins approach is a music-centred one in the sense that the client's desire to create music is the prime motivational force drawn upon by the therapist. Furthermore, the desire to create music calls for a public performance as its natural consummation.'⁴³⁰ This kind of appeal to the 'nature' of music is a common stance amongst music therapists who have incorporated performance into their work. Musical performance, it is reasoned, is a 'natural mode of musicing' [sic] and that 'performing ourselves in the world is natural and necessary'.⁴³¹

⁴²⁹ K. Aigen, 'Conversations on creating community', in G. Ansdell and M. Pavlicevic (eds.), *Community music therapy* (London: Jessica Kingsley Publishers, 2004), pp.202–203; Simpson, *The Nordoff-Robbins adventure* (London: James and James Ltd, 2009), pp.20–25.

⁴³⁰ Aigen, *Ibid.*, p.203.

⁴³¹ Ansdell. 'Being who you aren't; doing what you can't', p.5/20. For a discussion of Ansdell's use of the 'invented' terms 'musicing' and 'musiking', see Pavlicevic and Ansdell (eds.), *Community music therapy*, pp.68-71.

This type of reasoning begins to indicate a distinction between the two approaches. The way in which performance is advocated here seems to assume the unified concept of music as discussed in Chapters Five and Six. For example, there is no distinction made between the nature of the music that takes place within the confidential therapy setting and the music that is in public. Given the relational emphasis of the psychodynamic approach, it can be seen that the idea of arranging public performances of music with clients who are engaged in a confidential or private process of therapy could be seen to be counterintuitive, given that the musical contents of sessions could be understood as analogous to private conversations in an environment of trust. Surely, clients would not want to come to music therapy to perform their musical relationships in public? On the other hand, as we have seen in previous chapters, if the location of the therapy was in the joint making of a musical aesthetic object, as with the music-centred approach, this emphasis creates a different perspective in relation to the possibility of performance being part of music therapy.

Performance as the Tool Music Therapists Forgot?

The work of Gary Ansdell is key to this enquiry because, as indicated in Chapter One, his project in developing community music therapy within the UK could be understood specifically as the development of a *non*-psychodynamic approach. As such, he has considered many of the topics that define a distinction between the two approaches. This includes his perspective on musical performance, and in particular the journal article, *Being who you aren't; doing what you can't: Community music therapy and the*

paradoxes of performance (2005).⁴³² For the remainder of this chapter I will consider aspects of this article in some detail.

Ansdell presents a perspective of performance, not as a ‘ubiquitous good for all music therapy... rather as a possible resource for music therapy, which can promote powerful experiences for individuals groups and places’.⁴³³ However, he asks if our patients/clients/co-collaborators *benefit* from performing music, why has it been absent in the music therapy literature in recent years? His answer is that music therapy practice has developed away from performance as a part of the process, or at least as part of music therapy practice that is written and theorized about:

The institutionalization of music therapy practice [during this time] has been legitimated by a theoretical consensus constructing music therapy as a paramedical/psychological intervention, along with its normative conventions (what I call the ‘consensus model’ in Ansdell 2002). This led to an increasing ‘privatization’ of its occasions. Individuals or closed group sessions have become the norm, and several pioneers ... have expressed their relief that the professional expectation is no longer that they manage the musical life of a hospital or school as well as their individual therapy case-load.⁴³⁴

Ansdell also makes the point that whilst during the ‘early professional’ stages of the profession, for example in the work of Mary Priestley and Nordoff and Robbins, there was ‘clearly explicit performance work incorporated into music therapy’, but that it is ‘seldom discussed’ in integrated terms.⁴³⁵ From Ansdell’s perspective, whilst music therapists might incorporate concert performances into their everyday work in a hospital, for example as part of a celebration, this has rarely been considered in the music therapy literature in an integrated way *as* music therapy

⁴³² *Ibid.*

⁴³³ *Ibid.*, p.15/20.

⁴³⁴ *Ibid.*, p.3/20.

⁴³⁵ *Ibid.*, p.4/20

Challenging the ‘Mainstream’: The Consensus Approach

Ansdell’s epitome of the mainstream music therapy practice in the UK as the ‘consensus model’ in the main refers to the ‘practices, theory and assumptions of music psychotherapy’, or what has been described in this enquiry as the psychodynamic approach.⁴³⁶ Ansdell uses the term ‘consensus’ as a ‘thinking tool to contrast the practices, theory and assumptions of ... [the psychodynamic approach] with the newer practices and ideas of COMT [community music therapy]’.⁴³⁷ Most importantly, it is possible to understand the choice of the term ‘consensus’ as emphasizing that it is by no means self-evident that *this* is the music therapy that must be used, it merely happens to be the model music therapists have ‘consented’ to undertake. The problem with such ‘consensus’, Ansdell states, is that it has tended to become *the* way to do music therapy, ‘one size fits all’.⁴³⁸

Ansdell lists some imagined objections to performance that he anticipates a psychodynamic music therapist would raise.⁴³⁹ He specifies, for instance, how the arranging of performances as part of clinical work might be antithetical to considerations of ‘confidentiality’, ‘privacy’ and other boundaries of therapy. Furthermore, Ansdell raises the possibility that it could be ‘professionally confusing’ and therefore ‘possibly dangerous’. However, significantly, the tone in which these imagined objections are proposed expresses scorn on Ansdell’s part. Indeed, he prepares the reader for this in

⁴³⁶ Pavlicevic and Ansdell (eds.), *Community music therapy*, p.21.

⁴³⁷ *Ibid.*

⁴³⁸ *Ibid.*

⁴³⁹ Ansdell, ‘Being who you aren’t; doing what you can’t’, p.4/20.

advance, stating that his summary is ‘perhaps to caricature – but only a bit!’⁴⁴⁰

What is the relevance of this hypothetical disagreement between the two approaches? In this next section, I show how through humour the two different meanings of the term performance are deliberately played with. I propose that ‘the joke’ being made is not only a means for Ansdell to split the two approaches, but that through an analysis of the humour a hint of the underlying musical ontology emerges.

Towards Ontology Through Humour

What I am presenting as a joke is expressed by Ansdell in the following way: ‘Within the consensus model “putting on a performance” (“acting out”, being “inauthentic”, hiding behind a “persona”) is what therapy is trying to *treat* not encourage!’ [Italics in original]⁴⁴¹

In part, the joke works through a play on the two different meanings of the term ‘performance’, as already discussed earlier in this chapter. Ansdell is treating the notion of a ‘concert performance’ as though it were the same as the wider notion of a lived performance as a way of being in the world. However, the aim of the psychodynamic approach is indeed to treat the ‘lived performance’ of being in the world where it is damaged. This is not to *discourage* that performance, but to develop some understanding of its psychic function. Indeed, within psychodynamic work, the concept of ‘putting on a performance’ in the humorous way that it is expressed here could be understood as a *defensive* performance, in the sense that Winnicott writes about in his notion of the true

⁴⁴⁰ *Ibid.*

⁴⁴¹ *Ibid.*

and false self.⁴⁴² Whilst there could be a link between an individual performing defensively in everyday life and performing on stage, this is not to say that the two different modes entail the same kind of performance.⁴⁴³ However, Ansdell's witty rhetoric is political in intent; it can be seen as an attempt by 'one party' to make 'the other party' appear faintly ridiculous. The joke has the effect of dividing those who are 'in' from those who are 'out'. Simon Critchley writes about the context specificity of humour, how it is a form of cultural 'insider knowledge' incorporating the notion of 'foreigners as funny' and without a sense of humour.⁴⁴⁴

In this situation, the psychodynamic music therapist will understand the joke because they are part of the same music therapy culture. Indeed, the joke is designed not only to be recognisable by 'the other party', but for the other party also to realize that they are on the 'wrong side'. Whilst the joke is funny for those on the 'right side', in the sense of making fun of another group of practitioners, for those on the 'wrong side', notwithstanding the feeling of being made fun of, the joke is not funny; it merely makes fun of what indeed is the case.

