

Music in therapy: Increasing possibilities for action

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ABSTRACT

The article discusses how music therapy, considered as a discipline as well as arenas of different practices and theoretical models, may contribute to our understanding of how music may influence our actions. Among the many models of music therapy the author discusses an ontology of music which is compatible with a contextual understanding of how musical meanings are produced and performed. The article further presents how theories from receptive music therapy (The Bonny Method of Guided Imagery and Music), improvisational music therapy (Creative Music Therapy), Community Music Therapy, and more resource-oriented ways of working may provide new insights into how music in therapy works in giving us new possibilities for action.

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INTRODUCTION

As a discipline, music therapy is concerned with the relationship between music and health (Stige, 2002), thus continuing the long tradition in Western musical thought from Pythagoras. This broad view of the subject invites music therapists to engage in the current debate within fields such as musicology, cultural studies and aesthetics about the role and functions of music in society. In particular, we may ask what music therapy can contribute to ongoing research about the use of music in everyday life to regulate emotions and behaviour.

MUSIC THERAPY: BACKGROUND

Music therapy is often defined as a profession and practice concerned with treatment. Systematic (and predictable) interventions by the music therapist in people's lives is emphasised. Well established areas of such practices occur within special education and neurological rehabilitation, music psychotherapy, recreational use of music, teaching self-care strategies for maintaining relaxation and stress-reduction, community music therapy as well as music administered within medical settings to influence physical health.

This broad range of activities and areas of practice is made even more difficult for outsiders to grasp when considering that music therapists work under different theoretical models or treatment paradigms drawing from a variety of theoretical discourses in order to explain and direct their work. A few examples are provided here. Analytically oriented music therapists may work much in the manner of psychotherapists using musical listening and verbal intervention to promote insight and ego-strength. Other music therapists use improvisation or song-writing to build mutual relations and strengthen the clients' own resources under the label of Resource-Oriented or Creative Music Therapy. They may draw their theories from discourses within humanistic psychology as well as feminist theory or positive psychology. Still others work strictly with preprogrammed selections of classical music to stimulate imagery (i.e. the Bonny Method of Guided Imagery and Music), while recent community music therapists are taking their musical services into the community to work outside the traditional medical model, drawing on approaches such as critical theory, systems theory and theories of empowerment.

However, most of music therapy is under the influence of a positivist paradigm, tending towards biological and neuro-psychological explanations of human behaviour under the influence of music. Within a cognitive-behavioural and sometimes experimental paradigm, this conventional medical model approach tends to align with the evolving evidence-based regime in order to be accepted by the medical authorities.

MUSIC THERAPY: WHAT CAN WE LEARN FROM IT

If we understand music therapy as a broad interdisciplinary field, the practice of music therapy can be seen as a laboratory studying how people may change under the influence of music. Until now, in order to understand and explain how such changes are possible, music therapists have turned to the social sciences, the natural sciences and the humanities. The import of theories from medicine, psychology, sociology or musicology is aimed at understanding how we may use music to exercise an influence upon our lives. However, music therapy itself has become a new interdisciplinary

study of how we may use music to promote health and well-being. During the course of its history, it has gathered idiosyncratic examples and experiences about how music is appropriated to effect changes. Perhaps it is time to ask what we can learn from music therapy about the way music influences our actions?

My own personal background in music therapy is rooted within humanistic philosophy with strong influence from the Nordoff/Robbins improvisational approach as well as the receptive music therapy developed by Helen Bonny, the so called Bonny Method of Guided Imagery and Music. This bias is also reflected in my critical attitude towards any dogmatic positivist approach that does not recognize qualitative research in music therapy (see Ruud, 1998).

The field of music therapy has, during the last fifty years, grown from an individual-oriented treatment-related practice within traditional medical and special educational settings into a multi-disciplinary field of knowledge discoursing upon the subject of music and health in general. Music therapists administer musical performances, sessions with song-writing and creative music activities, listening rituals, improvisations and recreational music activities in order to improve, regulate or restore mental and physical health. As a discipline where musical interaction and communication are enacted and researched, music therapists have gained new knowledge about the contingency of musical communication as well as practical knowledge about how to enable and empower the individual through music. Through creating and recognizing new forms of musical performance and areas of practice, new groups have gained access to the symbolic significance of musical participation in today's society with the accompanying social recognition.

Viewed as a discipline and not only as a professional practice, music therapy encompasses a large interdisciplinary field of study around individual-health relations. As we have seen lately, music sociologists and music psychologists are also discovering how people are using music to regulate and control their emotional behaviour (DeNora, 2000) and take care of their health needs through music (Ruud, 2002; Batt-Rawden, 2007). Music is used for identity building (Ruud, 1997), relaxation, coping with stress, gaining release from pain or regulating sleep patterns. People bring their own soundtracks and personal stereos into urban landscapes to regulate their moods, their attention and their emotional investments (Bull, 2000; Skånland 2007).

This means that music therapy, taken as a discipline, should not merely restrict itself to the professional practice of "doing therapy". Music therapy also has to study the way music is put to work in everyday life in order to regulate what we may label "health". When recognizing how listening rituals are shaped through the functional use of the new music technologies in everyday life, we find an emerging area of music as an "immunogen practice" (Ruud, 2002), where music is used as a health technology as discussed above. If we take this use of music as a regulator (and definer) of health, as a medium for self-care, and then we recontextualize it within the new media technologies, such as MP3, iPod and the new generations of music phones, we are entering a future where the old Pythagorean ideal of music as a regulating device has become an ever-present reality.

AN ONTOLOGY OF MUSIC

In order to broaden our view of music therapy, and see it as a discipline which seeks to understand how everyday "*musicicking*" (Small, 1998) may have health-related

functions, we need to develop an understanding of music and its role in empowering the person. This understanding may contradict medical model thinking in music therapy as well as the view of music as some sort of pharmacological substance, which can be administered by professionals in a predictable manner. We have to stop thinking about music as a stimulus leading to predictable responses in the person. In many traditional music psychology experiments, one has looked at structural elements in (classical) music, i.e. degrees of complexity, in order to make inferences about aesthetic preferences. Within this perspective, one tends to miss how personal, contextual or situational factors determine the construction of meaning in music.

This situation looks similar to what happens sometimes in social psychology. To give an example: The social psychologist Kurt Lewin once noted that lay people misconceive social behaviour in much the same way as earlier Aristotelian physics was understood exclusively in terms of properties or dispositions of the object: A stone sinks in water because it has the property of heaviness, or “gravity” (Ross & Nisbett, 1991, p. 161-62). In modern physics, however, the existence of a physical vector always depends upon the mutual relations of several physical facts, especially upon the relation of the objects to its environment. In “lay personology” people have a tendency to attribute behaviour to persons, rather than to situations, or how people construe situations differently. In social psychology, this is referred to as the “fundamental or ultimate attributional error”. In much the same way “lay musicology”, in the sense that we all are engaged in the interpretation and classification of music and musical behaviour, tends to misinterpret musical behaviour in drawing conclusions based upon our own interpretations of the music in question. When it comes to our understanding of how musical meanings are created from live or recorded music, we engage in the same game as ancient physics by overlooking contextual or situational factors as different people differently entertain them.

It seems to me that both traditional music psychology and a great deal of musicology, not least some of the recent “new musicologists”, suffer from this sort of “fundamental attribution error”, not making allowance for other ways of constructing musical meanings and realities. There is a term for this also in social psychology, “egocentric attribution”, quite often leading to phenomena like “the false consensus effect” and “overconfidence in predictions”.