What is significant about this joke? In Chapter Five, we saw how the music of music-centred music therapy was considered by the advocates of the approach as 'continuous' with the music outside of music therapy.⁴⁴⁵ The concept of music was

⁴⁴² D. W. Winnicott, 'Ego distortion in terms of true and false self' (1960), in D. W. Winnicott (ed.), *The maturational processes and the facilitating environment*, pp.140–152. See also: H. M. Tyler, 'Behind the mask – an exploration of the true and false self as revealed in music therapy', *British Journal of Music Therapy* 12, No.2 (1998), pp.60–66.

⁴⁴³ Winnicott, *ibid.*, p.150. Winnicott writes: 'In regard to actors, there are those who can be themselves and who can also act, whereas there are others who can only act, and who are completely at a loss when not in a role, and when not being appreciated or applauded (acknowledged as existing).'

⁴⁴⁴ S. Critchley, *On humour* (London: Routledge, 2002), pp.67–68.

⁴⁴⁵ Aigen, 'In defense of beauty' pp.112–128.

uniform, whether it was being played as clinical improvisation or art improvisation. By implication, the ‘joke’ similarly assumes a common premise regarding the music; Ansdell’s sense of ‘putting on a performance’ in therapy, what might be described as the performative, is conflated with the notion of putting on an art performance outside of therapy. This is consistent with the music-centred approach, which, as we have seen above, advocates musical performance *as part of* therapy. On the other hand, the notion of performance within therapy in a psychodynamic approach is of performance in the narrow sense. In this approach, where the client experienced ‘putting on a performance’ in the narrow sense, this type of performance would be considered of a different order to that of an art performance. It would be understood as part of what was happening in the therapeutic space, rather than an event in its own right. Indeed, it might be understood as part of a system of the client’s unconscious defences and therefore to be related to with great care.

It can be seen, therefore, through a consideration of performance how the ‘witty rhetoric’ of Ansdell illustrates the caesura between the two approaches. First, there is implied a narrow notion of performance as referring to concert performances that are separate to therapeutic work (psychodynamic approach). Second, there is implied a broader notion of performance that encompasses all kinds of activity, musical or otherwise (music-centred approach). Furthermore, to be on the ‘right side’ of the joke is to accept an implied premise of a unified notion of performance, and by implication a unified concept of the music of music therapy, whereby both the music and the performance are the same in and out of the therapy setting. Alternatively, if the reader does not accept the premise of a unified concept of performance, the joke makes no

impact at all. For such readers it simply is the case that the work of therapy is different to the work of art in that it is seeking to engage with people's (client's) need to perform in the sense of hiding a more vulnerable self.

In all, and through rhetoric, Ansdell promotes his idea of performance *as though* clinical improvisation in the music-centred approach was the same as the psychodynamic approach. I have argued here that it is through this very assumption that, as part of a joke, the ontological distinction between the two approaches arises. This complex distinction between notions of performance in relation to the distinction between the two approaches will be explored further in Chapter Eight.

For the remainder of this chapter I am going to consider the question of whether or not it is possible to perform the music of clinical improvisation. I describe a case study where the client and therapist moved their music-making from a confidential therapy setting to a public performance setting, and I consider the implications of this.

Performing Clinical Improvisation

Alan Turry, a music therapist based at the New York Nordoff-Robbins Clinic, and Maria Logis, who suffers from a form of cancer, non-Hodgkins lymphoma, have talked extensively about their work together in public from their individual perspectives of client and therapist.⁴⁴⁶ In recounting her motivation to begin therapy, Logis explains that when faced with the crisis of cancer 'she turned to God for help' and from this came the idea that she should sing. This led her to find Alan Turry's music therapy practice and to begin sessions. The pair were subsequently interviewed by Aigen, who writes:

⁴⁴⁶ Aigen, 'Conversations on creating community', pp.202–211.

The form of their sessions together emerged in a way that Maria would begin vocalizing about a variety of topics and Alan would accompany her on piano. At times these improvised compositions would begin by describing the weather – they also covered the most personal and difficult of issues concerning Maria’s fears regarding her illness, her struggles with food, and any and all therapeutic issues that might be expected to come up in a course of psychotherapy.⁴⁴⁷

Logis describes her wish to sing, and how she realized that she was not receiving singing *lessons* in music therapy. This led her to approach a ‘vocal instructor’ who listened to some of the recordings from her music therapy sessions. The instructor commented that there were some songs ‘in there’ and that she should perform them.⁴⁴⁸ Logis comments that in music therapy sessions ‘we didn’t identify... [the improvisations] as songs. We’re just doing our work. We were making music.’⁴⁴⁹ To create songs out of clinical improvisation had not occurred to Logis, but she decided to pursue the idea in the light of the uncertainty her illness was giving her life. She never realized how healing the experience of singing about her life would be. The healing experience within music therapy prompted her to seek out performing opportunities and she began to appear on television and recorded a CD of her songs.⁴⁵⁰ Turry supported her in this endeavour and continued to accompany her on the piano both in therapy and in concert performances throughout this process of development.

In interview, reflecting upon the unusual nature of the case study, Aigen asks Turry to reflect on whether it is ‘contradictory ... [for a music therapist to be] either working on songs or ... working on musical self-expression ... is there some level of the aesthetic in

⁴⁴⁷ *Ibid.*, p.203.

⁴⁴⁸ *Ibid.*, p.204.

⁴⁴⁹ *Ibid.*

⁴⁵⁰ For a sizable selection of video excerpts from the music therapy sessions undertaken by Logis with Turry, see: http://www.marialogis.com/music_therapy

the self-expressive?⁴⁵¹

Turry, in reply, concedes that the two are ‘not mutually exclusive’.⁴⁵² Significantly, he emphasizes the continuity between the therapy sessions and the performances, making a link between the ‘personal’ and ‘the artistic’:

How can you separate the aesthetic from the psychological, the personal from the artistic? It’s all related ... I think that those aesthetic qualities [of Logis’ songs] that we can look at reflect personal changes, psychological changes. I would say I am more accepting when Maria says “look, I really want to create a melody today.” I think, “fine, let’s do it” [rather than improvise]. There’s something of value to that... I see it within what we’re doing ... [Furthermore] performance was so much a part of the therapy process. The process of reflecting upon what songs to choose and not to choose ... all those things are part of the therapy process.⁴⁵³

So for Turry, as depicted in the music-centred approach, contained within a conception of clinical improvisation is a notion of ‘the aesthetic’ in music as in itself healing; simply put, the healing through music and the performing of music are one and the same. How is it possible to understand this particular idea of continuity?

Making Music, Making Artworks

The case study of Turry and Logis provides an example of an organic music therapy process that began with a client’s need for help and wish to sing at a critical moment in her life. Music therapy not only enabled Logis to sing, however, it enabled a process of self-reflection and new self-understanding through singing about her life as it happened within a supportive therapeutic relationship. However, the transformation did not stop

⁴⁵¹ *Ibid.*, p.208.