When I look at the field of musicology, some analytically or textually oriented musicologists are in many ways similar to Aristotelian trait psychologists, who look into the structures of music to find aesthetically significant traits, but who are totally ignorant of what will happen when this aesthetic reality is interpreted within a specific local situation. The same failure may be seen among those making bold interpretations as if they have been granted a privileged position from some higher authority. In many ways, the fields of musicology and psychology of music are even more complicated than the field of psychology when it comes to the understanding of aesthetic behaviour. To understand musical behaviour or the experience of music, one need not only take into account the idiosyncratic interpretation of the person within a particular social, cultural or historical situation. Music itself is a kind of situation, with its particular materiality, syntax and semiotics. We need of course a music-focused approach to describe some of the sonic differences which give rise to our musical cognitions. However, to understand the pragmatics of the situation, i.e. the special effects, functions or consequences of music, one has to go beyond the analysis and out into the world, into the specific situation and its concomitant

experience. It might be that this is not the agenda of much musicology; to my knowledge, musical analysis is often a formal game or a private hermeneutic project. In the same way, much experimental research within the field of music psychology is rather poor concerning ecological validity. Seen from the perspective of music therapy, however, the question of musical meaning and pragmatics is vital. And if we want to understand how music operates in our society, how music attracts and shapes peoples and cultures, this local and situational knowledge is crucial. In this sense I welcome an interpretative turn that lets the art objects speak out and communicate. For the music therapists, contextual understandings of musical meaning are vital for any empirical understanding of how music affects our cognitions and behaviour.

It should be added though, that this does not mean that much experimental work within the psychology of music does not have any value. Music therapists build their work on the assumptions that music may influence factors such as our emotions, attention, concentration, memory and cognition. These assumptions, however, must be put to work within a non-predictive frame, in accordance with an ontology of music which places more emphasis on how interpretation and narrative help people to construct meanings from aesthetic objects.

Many music therapists have resisted a concept of music as “work” and instead embraced more processual conceptions of music where contextual, music structural as well as individual circumstances influence the interpretation and experience of music. Lately, Christopher Small’s concept of “musicking” (Small, 1998), as well as the concepts of “affordance” and “appropriation” (DeNora, 2000; Clarke, 2006) have been widely embraced by music therapists. Small emphasized how “music” must be understood as a practice and a process, as something we do, rather than as an object. This has implications for our understanding of how meanings are produced while engaging in music. Contextual or situational circumstances will play a major role when meanings are negotiated. With the term “affordance” musicologists are referring to James J. Gibson’s ecological theory of perception (Gibson, 1979), which seeks to throw light upon the interactions between perceiver and environment. Any given environment affords a number of actions and perceptions, according to Gibson. Musicologist Eric Clarke writes that “the affordances of an object are the uses, functions, or values of an object” — the opportunities that it offers to a perceiver (Clarke, 2003, p. 117). Clarke emphasizes how perception and action are inextricably linked and he points to the dialectical relationship between an organism and its environment when he states that it is “neither simply a case of organisms imposing their needs on an indifferent environment, nor a fixed environment determining strictly delimited behavioural possibilities” (ibid. p. 118). This also implies that there will always be a social component affecting the range of possibilities inherent in socially embedded objects like music (Clarke, 2005, p. 38), which implies further that the musical affordances offered by a specific piece of music will be appropriated by the listener/traveller within the “ecology” of the listening situation in question.

LISTENING AS SELF-CARE

Interviews with people have shown that there is a reflexive use of music in everyday life aimed at regulating both physical and mental balance (Ruud, 2002; Bergland, 2006; Batt-Rawden, 2007). What we could term “musical self-medication”, sometimes based upon the new music technologies with personal and portable soundtracks in MP3 players and music mobile phones, involves taking care of one's

energies, bodily states, emotions, cognitive orientations, memories, moods, in short our physical and emotional well-being. In this is a new form of musical self-caring, music is a part of the technology of self (DeNora, 2000) aimed at defining and performing health.

Music therapy may help us to understand how such everyday uses of music are possible. Within the recent “relational turn” in psychotherapy, we find a group of theoretical and therapeutical approaches which emphasize how relational experiences within therapy may lead to changes in behaviour. This may be obtained when therapist and client are playing together, or when the client is listening to music. One of these theories, to give an example, comes from self psychology, originally conceived by Heinz Kohut (Monsen, 1997).

The argument will go like this: Concerning the psychological states that arise from the listening experience, this musical practice could be a way of giving music “selfobject” functions, a term coined by Kohut to describe any dimension of an object which had the function of supporting ourselves. Here, music represents a source of safety and continuity; it brings back memories of important events and persons in our life. As other selfobjects, music comforts and gives us access to positive emotions and experiences. Music also allows dissociations from difficult emotions and thoughts, thereby subduing anxieties by a cognitive reorientation. This may result in bodily relaxation, the initiation of a new bodily felt harmony.

Music is also used to reduce pain, either by redirecting thoughts, blocking the pain impulses or helping to produce endorphins, which give us sensations of pleasure. Our music libraries then become much like a personal pharmacy when used to reduce anxieties or prepare us for sleep.

Within music therapy there is a growing body of research on receptive music therapy, or how we may use listening to music to further self-insight and/or bodily well being. There is a tradition of music psychotherapy which entails listening to a special selection of music “programs”. The previously mentioned *The Bonny Method of Guided Imagery and Music* (BMGIM) is a much-researched approach (Bruscia & Grocke, 2002). I understand this method according to Bruscia, as “a modality of therapy involving spontaneous imaging, expanded states of consciousness, pre-designed classical music programs, ongoing dialogues during the music-imaging, and nondirective guiding techniques” (Bruscia, 2002, p. 59).

The core of the BMGIM lies in the ability to create images within the context and conditions that are maintained while listening. These images emerge at different levels, as sensorial experiences, visual scenes or language and thought figures. As we know from relevant literature (Bruscia & Grocke, 2002), images may be placed in a number of different categories. In order to understand how listening to music under such conditions may have affective, cognitive as well as physiological consequences, we may turn to the tradition of self psychology and recent research concerning affect consciousness (AC).

Within the theory of self psychology, music may be understood as a selfobject, which may have important self-sustaining functions for the individual. Such selfobjects have to do with the subjective aspects of anything that can maintain, support, restore or confirm the self. This sort of a relational experience towards an object may awaken and maintain the self or give us the sensation of having a self.

Selfobject functions can be served not only by other people, but also by cultural objects, such as music.

Possible forms of imaging that occur while listening to music include visual images, associations released through listening, and the emotions and bodily processes going on at the same time. While “images” may be seen as “scenes” within the theory proposed here, emotions released may inform us about a possible “script” that is idiosyncratic to the person experiencing the music. A script can be understood as a sort of underlying principle, or as a set of rules utilized by the person in handling various situations. When scripts are activated, or “heated” during the BMGIM or the listening process, the possibility arises of getting to know some of the underlying dynamics of the person, or for the person to have some new information about herself. This may again open some new possibilities to work in the verbal modality. In short, self psychology, script theory and the theory of AC, may offer a theoretical approach to understanding what is happening when we are listening to music.

In this music therapy approach, images are the outcome of a multidimensional process where music, image, client, therapist and the state of consciousness mutually influence one another. Images may be followed by the release of an affect, while an affect may influence the production and content of an image. There is no linear or causal relationship between any components of the BMGIM experience. To understand the role of music, we could, in accordance with Gibson's ecological approach to perception, say that music has a phenomenological profile (Ruud, 2003), which affords affect to emerge. This again may be due to the release of associations or external references made by music, or our experiencing structural expectations within music itself. We know these affective responses in the form of more or less delimited or categorical emotions, vague states of feelings (vitality affects) or more lasting moods.