⁴⁵² *Ibid.*

⁴⁵³ *Ibid.*, pp.208–209.

there. Logis' desire to sing led her to a vocal instructor who recognized a process of creating something for its own sake that was taking place within sessions.

The *creating* of something in moments of great importance in life is of course a common occurrence. Poets, writers, painters and composers do this all the time from their personal experience, and so generously share something of themselves in the public domain. An example of such work, outside of the domain of therapy, is found in the work of Marisa Marchetto and her cartoon series depicting her life during illness as a 'Cancer Vixen'.⁴⁵⁴

It would seem that this impetus to create an 'art object' out of adversity is the same impetus to create that Logis experienced because of music therapy. In Chapter Five, I examined Aigen's belief that musical experience in clinical contexts can be continuous with non-clinical musical experiences.⁴⁵⁵ This notion, he proposes, in keeping with the original work of Nordoff and Robbins, means that the music inside the confidential therapeutic setting can become the music outside of that setting, and indeed part of a performance. Furthermore, for Aigen it is the *engagement* with an aesthetic experience that is the medium of therapy; to play music is to engage in an aesthetic experience and to engage in an aesthetic experience is to engage in a personal emotional experience. Quoting the work of Carolyn Kenny, he writes: "Through aesthetic experience it is possible for each person to find her own frame of reference for the universe. Through valuing beauty, one can find ways of gathering strength from the world in which one lives."⁴⁵⁶

⁴⁵⁴ M. A. Marchetto, *Cancer vixen: A true story* (London: Fourth Estate, 2007). See also: <http://www.guardian.co.uk/books/2007/jan/13/booksonhealth.biography>.

⁴⁵⁵ Aigen, 'In defense of beauty', p.112.

⁴⁵⁶ *Ibid.*, p.120.

The music therapy process in this instance was one of expressive improvised singing for the purpose of therapy, which was subsequently developed for the purpose of performance. This means the music-making of Turry and Logis was *continuous* from private individual music therapy to public performance. The work encapsulates a process of concern with the musical aesthetic object within the context of the music therapy session, through to a concern with the musical aesthetic object as part of performance.

Making Music, Making Relationships

However, what about the music of music therapy that begins and remains in the relational? Is this also suitable to perform outside of the session? Mary Priestley writes:

The therapist's music meets the inner pain of the patient with healing gentleness, or it rages against the world and fate with her in a duet of blinding bitterness. But it is always in tune with the point of greatest sensitivity. In music the therapist says, "Yes, I understand, I feel what you feel at this moment" and yet he must not be overcome by these feelings nor locked in alone with them as the patient was. As the therapist plays, the patient is relieved by the sharing of his emotion. The empathy is a fact which can be heard and experienced and received into the patient's empty places inside.⁴⁵⁷

The emphasis in the work Priestley is describing is based upon an inter-subjective relating formed through clinical improvisation. The music-making here requires privacy for it to develop and provide a basis from which, for example, the patient can come to find a greater acceptance of themselves and their personal difficulties. Whereas in the work with Turry and Logis this could be seen as an initial phase, a stepping stone, as part of an organic process of taking the same music outside of the clinical site. In

⁴⁵⁷ M. Priestley, *Essays on analytical music therapy* (Gilsum, NH: Barcelona Publishers, 1994), p.138.

Priestley's work, the relationship with the therapist in music *is* the work, and no further artefact is relevant. In Chapter Eight, I will explore this notion of psychodynamic clinical improvisation as complete in itself with no further process, such as performance or an artefact such as an art object in the form of a recorded CD, being necessary. It is this very notion of a psychodynamic clinical improvisation as being complete in itself that implies a *discontinuity* with art improvisation. The making of this distinction lies at the heart of this enquiry and these themes of continuity and discontinuity will be finally addressed in the next and final chapter, Chapter Eight.

Conclusion

In this chapter, I have explored how the diverse ontology of clinical improvisation arises through a consideration of performance in music therapy, together with a consideration of a joke about performance in music therapy. We saw how Ansdell's critique of the psychodynamic approach ('consensus model') highlighted important areas in which the two approaches differ. I argued that Ansdell's joke 'yielded' the distinct ontology underlying the two approaches. Furthermore, we saw how through distinguishing between two different concepts of musical performance, it was possible to distinguish between concepts of performance inherent in the two approaches. I posed the question of whether it was possible to perform clinical improvisation, and examined a case study whereby the music made within music therapy sessions was performed outside of the sessions. We saw how this reflected Aigen's notion of musical continuity between the music made within and outside of sessions, and how both the conceptual unity of performance in music therapy, and continuity of music, demonstrated a distinction

between the music-centred approaches of Ansdell, Turry and Aigen and the psychodynamic approach of Priestley. It was noted from the work of Priestley that in comparison to the work of Turry and Logis, this work was complete in itself. It was not a performance; instead, it could be considered as music-making in the general, non-performance sense of the word. Furthermore, an attempt to ‘perform’ it, for example outside of the session, would be to undermine its ‘relational’ purpose.

In Chapter Three, we saw how ontological distinctions were made between works for performance, works not for performance and works for studio performance. It can be concluded here that the nature of the clinical improvisation of the psychodynamic approach is music-making that is ‘not for performance’.⁴⁵⁸ Therefore, inherent in the relational direction of the music-making – the purpose of the clinical improvisation – is the notion of the music being for the performers. However, when Lukas Foss, as a composer and free improviser, makes this same statement he does not mean that the music is only for performers; it is rather music for performers and audience. In the clinical improvisation of the psychodynamic approach, however, the music can be understood as being for performers but not for performances. This contrasts with the clinical improvisation of the music-centred approach, as described in the case study above. The nature of the music-centred approach lies in its continuity outside of the session, and in that it can be seen as ‘for performance’.

What does it mean for the clinical improvisation of psychodynamic music therapy to be ‘not for performance’? In the final chapter, I will examine the way in which this form of clinical improvisation can be likened to site-specific art. This will provide the final

⁴⁵⁸ Davies, *Musical works and performances*, pp.20–36.

distinction with the improvisation of music-centred music therapy, the nature of which I will claim corresponds to that of art improvisation.

CHAPTER EIGHT

The Music of Music Therapy as Art

But the theatre [in this production] is often dire. An ode to water from an actor pretending to have a learning disability; a guy speaking foreign, shuffling around; the actors playing on a roundabout; clowning that is just screaming: not so much a performance as a failure of inhibition.

KIERON QUIRKE, 2012⁴⁵⁹

Watching football in an empty stadium is like watching the dress rehearsal of a play: it's not entertainment, it's merely business. Everyone wants to get their lines right but there is no one to laugh at the jokes. No one to applaud at the interval. It's a one way conversation.

TIM MANSEL, 2011⁴⁶⁰

The background to this enquiry has been a concern with the question of ‘what is the music of music therapy?’ Of central importance has been a demonstration of the way in which this is an ontological question, the examination of which ‘shows up’ a diversity between the clinical music that is made in music therapy (clinical improvisation) and the music made outside of music therapy (art improvisation). Furthermore, the discussion has led to the identification of a diverse ontology of music between the two different approaches to clinical improvisation.

In this final chapter, I examine the recent practice of public performance by clients

⁴⁵⁹ K. Quirke, ‘Opera Review of Bow Down/Harrison Birtwistle’, *The Evening Standard* (14 June 2012), p.48.