AFFECT CONSCIOUSNESS

I claimed earlier that humans are not the only ones who can serve selfobject functions. In addition, animals, nature, art and culture – not least music and images – may come to assist in establishing such a nurturing selfobject environment. Kohut held the view that the integration of affect states is central to the development of self-regulatory capacities and to the structuralization of self-experience (Monsen & Monsen, 1999). Within the theory of AC it is a basic requirement to allow clients to experience and tolerate their emotions fully, which is also important to the BMGIM experience. In their work on affect theory, Monsen and Monsen present a model of AC and how it can serve the understanding of therapeutic processes. The authors describe the concept of AC as “the mutual relationship between activation of basic affects and the individual’s capacity to consciously perceive, reflect on and express these affect experiences. AC is defined and operationalized as degrees of awareness, tolerance, nonverbal expression, and conceptual expression of (...) nine specific affects (...)” (Monsen and Monsen, 1999 p. 288). These affects are listed as interest/excitement, enjoyment/joy, fear/panic, anger/rage, humiliation/shame, sadness/despair, envy/jealousy, guilt/remorse and tenderness/devotion.

The authors add, “conversely, a high degree of AC should imply that activation of affects will serve adaptive purposes and should accordingly be associated with generally sound level of mental health” (loc. cit.)

SCENES AND SCRIPTS

According to Silvan Tomkins, emotional experiences are organized at two levels, as “scenes” and as “scripts” (Monsen, 1997, p.98). Monsen writes that a scene is put together by a feeling being attached to an object or a theme, in addition to an event which includes persons, places, time, actions, bodily experiences.

If we ask if there is an organizing structure behind this chain of scenes or events, we ask about an underlying “script”. According to Monsen, the term “script” refers to “underlying principles for the organization of scenes, for instance a set of rules the individual has acquired for prediction, interpretation, handling of forms of reactions and control of repeating experiences” (Monsen, 1997, p. 98). A script is an underlying structure, a way to organize and make order out of experience, which is independent of the specific situation and context and emerges in different scenes.

As we can see, music listening offers possibilities of activating scripts. In therapy, understanding this dynamic may be an important part in self-understanding, self-development and change. In self psychology it is important to have patients come into contact with model scenes in their lives, in order to experience how they feel and react. This identification may often come through as a cognitive process, resulting in an intellectual understanding. However, as we understand, emotions play a crucial role both in the identification and transformation of scripts. “Heating the script” may offer the possibility of recognizing the dynamics behind our idiosyncratic ways of reacting. Burning the maladaptive scripts may offer the possibility of replacing these with scripts better suited to cope with current problems. But this will need both an ability to identify and tolerate emotion as well as an opportunity to express the emotion verbally. This may be taken care of by introducing clients to different programs and under careful guidance follow the client through a broad landscape of scenes and emotions. I will postulate that music affords a way to intensify this process, something most BMGIM therapists have experienced quite often.

As we know from the study of imagery, autobiographical imagery is only one among several ways to react to music. Often images come to us in symbolic and metaphorical form. In reflective conversation clients are given the opportunity to express and reflect upon their images and scripts. An important skill for the therapist is also to help individuals recognize how images may be important metaphoric expressions regarding significant issues in their lives. Metaphorical integration leading to a new understanding of a life narrative may be of primal concern.

In this sense, self psychology, as a theoretical approach to the understanding of the process of music listening, allows for transformation to happen through the music listening experience itself. When music is understood as a selfobject, self-sustaining as well as transformative needs may be taken care of. As we have seen, the function of a selfobject is to maintain, support and confirm the individual. In this sense, this self-psychological frame allows for music and images to shape the sustaining and transformational process.

IMPROVISATION

Improvisation in music therapy is also an effective means of providing relational experiences. If we look to one of the current models of music therapy, labelled Creative Music Therapy, there is an ongoing debate and theory development

concerning the nature of the improvisational process that may help us to understand how music affects our actions.

Music therapists working within this model have a tradition of using musical improvisation when approaching their clients. Within this improvisation, music therapists have had the freedom to meet and adapt to the clients' idiosyncratic music cultural cognition. Improvised music therapy may thus demonstrate some of the operating principles behind the application of music in human interaction. Studying improvisation, we may learn how music affords social bonding through listening to music and playing it.

IMPROVISATION AS BEING-IN-TIME-TOGETHER

An important aspect of this may have to do with the experience of being synchronized within time. Probably some of the worst effects of ill health are the consequential social isolation many people experience. Music therapists have drawn attention to how musical improvisations enable client and therapist to engage in a "mutual tuning-in relationship", as originally described by the sociologist, Alfred Schütz, in his article from 1951: "Making music together – A Study in Social Relationships". His concept of "mutual tuning-in" points to how music may create situations "which originate in the possibility of living together simultaneously in specific dimensions of time" (Schütz, 1951, p. 78). Time is the keyword here, and phenomenologically speaking, this contact situation of being able to synchronize oneself with one another within a musical improvisation, may be the first step from social isolation to living in a relationship here and now (see Ruud, 1998, p.148). Of course, Schütz was not aware of musical improvisations as they later appeared in music therapy. However, due to the specific techniques applied in music therapeutical improvisations, this synchronisation may be obtained through the flexible use of adaptive responses by the therapist, and not least through the establishing of a common pulse.

Ansdell and Pavlicevic (2005) have elaborated the relevance of time in music therapy and improvisation. They look at emerging communication as "a mutual coordination of intention and action within concrete events in real time" (ibid., p. 199). They argue that a possibly damaged communicative musicality as based upon parameters such as pulse, dynamic quality and musical narrative (ibid., p. 201) may be "repaired" through the techniques of improvisation developed by music therapists.

GROOVE AND PARTICIPATORY DISCREPANCIES

There are theories that look for internal musical structures as an explanation for how musical meanings arise. Music may be seen as a dynamic field with forces of tensions, rooted in our embodied perception. Because our perception is wired from early on to feel the forces of gravity due to our early bodily experiences, composers may build in tensions and expectations in the musical structure such as to create a dynamic behind music listening which we will recognize through our embodied perception (Aksnes and Ruud, 2008).

Music therapists will utilize this potential for tension or expectation when they improvise, when they try to engage clients in musical interaction by manipulating the musical parameters. Music therapists have a variety of techniques to get people involved in musical improvisation (see Bruscia, 1987).

In addition to the foundation of a common pulse, musical interaction may confirm and challenge this common temporality through temporal deviances, as experienced when musicians are playing “on the top of” or “behind” the beat (Keil, 1994a). Keil suggested the term “participatory discrepancies” (Keil, 1994b) for those experiences in the music that lead to involvement and participation that originate from a mutual sense of playing around the beat and out of tune (Ruud, 1998, p. 158). This term also suggests that musical meanings are not extracted from fixed structural elements in music, but to a large extent influenced and shaped through the personal colouring by the musicians involved.

Music therapist Ken Aigen has convincingly demonstrated how these grooves work in analysis of one of his cases (Aigen, 2002). Aigen observes how (ibid., 57) “...to groove means to be totally locked in to the moment in time, the place, and the individuals with whom one is grooving”.

THE BODY IN MUSICAL COMMUNICATION

Much of the strength of music therapy comes from its unique position in establishing contact and building relations through musical encounters. Musical improvisations based on a music cultural sensitivity enable the music therapist to initiate, maintain and further musical communication. This ability to react to music also seems to be rooted in our common biological nature, in our embodied responses to music. Recent research and theorizing about the gestural nature of music (Gritten and King, 2006; Aksnes and Ruud, 2008; Ruud, 2007) may help the music therapist to understand how our bodies and our cultural situatedness interact when musical communication comes into play. This connection between music and body seems to be mediated by our gestures, as they are manifested in musical acts and expressions.

Following Iazzetta (2000), gesture may be taken in a broad sense, “it does not mean only movement, but a movement that can express something”, Iazzetta writes. And he adds that gesture “is a movement that embodies a special meaning. It is more than a change in space, or a body action, or a mechanic activity: gesture is an expressive movement that becomes actual through temporal and spatial changes” (ibid., p.74).