⁴⁶⁰ ‘Tim Mansel looks at the intimate relationship between football and politics in Turkey’, *From Our Own Correspondent*, (BBC Radio 4, 24 September 11, transcription from BBC iPlayer).

as part of music therapy, and continue to establish an ontological distinction between music made within the private music therapy setting and music made within a performance setting, including music therapy performance settings. I will outline some of the context to this distinction in terms of the recent history of music therapy in the UK and Europe, in particular the development of community music therapy. I will examine a version of the idea of the self-in-performance as a rationale for therapeutic performance in music therapy. Through reference to Judith Butler's distinction between the real and imaginary, I seek to develop a distinction between the music that takes place within a clinical session and music performed in a public setting. As a way to explore this idea further, I pose the question, 'can the music that is made within a clinical session be understood as a kind of site-specific art?'

Performing the Self

As described in the previous chapter, a key starting point for any consideration of the role of performance as part of music therapy practice is Ansdell's discussion article 'Being who you aren't; doing what you can't: Community music therapy and the paradoxes of performance'.⁴⁶¹ I will now examine aspects of this article once again but from a different viewpoint.

Ansdell vigorously questions the apparent disappearance of performances within music therapy practice and provides a kaleidoscopic case for their therapeutic benefit. He writes:

⁴⁶¹ Ansdell, 'Being who you aren't; doing what you can't'.

With the beginnings of modern professional practice, “musician therapists” played to, but also increasingly *with* patients. In the initially broad work of the many music therapy pioneers ... there was a fluid movement between private and public musical events, psychological and social aims, entertainment and therapy. Musical performance is certainly one element of what was understood as “music therapy” at this time.[Italics in original]⁴⁶²

Ansdell seeks, therefore, to integrate performance into mainstream music therapy, in contrast to clinical practice in which performances might be considered as an extra-curricular activity. That is to say, the performances a music therapist might facilitate should be considered as much a part of therapy as clinical improvisation.

Ansdell poses the question, ‘why is performance so good?’ He incorporates the ideas of research psychologist David Aldridge to address once again the hypothetical criticism of performance in music therapy practice. For psychodynamic practitioners, to introduce performance into therapy is to focus upon a musical product rather than the process of therapy. Aldridge emphasises the process of performing through linking the activity of performing music with a notion of the self as performance. Ansdell writes:

At a basic level our “performance” is fundamentally physical (our immune system for example or our motor coordination) – something we see clearly when such performance ‘fails’ when acute or chronic illness restricts performance. Aldridge suggests that from this physiological level through to the social, we are continually improvising the performance which is our self. He calls it “living as jazz”. Both our identity and health are therefore also a performance, and when patients play in music therapy they “perform their lives before us” – their health and illness; who they are and who they *can* be [Italics in original].⁴⁶³

We have already seen in Chapter Seven how an understanding of performance can be linked to Winnicott’s notion of the ‘true and false self’.⁴⁶⁴ The idea of the ‘self in performance’ can also be linked to the theory of ‘acts’, as developed by Judith Butler in

⁴⁶² *Ibid.*, p.3/20.

⁴⁶³ *Ibid.*, p.12/20.

⁴⁶⁴ D. W. Winnicott, ‘Ego distortion in terms of true and false self’, pp.140–152.

her extensive work on gender and performance, and the self as ‘becoming’. If what we do is constitutive of who we are, for Butler this conception is in opposition to the notion that we are gendered selves that act; instead, we become ourselves through acting. She writes:

My suggestion is that the body becomes its gender through a series of acts which are renewed, revised and consolidated through time. From a feminist point of view, one might try to reconceive the gendered body as the legacy of gendered acts rather than as a predetermined or foreclosed structure, essence or fact, whether natural or cultural, or linguistic.⁴⁶⁵

For Aldridge, similarly, we are continually ‘performing ourselves’ but from a ‘health’ perspective; in sickness, this ‘performance’ can become damaged and the role of the music therapist is to enable repair. Music as a performative medium can be seen to have a special role here, both in relation to physical and mental illness.⁴⁶⁶ Ansdell (as we saw in Chapter Seven) conflates two meanings of performance together; the ‘performance’ that is the performance *of* music and the *performative*, that is the enactment of the self in that same musical performance.

Performance thus becomes meaningful in music therapy not just through the benefits felt in the achievement and cooperation of rehearsing music through to a conclusion. Additionally, it is the performative nature of music-making itself that is linked here to the performance of becoming ourselves. We become ourselves through performing in and out of music.

Ansdell comments upon a music project he observed that was facilitated by a music therapist and whose members were working towards a performance:

⁴⁶⁵ J. Butler, ‘Performative acts and gender constitutions: An essay in phenomenology and feminist theory’, *Theatre Journal* 40 (1988), p.523.

⁴⁶⁶ Ansdell, ‘Being who you aren’t; doing what you can’t’, p.12/20.

Most members of this group have experienced how acute and chronic mental illness disrupts their 'self performance' – their identity, social relationships and work lives. And yet they also seem to be able to mobilize (with Sarah's help) [music therapist] a form of 'self-repair' *through* musical performance ... They perform themselves and their lives how they are – with their illness and health mixed together. But they also creatively perform how they can be; their hopes and aspirations, the achievement of personal and social connection. Perhaps this is why the experience feels so good to them. [Italics in original]⁴⁶⁷

A Distinction from Theatre: The Actor on the Stage and the Actor on the Bus

Butler writes that 'philosophers rarely think about acting in the theatrical sense but do have a discourse of "acts" that maintains associative semantic meanings with theories of performance and acting'.⁴⁶⁸ She distinguishes between the actor/transvestite on the stage and the transvestite on the bus:

Although the links between a theatrical and a social role are complex and the distinctions not easily drawn ... the sight of a transvestite onstage can compel pleasure and applause while the sight of the same transvestite on the seat next to us on the bus can compel fear, rage, even violence. The conventions which mediate proximity and identification in these two instances are clearly quite different. I want to make two different kinds of claims regarding this tentative distinction. In the theatre, one can say, 'this is just an act,' and de-realize the act, make acting into something quite distinct from what is real. Because of this distinction, one can maintain one's sense of reality in the face of this temporary challenge to our existing ontological assumptions about gender arrangements; the various conventions which announce that 'this is only a play' allows strict lines to be drawn between performance and life.⁴⁶⁹

Butler's distinction between the actor/transvestite performance on stage (imaginary) and the actor/transvestite performance on the bus (real) turns on the role of the transvestite as an outsider in society and, in the psychoanalytic sense, recipient of a multitude of unconscious projections (we might say in the form of fears and rage).

⁴⁶⁷ *Ibid.*

⁴⁶⁸ Butler, 'Performative acts', p.519.

⁴⁶⁹ *Ibid.*, p.527.

It is not immediately possible to draw parallels here between a performance of instrumental music and the kind of performance described by Butler. It could be said that a musical performance is in a different ‘category’ to a theatrical performance as the musician performer enters a domain that is, in itself, neither real nor imaginary. In the case of instrumental music, the difference between the music made on stage and music made in the privacy of the performer’s rehearsal studio is not one of ‘reality’. We might say, however, that the musician as a performer becomes a different person on stage, for example as a way of managing nerves or as part of the expressivity of the music in the performance. This persona as musical performer, however, will generally remain in the domain of the real rather than the imaginary.