To understand how music may come to play such a role in the formation of a relation we have to seek to understand how relations between the child and the adult are established. If we go all the way back to an early social psychologist such as George Herbert Mead (1863-1931), he maintains in a theory of gesture and communication how the infant’s early “conversation with gestures” creates an orientation towards mutuality. In order to legitimize the use of improvisations in music therapy, theories and arguments have been found in the discourses around the use of music as non-verbal communication, both in relation to clients without language or when words have not been available because of emotional difficulties. Language, however, is of course an important aspect of our social forms of contacts. “Language is a part of social behaviour”, Mead writes, at the same time as he adds an important footnote about gestures:

“What is the basic mechanism whereby the social process goes on? It is the mechanism of gesture, which makes possible the appropriate responses to one another’s behaviour of the different individual organisms involved in the social process. Within any given social act, an adjustment is effected, by means of gestures, of the actions of one organism involved to the actions of another; the gestures are movements of the first organism which act as

specific stimuli calling forth the (socially) appropriate responses of the second organism. The field of the operation of gestures is the field within which the rise and development of human intelligence has taken place through the process of the symbolizations of experience with gestures – especially vocal gestures – have made possible. (...) (Mead, 1934, p. 13-14).

A gesture originates on a rudimentary level of biological behaviour at the same time as it initiates complex social acts. Sound and movements from one being influence the other. Gestures stemming from one being may be taken as a signal which functions as a stimulus, which initiates a process of adaptation and signification in the other being. All such responses may develop into mutual gestures towards the opposite being, which creates a series of interactions, adaptations and changes in attitude. This is what might be termed a “conversation with gestures”, what is sometimes called protoconversations.

Musicologist Coker builds on Mead when he points to an important aspect of this type of conversation, namely the immediateness in the response. There is an instant, almost instinctive adaptation to the other, Coker writes (Coker, 1972, p.10). Recent infant research has confirmed Mead's understanding of how the infant's ability to adapt its responses is evidence of early empathic activity. We know today how “taking the role of the other”, which was Mead's formulation of early intersubjectivity, does happen significantly earlier in the infant's life than had previously been thought. So-called “primary intersubjectivity” originates, according to developmental psychologist Colwyn Trevarthen, at birth (Trevarthen, 1974). The immediacy of response means that the musical act happens on a prelinguistic level, in other words, without self-conscious attention or intentionality. On this level of interaction, the exchange of gestures takes place without the conscious intentionality which is characteristic of language, or rule-governed behaviour.

In order to explain some of the biological or neuropsychological background for this conversation with gestures, i.e. protoconversation, researchers have looked towards how a group of so-called mirror neurons makes early imitation possible. In his book, “*The Present Moment*”, Daniel Stern points to how these mirror neurons are active when we try to read other people's intentions, take part in their emotions, experience something that the other is experiencing and take hold of an observed action in order to imitate it, all of which is about empathy and the establishment of interpersonal contact (Stern, 2004, pp.78-79). We find these mirror neurons beside the motor neurons and they are activated within someone who observes another person executing an action, such as playing an instrument. And the particular pattern of firing by the observer is exactly the same as the pattern would have been, had the observer himself performed the action (ibid., p. 79). Or, as Stern writes:

In brief, the visual information we receive when we watch another act gets mapped onto the equivalent motor representation in our own brain by the activity of these mirror neurons. It permits us to directly participate in another's action without having to imitate them. We experience the other as if we were executing the same action, feeling the same emotion, making the same vocalization, or being touched as they are being touched. (...) This “participation” in another's mental life creates a sense of feeling/sharing with/understanding the person, in particular, the person's intentions and feelings (loc. cit).

It seems reasonable to draw upon these observations when music therapists want to understand how and why musical communications often succeed when other forms of communication have failed. Involvement in musical interplay and interaction, as it grows out of the sensitive recognition and responses from the therapist, may have had its *roots in the immediacy of gestural identification, attunement and interaction*. In order to reach this conclusion, however, we have to take into account the cross-modal character of perception, how input in one sense-modality may be acted upon within another sense modality. Visual information may well be experienced and reacted upon as aural information. Or, as musicologist Rolf Inge Godøy writes in his “triangular model” of motor-mimetic music cognition: “Any sound can be understood as included in an action-trajectory”. Images of sound-producing actions will have visual and motor components in addition to that of “pure” sound (Godøy, 2003, p. 317-318).