Alternatively, in the case of music with words, particularly from within the singer-songwriter tradition, there is a closer parallel to theatre. For example, when we see in an archive recording Cleo Laine sing *Unlucky Woman*, a song about lost love, and then dance in time to John Dankworth’s improvisation on clarinet, we are confronted with the question of whether it is possible for us to believe that she *actually* means the words of the song she is singing – ‘I don’t want no more lovin’, I want to live on my own’ – in the sense of the ‘real’.⁴⁷⁰ However, nothing in the way she expresses herself would lead the audience to imagine her performance as a real-life cry for help.

Here is a theatrical use of music, where normally we are asked to suspend the off-stage reality as the performers allow us to enter and believe the imaginary world of the song. However, in this instance, such suspension of belief is virtually impossible, and possibly because of this the meaning of the song in terms of the lyrics takes second place

⁴⁷⁰ *Unlucky Woman*, Cleo Laine and John Dankworth. (Performance on BBC TV’s *Parkinson*, 1975).

to the personalities of the performers. Whilst it would be possible for unknown musicians to perform this song and engage their audience in the domain of the imaginary, it would seem that this is not intended here by the Dankworths; their musical performance has taken place firmly in the domain of the real.

To return to Butler's theatrical example, in contrast to Ansdell's conflation of performance with the performed self, it is possible to see the way in which the music in a music therapy session can be construed as ontologically akin to the transvestite on the bus rather than on the stage. It is this sense in which the music of clinical improvisation can be considered *performative* of self, rather than performed.

Sites in Music Therapy

The dualist notion of imaginary and real domains links to the topic of sites or therapeutic space in music therapy. What sort of space is relevant for the music therapy session; does it have to be entirely private or could a group session, for example, take place in a community lounge? Making such a decision reflects the type of therapeutic domain in which the clinical work might take place. Is it to be a space where the 'imaginary' in the sense of play can occur and be explored? Alternatively, is the domain to be one where concrete relations between people are built through a process of music-making, that is to say 'the real'?

The topic of sites for music therapy has been one of the key areas of exploration to emerge from the community music therapy literature. Most of the music therapists whose clinical work is described in the key text *Community Music Therapy*, have explored the question of which site is appropriate for what kind of work, and indeed

much of the work described here takes place outside of what might be called a traditional therapy room.⁴⁷¹

By implication, this means that in such instances the work is no longer private, although of course it might take on a different notion of privacy, such as the group privacy rendered within a ward setting or community centre. Stige writes about what he terms ‘the arena’ for community music therapy:

Conventional modern music therapy is carried out in a specifically designed setting, a music therapy room in a clinic for instance. In Community Music Therapy an important element is to assess what different accessible arenas may afford of new possibilities for action, experience, and acknowledgement. One example may be the use of public and semi-public areas of performance. This has not been so common in conventional modern music therapy, but may often be relevant in Community Music Therapy, especially if inclusive and communicative arenas may be established.⁴⁷²

Wood, Verney and Atkinson provide a vivid description of a music therapy project where sites range, as part of an organic therapeutic process, from an inpatient medical setting to a community workshop setting.⁴⁷³ The process also includes the therapists’ experimentation, following the needs or expressed wishes of the clients, in arranging musical events or making links with community organizations. Furthermore, part of the process of healing in this work is the development of the clients’ relationship to music per se. The idea is that clients become motivated by music for its own sake. They begin by working individually with a music therapist before, when they feel ready, joining a music therapy group. Eventually, in time, they might also take part in a music workshop,

⁴⁷¹ Pavlicevic and Ansdell, *Community music therapy*.

⁴⁷² B. Stige, ‘Community music therapy: Culture, care and welfare’, in Pavlicevic and Ansdell, *Community music therapy*, p.106.

⁴⁷³ S. Wood, R. Verney and J. Atkinson, ‘From therapy to community: Neurological rehabilitation’, in Pavlicevic and Ansdell, *Community music therapy*, pp.48–62.

receive instrumental lessons or go out to concerts. The idea is that gradually they move outside of the care setting and into a community music facility; their new-found musical skills and confidence to play music within groups has enabled them to find new facets of themselves, meet new people and take part in their local community in a way that was not possible before.

These authors believe that what is of key importance in music therapy are those very skills that ultimately are not dependent upon a therapist and care setting to exercise and benefit from. They write:

Traditionally, music therapy in the UK is a confidential activity in which individuals or groups develop a therapeutic music relationship by making music together, usually through improvisation ... The music made in sessions is regarded as confidential therapeutic material and is seldom shared with other staff unless it is used in case reviews or presentations. While in many cases this status quo makes sense, we were dissatisfied with its restrictions. We regretted the lack of opportunity for music therapy clients to pursue their new interest and ability in music once they had left their treatment institution. Often, the outcome of music therapy is as much in musical and social skills as it is in a personal process ... we believed that the beneficial effects of music therapy could be extended past a person's discharge into long-term recovery.⁴⁷⁴

Whilst the series of projects described are indeed impressive in terms of the innovative approach and positive outcome contained within the 'clinical stories', it is of importance in terms of this enquiry that the process of therapy is described in terms of a single trajectory. Furthermore, whilst as part of their description of the work the authors are careful to include the personal issues their clients are bringing to therapy, it is clear that the aim of this music-centred approach lies in the development of the musical and social skills that can be transferred out of the music therapy session. It would seem, therefore, that within individual music therapy the musical experience the clients participate in is

⁴⁷⁴ *Ibid.*, p.48–49.

not to be differentiated, necessarily, from the musical experiences in the group and community stages of the therapy. The clients engage in a process from what can be termed music-making for therapy's sake towards music-making for its own sake, and all that is attendant with such experiences.

As we saw in previous chapters, Aigen has explored this idea of 'continuity' between the music of music therapy and music made elsewhere. In the case example of Wood et al., the notion of continuity is not merely an abstract idea, nor is it a feature of the work that has emerged. Instead, continuity is the aim of the therapy, as 'musical experiences in clinical contexts can be continuous with non clinical musical experiences'.⁴⁷⁵ As we have seen, what Aigen means by this is that the musical experience within music therapy is synonymous with the musical experience outside of music therapy; the two are one and the same.

If indeed it is the case that in some instances the music-making within music therapy can be perceived as synonymous with music-making outside of therapy, this raises the question posed by Brown and Pavlicevic: 'If therapist and client are skilled musicians ... can we be sure that they are engaged in a clinical musical relationship, rather than a purely musical one?'⁴⁷⁶ It is clear that for one group of music therapists at least, whose work I have cited as music-centred, this question is not an issue. Indeed, it can be seen that their project in developing community music therapy is to understand and work with the music of music therapy in a 'continuous' way, promoting the 'artwork' nature of clinical improvisation. Furthermore, we have seen how it is this very artwork nature that is

⁴⁷⁵ Aigen, 'In defense of beauty', pp.112–128.

⁴⁷⁶ Brown and Pavlicevic, 'Clinical improvisation in creative music therapy'.

considered to be therapeutic, not just in terms of the emotional resonance of music as a medium for communication, but also in the very activity of making it. In this enquiry as a whole, therefore, in addressing the core question we have seen that in the music-centred approach not only are considerations of ‘aesthetic perfection’ foregrounded in the activity of the music-making, the project here is to develop a music therapy based upon a notion of music that is one and the same as ‘art music’. It is through the making of ‘art music’ that the therapy occurs, and here clinical improvisation and art improvisation are the same.

Is this the same for the psychodynamic approach; is it the same music as clinical improvisation in the music-centred approach? This is the question we have been concerned with throughout the enquiry. In this final section of the chapter, I propose an alternative understanding of the nature of clinical improvisation in relation to performance, one that indicates that there is more than one form of clinical improvisation.

We have already seen from varied case examples the way in which the music of music therapy can be regarded as a single, integrated concept with art music. I am going to finish by proposing a notion of the music of the psychodynamic approach as discontinuous with, and different to, music outside of music therapy. We saw how in the work of Mary Priestley the music of the psychodynamic approach can be defined by the ‘relational’, which I have described as being at the centre of the music-making, and as such ‘not for performance’. In this concluding section, I develop this idea further and show that the music of psychodynamic music therapy can be understood not only as separate but as a distinct form of music-making defined by its therapeutic purpose. In all, I suggest that this form of clinical improvisation functions as a kind of site-specific

art.

Site-Specific Art

Site-specific art is a broad and generic term that describes many types of art-making activities. In particular (but not exclusively), it refers to art with origins that can be traced to the 1960s.⁴⁷⁷ Whilst clinical improvisation also emerged during this time, the link to be made in this chapter with site-specific art is conceptual in emphasis rather than historical, although this is not to ignore the historical ramifications of making such a link. The understanding taken here is of a site-specific art is that is deliberately *not* autonomous in conception, in that it takes its meaning from the site in which it exists rather than existing independently of sites. Kwon writes:

The space of art was no longer perceived as a blank slate, a *tabula rasa*, but a real place. The art object or event in this context was to be singularly and multiply experienced in the here and now through the bodily presence of each viewing subject, in a sensory immediacy of spatial extension and temporal duration ... rather than instantaneously perceived in a visual epiphany by a disembodied eye. Site-specific work in its earliest formation, then, focused on establishing an inextricable, indivisible relationship between the work and its site, and demanded the physical presence of the viewer for the work's completion.⁴⁷⁸

It might be the very temporal dimension of some site-specific art works, where, in Jason Gaiger's words, emphasis is placed upon the 'circumstances of display, stressing the inseparability of the work from the temporal and spatial conditions under which it is encountered' that allow for a comparison to be made with music.⁴⁷⁹ For example, the

⁴⁷⁷ M. Kwon, *One place after another: Site-specific art and locational identity* (Cambridge, MA and London: MIT Press, 2002), cited in J. Gaiger, 'Dismantling the frame: Site-specific art and aesthetic autonomy', *The British Journal of Aesthetics* 49 (2009), p.47. Gaiger's illuminating article first stimulated my interest in this area of enquiry.

⁴⁷⁸ Kwon, *One place after another*, pp.11–12.

⁴⁷⁹ J. Gaiger, 'Dismantling the frame'.

British artist Richard Long makes artworks in landscape both through ‘walks’ (such as ‘straight hundred mile walks in different landscapes around the world’) and collecting natural materials such as stones, mud and water.⁴⁸⁰ Sometimes the materials are arranged in the landscape or sometimes indoors as part of a gallery exhibition. Long has spoken of how his work ‘is really a self portrait, in all ways. It is my own physical engagement with the world, whether walking across or moving stones around.’⁴⁸¹ He also creates transient works that last. When asked to comment upon his ‘idea of duration and eternity’ he said: ‘On a beach in Cornwall in 1970 I made a spiral of seaweed below the tideline. I liked the idea that my work lasting only a tide, was interposed between past and future patterns of seaweed of infinite variation, made by natural and lunar forces, repeating for millions of years.’⁴⁸²

Psychodynamic Music Therapy as Site-Specific Art

I am going now to make a link between the sites in site-specific art and sites in music therapy. To do this, I will make a distinction between the music-centred approach of Wood et al., in which their clinical work occurs across a variety of sites, and the psychodynamic approach, where the clinical work generally takes place in a private setting only. Of crucial importance is the relationship between the music therapy room, the participants and the music-making; the meaning of the music for participants in a clinical

⁴⁸⁰ Interview between Mario Codognato and Richard Long, in R. Long, *Mirage* (London: Phaidon, 1998) [Pages unnumbered].

⁴⁸¹ *Ibid.*

⁴⁸² Interview between Geórgia Lobacheff and Richard Long, 1994, in Long, *Mirage* [Pages unnumbered].

improvisation and the therapy room or 'space' are intrinsically linked. There is a tradition within psychoanalysis of the consulting room being more than just the four walls of a particular building. The act of being in the space itself takes on meaning.⁴⁸³ Connected to the idea of 'space' is the notion of time, and the reliability, presence and memory of the therapist. However, within music therapy this is also a musical presence and reliability. Whereas Wood et al. emphasize a continuity between individual music therapy (private), group music therapy (semi private) and community music, I am now going to present an alternative scenario of *discontinuity*. This scenario entails an idea derived from psychotherapy of the therapy site being the frame for an experience whereby, through the development of an interpersonal relationship, new personal meaning emerges for the client. The music being made is made in the relationship between the client and therapist. This music, as with all the contents of the therapy, is particular to the individuals taking part. It is not a music-making that can be transferred outside of the music therapy room, as described by Wood et al., into a public space, as this would be to transform the experience and the music into something different. Of prime importance is that this music does not require an audience; the presence of outside listeners to the music, as indicated previously, changes its very nature.

In psychoanalysis, the room in which sessions occur is given a metaphorical meaning, sometimes known as the 'analytical space'. This refers not just to the physical bricks and mortar of the building but also to the conscious and unconscious experience of being in that space. Psychoanalyst Thomas Ogden explains how the analytic space

⁴⁸³ This is not an idea peculiar to therapy. For example, the religious space or the teaching space can engender particular meanings for groups and individuals.

can be viewed ‘as an inter-subjective state, generated by patient and therapist, in which meanings can be played with, considered, understood’.⁴⁸⁴ Winnicott influenced this type of thinking through his concept of ‘potential space’.⁴⁸⁵ Potential space is the space in which play can occur. This is play in the sense that a child tries something out as part of play, *as if* it were real. The point is that in psychotherapy, the play and the transference relationship, at least in part, is not *literally* real, it is a ‘space’ in which play can occur. This notion of *as if* is the sense in which a *disconnection* takes place between what happens between people in the therapy room or site and what happens outside. Why though can this play not occur outside of the therapy room?

We have already seen how music-making in music therapy cannot sustain an audience without it becoming a performance and therefore, on these terms, something other than clinical improvisation. There is a sense, therefore, that the product of clinical improvisation, the music, is the sole concern of the participants and has no meaning beyond that of the participants. This relates to another principle, that the room is an uninterrupted physical space that in itself relates to the reliability of the therapist and the building and maintaining of trust with the client. The physical location of the room can take on a special significance for the client and therapist depending on the way it is laid out and whether it is available at a particular time of day. The room itself gradually becomes the site for therapy. It is this establishing of the physical site that creates the opportunities for what in psychoanalytic psychotherapy is sometimes termed the analytic space, which provides the opportunity for potential space in which ‘play’ takes place. The

⁴⁸⁴ T. H. Ogden, *The matrix of the mind: Object relations and psychoanalytic dialogue* (London: H. Karnac Books, 1992), p.233.

⁴⁸⁵ *Ibid.*, pp.233–245.

meaning of the music is its meaning in this specific space or site at a particular time, which includes the therapist and individual client or group. Clinical improvisation in the psychodynamic approach, therefore, is defined by its site specificity; it is inseparable not only from its performers, as in free improvisation, but also from its 'potential space' of therapy.