COMPOSING AND PERFORMING MUSIC

There is a recent model known as “resource oriented music therapy” which puts greater emphasis on the clients' own resources (Rolvsjord, 2007). Within this approach, music in music therapy is also a means to explore personal issues in corroboration with the client, to transform autobiographic experiences into symbolic expressions and to perform and share with a larger audience.

COMPOSING AND SONG-WRITING

Not least through song-writing, we are given the opportunity to transform the raw material of our life into an artistic object, a symbol which allows us to look upon ourselves from some distance. In music therapy, song writing gives opportunities to deal with traumas and conflicts, to give poetic form to life experiences and thus create something which it is possible to accept and share with others.

Music therapists have always recognized songs (and singing) as one of the main approaches within their work. Along with improvisation, listening, composing and performing, songs have had their natural place in the music therapist's toolbox as a way of expressing and performing aspects of oneself as part of a process on the way towards better health.

From childhood on, we all relate to songs and song writing in a personal way. Children improvise with their voices, create mock-versions of familiar songs, and engage in a host of changing forms of identification with songs and singers along their way to adulthood. The song text therefore often represents an early experience of how to symbolically represent the world, and of how we can use metaphors to comprehend the meaning of what is happening to us.

Music therapists have become skilled in appropriating popular culture in order to help clients formulate, ventilate, express and communicate some of their deepest wishes and thoughts. It seems that the song gives clients a new context, a freedom and strength to bypass their own vulnerability. The song form not only affords a range of possibilities for self-expression, but it equally allows one to touch on and warm to themes and relationships, which have been deeply frozen for a long time. Song writing provides an aesthetic context inviting clients to explore, within a new play-frame – their own life, their possibilities, their losses, and their aspirations (Ruud, 2005; Baker and Wigram, 2005)

PERFORMANCE

Within yet another model of music therapy, what has been labelled “community music therapy”, the role of musical performance has been given a new status. Performing music in a public context has consequences for the person in terms of becoming recognized and thus a possible member of a community. In this model, music therapists view music as social capital (Procter, 2002), as a resource for networking and community building. Performing is a way to gain access to symbolic resources often highly regarded within a society.

Music therapists have come to realize that ill health and handicaps have to be seen within a totality, as part of social systems and embedded in material processes. People become ill, sometimes not because of physical processes, but because they become disempowered by ignorance and lack of social understanding. Music therapists have come to see how their tool, music, may be a unique tool to involve other persons, to empower and make visible persons who, because of their ill health and handicap, have lost access to the symbols and expressive means that are so important in every culture.

CONCLUSION: MUSIC AFFORDS NEW ACTIONS

Although music always served everyday needs in our Western culture, such needs and functions were gradually placed in the background. From the eighteenth century on we saw the emergence of an aesthetic of music which insisted upon the pure and uncontaminated contemplation of the musical artwork as the main paradigm of how to relate to music. Music was taken away from everyday life, and transferred into concert halls and conservatories through an aesthetic discourse where music was constructed as autonomous and universal, complex and original.

Something was lost when music became an art form within an aesthetic which became disentangled from everyday life and separated into its own sphere. Music became less important and not intended to serve any practical purpose in life. From the beginning music therapy contained the idea that music might become an important factor in social change. Music therapy can be seen as an orientation towards life, as a social movement, in addition to a treatment profession. Today, we are witnessing how music therapists are crossing the boundaries between “therapy” and “community music making”. We can see how music therapy takes part in reclaiming some of the original functions of music in our culture.

Maybe a new sociology of music could observe how music therapy is now leaving its marginal site to take on a more central role in society. Music therapy may come to play the same spatial politics as other groups, like new social movements, youth subcultures and identifications associated with New Age who have come to articulate alternative futures for society (Hetherington, 1998).

It could be that music therapy, in aligning with other practices of music making, may vitalize the healing, empowering, self-regulatory functions of music. Thus music therapy could reclaim music for everyday life as a central force in humanizing culture.

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