Conclusion

This enquiry has covered a broad territory, from the historical considerations of the early chapters, the methodological and philosophical considerations of musical ontology and improvisation that are addressed in the middle, through to the theoretical considerations of music therapy practice that comprise the final chapters. At its core, I pose the question of what is the music of music therapy. In carrying out the research, I have accrued an account of clinical improvisation and within this account identified a diverse ontology of music to be found in the music making of the two distinct approaches that I describe. In short, the enquiry examines three themes of context, diversity and ontology. I began by asking a question about the nature of the music of music therapy, what kind of music making takes place in therapy and is it any different from music made elsewhere? As was immediately evident, this question is intrinsically philosophical and for this reason the enquiry as a whole has been concerned with some varying methodologies of musical ontology. Indeed the topic of ontology underpins the developing discussion of the enquiry as a whole.

However the enquiry is fore mostly concerned with music therapy as a practice. Unlike many other musical practices, such as the performances undertaken by a

contemporary Western symphony orchestra, whose music is of prime concern in the literature of analytic aesthetics, the practice of music therapy cannot be taken for granted. For this reason, following the introductory Chapter One, in Chapter Two, I introduced music therapy and the practice of clinical improvisation in the UK, initially through describing some of its precedents and influences. I traced the musical and theoretical development of clinical improvisation since 1958, showing how it had become a hybrid musical practice with many influences including free jazz, aleatoric music and music of chance. I showed how the particular skills of the respective pioneer practitioners, together with the theoretical beliefs they held, ensured the emergence of two approaches to the clinical work.

Having established the subject matter of the enquiry, in Chapter Three I approached the ontological nature of the core question. As indicated above, I examined the notion of a comparative ontology as providing the way forward in this respect. I explored Andrew Kania's project to designate the comparative questions in ontology as being 'higher-order', rather than fundamental, in nature.⁴⁸⁶ I demonstrated how this manifested in the central concerns of the present enquiry, making distinctions of ontology within clinical improvisation and in relation to music-making outside of clinical practice. I showed how the enquiry could be carried out methodologically in parallel with Kania's examination of rock music in relation to classical music, and examined his discussion of this theme with Davies and Gracyk.⁴⁸⁷ As we saw, these

⁴⁸⁶ Kania, 'New waves', pp.20–40 and Kania, 'Making tracks', pp.402–414

⁴⁸⁷ Kania, 'Making tracks', *ibid.*; Davies, *Musical works and performances*, pp.25–34; T. Gracyk, *Rhythm and noise: An aesthetics of rock* (London and New York: I. B. Tauris and Co., 1996), pp.vii–36.

three philosophers have considered the ontology of rock music and identified *performance* as constituting a common theme at the centre of the rock music work and a place from which to examine what is distinct about rock music in relation to other forms of music. Musical performance was also to become pivotal to this present enquiry in that upon examination of this theme, a key difference between the two music therapy approaches emerged. This difference was seen to be in part one of preference: recently musical performance has developed as integral to the practice of therapists working in a music-centred or community music therapy approach. However, as discussed, this is not to say that musical performances do not occur in some form or other within the clinical sessions of a psychodynamic music therapy practice. In a more complex way however, musical performance, an activity so often taken for granted as a given, in this enquiry comes to denote more than one kind of activity and thereto, as is a central theme of the enquiry, more than one ontology. This is not just in terms of the *being* of the music itself, but also, as I discuss in the final chapter in relation to psychoanalysis, in terms of the *being* of the performer.

In Part Two, clinical improvisation was explored as a diverse musical practice. In Chapter Four, I explored the paradigms of process and product in relation to clinical improvisation and demonstrated how both paradigms were relevant to the clinical improvisation of both approaches. On the one hand, following this theme of convergence, I indicated how the musical forms of clinical improvisation vary across both approaches, and that no one form defines each approach. On the other hand, I established that, following Kania's question of where is the art-work in this or that form of music, I introduced the terms 'aesthetic wholeness' (music-centred approach) and

‘relationship’ (psychodynamic approach) to indicate the distinctive ontological theme at the centre of each of the two approaches. In addition, I presented the continuum of musical forms (Figure 2) and discussed the way in which the music-making in the psychodynamic approach tends towards the unconscious relationship, or what I term ‘the relational’.

In Chapter Five, I continued the exploration of the two approaches and examined the way in which the music-making in the music-centred approach tends towards the notion of ‘aesthetic wholeness’ or what I termed ‘the aesthetic’. I showed how some music-centred music therapists, including Ansdell and Lee, have incorporated practices of musicology into their thinking about the therapy, and how this affects their approach to clinical improvisation. In particular, the work of the American music therapist Kenneth Aigen was discussed with regard to his stance that musical experiences in clinical contexts can be ‘continuous with non-clinical musical experiences’.⁴⁸⁸ For Aigen, it was shown how the consideration of aesthetic experience is integral to music therapy practice, as there is a link to be made between ‘the beautiful’ in music and the sense of personal ‘wholeness’ that might be integral to a successful therapeutic outcome. Indeed, he critiques music therapy approaches that do not consider beauty as a significant factor in therapy, and crucially, it was argued that this stance assumes a single ontology of music in relation to the approaches he considers. I contrasted this with some further consideration of the psychodynamic approach and claimed that in this approach, there is a separate form of clinical improvisation to art improvisation. It is indeed the case that practicing music therapists might well veer between approaches and consider the music

⁴⁸⁸ Aigen, ‘In defense of beauty’, p.112

of music therapy from differing perspectives depending, not only upon their original music therapy training, but also the needs of the client they are working with. However I showed how theorists of clinical improvisation have quite distinct ontological notions of the nature of the music, and furthermore the nature of the music in relation to music outside of therapy. It was seen therefore that there are distinct ideas about musical ontology within music therapy which may not have been hitherto expressed in these specific technical terms but are manifested in the theories discussed and descriptions of case material.

At the conclusion of Part II, The distinct ideas could now be seen from two perspectives in relation to the two approaches. First from a music-centred perspective, the theories of clinical practice was found to be explicated upon the assumption of a single ontology whereby the music of music therapy and music that is made outside of the clinical setting are conceptually one and the same. Second, from a psychodynamic perspective, there was found to be less concern with the conceptualising of musical ontology. This was possibly because a dual ontology of music is assumed to be at work, and speculatively therefore, less need amongst practitioners to defend and promote the use of music as primarily an art form .

In Part Three, I showed how this distinction is manifested. Following Bohlman, I demonstrated how an examination of the music-making of music therapy ‘yielded’ an ontology that was found to be distinct between the two approaches.⁴⁸⁹ In Chapter Six, the parallel questions of where emotion lies and where therapy takes place in music was

⁴⁸⁹ P. V. Bohlman, ‘Ontologies of music’, p. 19.

explored in relation to Streeter's critique of the music-centred approach and Hanslick's aesthetic theory of music and emotion.⁴⁹⁰ In Chapter Seven, I posed the question: Is it possible to perform clinical improvisation? As a starting point, I made a distinction between performance in the 'narrow' sense of concert performances and performance in the broader sense, which includes all types of musical activity. I considered Gary Ansdell's position, in which performance was considered appropriate to therapy as it is a 'natural and necessary part of standard musical practice'.⁴⁹¹ I showed how through humour Ansdell revealed a subtle distinction between music therapy approaches, and that psychodynamic clinical improvisation was considered by him as a form of music-making that is 'not for performance'.⁴⁹²

Finally, I synthesized the arguments from the previous chapters to show how clinical improvisation relates to art improvisation practice. I put forward the practice of site-specific art as a synthesizing feature of a psychodynamic approach to clinical improvisation, and in doing so I established the ontological nature of this kind of clinical improvisation as being 'not-for-performance'. In conclusion, clinical improvisation was considered a *diverse* practice, both in terms of therapeutic approach and underlying musical ontology.

⁴⁹⁰ E. Hanslick, *On the musically beautiful*.

⁴⁹¹ Davies, *Musical works and performances*, pp.25–34; G. Ansdell. 'Being who you aren't; doing what you can't: Community music therapy and the paradoxes of performance', *Voices: A World Forum for Music Therapy*, No.3 (2005), 4/21. Available at: <http://www.voices.no/mainissues/mi40005000192.html>. Accessed 5 December 2005.

⁴⁹² Davies, *Musical works and performances*.

Beyond the research: towards a notion of clinical improvisation as music for a purpose

What is the future of this enquiry and where can the findings now be said to reside as regards the contemporary practices of music therapy? As already referred to in other parts of the enquiry, the philosophical emphasis of the research has necessitated in delineating between the two approaches in a way far more radical than would ordinarily be found in clinical practice. However by means of a short coda, I shall once more take a step back and consider both approaches as one clinical improvisation, considering it in relation to music outside of the clinical setting.

During the process of the research, upon exploring the wider practices of music-making in general, it became evident that clinical improvisation can be placed alongside other forms of music-making where the aesthetic is closely related to its *purpose*. It can be seen that whilst the dual notions of ‘interestedness’ and disinterestedness’ are historically key concerns within philosophical aesthetics, a consideration of purpose with regard to specific art forms is under-explored in the contemporary literature of analytic aesthetics. Indeed the considerations of ontology discussed in this enquiry by writers who would identify themselves as professional philosophers, exclusively refer to forms of music that is (arguably) made for no purpose beyond itself such as jazz and rock music.

Why might this be significant as regards clinical improvisation? Music made specifically for an external purpose is not limited to therapy, it is of course ubiquitous. Andrew Gregory⁴⁹³ describes the main traditional uses of music which ‘are common to nearly all societies’: lullabies, the games of children, storytelling, work songs, dancing, music used in religious ceremonies, in festivals, in war, as a personal symbol, salesmanship, to promote ethnic or group identity, as communication within language itself, for personal enjoyment, in healing and in trance. What is striking about many of Gregory’s examples is the way in which both the use and function of the music can be seen as imbued in the aesthetic features of that music. For example, he writes: ‘Most Central African vernacular languages have no words for pure music, nor for the concepts of melody or rhythm. Melody is only thought of as representing the words it conveys, and then becomes song. Rhythm is thought of as the stimulus for the bodily movement to which it gives rise, and is given the name of the dance.’⁴⁹⁴ However Gregory makes a distinction between societies where music is ‘an independent art form to be enjoyed for its own sake’ and those societies where ‘it is an integral part of culture.’⁴⁹⁵ For example, he writes (citing the work of Bebey) how in the music of black Africa, ‘African musicians do not seek to combine sounds in a manner pleasing to the ear. Their aim is simply to express life in all its aspects through the medium of sound ... [although] to understand African music it must be studied within the context of African life.’⁴⁹⁶

⁴⁹³ Andrew H. Gregory, 'The roles of music in society: The ethnomusicological perspective', in D. Hargreaves and A. North, eds., *The social psychology of music* (Oxford, 1997), pp.123-40.

⁴⁹⁴ *Ibid.*, p.127.

⁴⁹⁵ *Ibid.*, p.123.

⁴⁹⁶ *Ibid.*, p.124.

Whilst undertaking the enquiry, through conducting informal interviews with practitioners, together with attending exhibitions, workshops and performances, I considered other forms of music and art that are made specifically for a purpose. In historical terms, the oldest of these was the practice of improvisation by organists as integral to the liturgical rituals of the Christian mass in Europe, a practice which reaches at least as far back to the ninth century.⁴⁹⁷ Other practices which I considered included ‘outsider art’, a term which refers to a practice of art making specifically by those without training and associated with the expression of emotional pain.⁴⁹⁸ I also considered the practice of improvisation as an accompaniment to dance and the recent revival of live improvised performances for silent film.⁴⁹⁹

What unified these improvisational and art-making practices with clinical improvisation was the way in which the ‘products’ relied upon a certain purposive context in order that the ‘art-work’, could be aesthetically apprehended, imbibed with meaning and evaluated. What is of significance is that outside of the special context the improvisation or painting is liable to lose its meaning.⁵⁰⁰ For example even though the work of some of the cited original ‘outsider’ artists are exhibited in European public art

⁴⁹⁷ E. A. Bowles, 'The organ in the medieval liturgical service', *Revue Belge de Musicologie/Belgisch Tijdschrift voor Muziekwetenschap*, (1962), pp.13-29.

⁴⁹⁸ R. Cardinal, 'Towards an outsider aesthetic' in M. D. Hall, ed., *The artist outsider creativity and boundaries* (Washington and London: Smithsonian Institution Press, 1994), pp.21-43.

⁴⁹⁹ I conducted interviews with pianist Neil Webster at the London Contemporary Dance School (June 2008 and October 2011) and organist John Strange, United Reformed Church, Palmers Green, London N13 (October 2011). Also valuable were discussions I both led and took part in at the Institute of Group Analysis Film Society, London NW3 (2006-8) and a workshop on improvising for silent film led by pianist Neil Brand, 'Where Does the Music Come From?', The Barbican Centre, London EC1, February 2007.

⁵⁰⁰ Arguably an exception to this position are the famous improvisations of Olivier Messiaen on the organ of Eglise de la Sainte-Trinité in Paris, some of which have been recorded on film and placed on the ubiquitous website www.youtube.com. However this is to take the discussion into a specialised and possibly unique area of consideration, beyond the scope of this short conclusion.

galleries of renown, their work is often curated in relation to ‘outsider art’ with all the ramifications of ‘self expression’ that this brings. Evidently the label ‘outsider artist’ is deemed to be necessary in order that the viewer will view the art-work ‘appropriately’, with the right context in mind. Without such an explanation the viewer might dismiss the painting as unformed or lacking in technique. The listener who heard a recording of an improviser playing for a dance class might similarly judge the music as repetitive and predictable.

Indeed, this non ‘portability’ of art made for a specific purpose out of its specialized context was the basis for the conclusion I drew in making a comparison between psychodynamic clinical improvisation and site specific art. I argued how this approach to clinical improvisation produces a music-making that cannot be transferred outside of the clinical setting and, crucially, cannot be performed as such to an audience without losing its personal and aesthetic meaning. Indeed as argued previously, most music therapists offering a psychodynamic approach would not consider such a performance to be a suitable outcome or adjunct to therapy. Putting aside the distinctiveness of approach, the ethical ramifications of this last statement leads me to one final observation: all these forms of art made for a purpose, as cited above, explicitly take as the driving aesthetic, some concern with the condition of being human. This is the case whether the art/music is concerned with body (dance), mind (outsider art) or spirit (religion); or body, mind *and* spirit (film).

The music of music therapy as this enquiry demonstrates, adds to this list of forms of art and music-making created for a purpose. In addition to its context and preferred approach, first and foremost, therefore clinical improvisation is essentially a

form of music for a purpose, whereby a specialized 'human-centred' musical aesthetic is entailed to greater or lesser extent in its realization.

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