



Understanding music as a temporal-aesthetic way of being: Implications for a general theory of music therapy

Brian Abrams, Ph.D., MT-BC*

Montclair State University, United States

ARTICLE INFO

Keywords:

Music
Health
Domains
Medium
Modality
General theory

ABSTRACT

Music therapy is generally considered a discipline that *utilizes* music for promoting health, in which music is understood as a phenomenon inextricably tied to the medium of sound. Yet, alternatively, music therapy may also be considered a discipline that promotes human health both *as and through* music, in which music is understood as a *temporal-aesthetic way of being* transcending the concrete medium of sound, that manifests across all of the domains targeted in clinical music therapy goals. This explorative perspective potentially resolves certain critical dichotomies and dilemmas with which the music therapy field has had to contend, while meaningfully distinguishing music therapy's indigenous expertise and unique value from those of related health disciplines. Moreover, it carries implications for the formulation of a *general theory* of music therapy, applicable across a plurality of specific music therapy models, methods, and practices. Likewise, it carries implications for general theories of other expressive arts therapies, based upon understanding their respective modalities as particular ways of being, transcending concrete media.

© 2011 Elsevier Inc. All rights reserved.

Music therapy was formally established as a profession in 1950 (American Music Therapy Association, 2010). Since that time, the practice of music therapy has been conceptualized and defined in a wide variety of ways. In many instances, it has been understood according to one or more established theoretical orientations usually associated with the various “schools of thought” in psychology (e.g., behavioral, psychodynamic, humanistic, etc.). In certain other instances, however, its unique character has defied any single theoretical category, thus eluding any conventional classification entirely.

Across the many different ways of understanding music therapy, there appears to be an underlying agreement that it involves, in one form or another, engagement in *musical sound* experiences, for health-promoting purposes. In *Defining Music Therapy*, Bruscia (1998) constructed a working definition that balanced the author's own original thought with comprehensive fidelity to much of the extant literature on music therapy up through the end of the twentieth century. In accordance with this synthesis, he writes, “Ultimately, music therapy is a *sound* experience” (p. 41) and (concerning music itself), “Music is the human institution in which individuals create meaning and beauty *through sound*, using the

arts of composition, improvisation, performance and listening” (p. 104). Since the publication of this text, moving into the twenty-first century, the music in music therapy has remained essentially sound-based (e.g., Aigen, 2005; Davis, Gfeller & Thaut, 2008; Lee, 2003; Peters, 2000; Stige, 2002).

Understanding music as sound (or as inextricably tied to sound) in the context of music therapy can be problematic, however music therapy addresses aspects of a client's health that do not directly concern musical sound experiences, via means that do not always involve constant engagement with the client in musical sound experiences. Yet, even when the role of musical sound becomes marginal in the context of music therapy work, it is still considered music therapy. Thus, due to the resulting dichotomy between the *musical* and *non-musical*, the disciplinary expertise and craft of music therapy cannot be adequately distinguished through a sound-based concept of music. This dilemma can be understood in terms of both music therapy *goals* and music therapy *processes*.

Music therapy goals

In the majority of the music therapy literature, musical sound is not described as the core purpose or targeted outcome of therapy—rather, goals typically concern conventional health domains such as improved motor skills, improved social skills, resolution of unconscious conflict, improved insight about self, greater self-esteem, self-actualization, and so forth. Thus, from conventional perspectives, musical sound experiences must *accommodate*

* Correspondence address: John J. Cali School of Music, Montclair State University, 1 Normal Avenue, Montclair, NJ 07043, United States.
Tel.: +1 973 655 3458; fax: +1 973 655 5279.

E-mail address: abramsb@mail.montclair.edu

all non-musical clinical goals. This presents the problem of rendering the entire discipline of music therapy subordinate to other disciplines, by defining the role of music as a means to addressing health domains of other disciplines. In this sense, the role of music in music therapy is rendered somewhat arbitrary, with its value determined only by how comparatively effective it can be in promoting the very same outcomes as any other means may promote. This arbitrariness, in turn, results in the obfuscation of the unique identity, role, and purpose of music therapy within the larger community of health disciplines.

Found in a more select area of the music therapy literature, the music-centered perspectives (i.e., Aigen, 2005) comprise an alternative to this view, by defining engagement in musical sound experiences themselves as the primary goal of therapy, and as the indigenous purview of music therapy (and hence, the characteristic that uniquely distinguishes it among other health disciplines). From these perspectives, change in how the client engages in musical sound is already of primary clinical relevance, and does not require generalization to “non-musical” health domains. Any sort of reduction or generalization of musical sound experience into “non-musical” terms contradicts the fundamental premise of music-centered music therapy. Thus, from music-centered perspectives, all non-musical clinical concerns must be *assimilated* into musical sound experiences. However, not all clients are referred to, nor seek out, music therapy services in order to improve their engagement in musical sound experience. In fact, more typically, the bases for referral (or self-referral) make no references to music at all. Therefore, in spite of the music-centered view that health can be understood by development within the realm of musical sound engagement, the need to clarify relationships between musical sound and the other “non-musical” health domains remains. Without this sort of clarification, the impact of music therapy is at risk of remaining insulated and isolated.

Music therapy processes

While perspectives on the roles and purposes of musical sound in music therapy work vary, common to these perspectives (as noted earlier) is that music therapy work must involve at least *some* musical sound. Bruscia (1998), however, has indicated that music therapy work can involve certain levels of experience which, to varying degrees, relate to musical sound, yet do not fully qualify as musical. In other words, not every music therapist employs fully musical (or even semi-musical) sound experiences at all times with every client. Therefore, the question of how much musical sound experience is “enough” becomes problematic. On the one hand, there is the danger of underuse, in which so little musical sound is employed that it becomes virtually indistinguishable from a completely different therapeutic discipline. On the other hand, there is the danger of overuse, in which there is a contrived implementation or general trajectory in the work that is “all about” the musical sound, without sufficient rationale (i.e., “because it is music therapy”).

Another major consideration stems from the limits to the utility of musical sound in music therapy processes, for persons with certain sound-based sensory conditions, such as hearing impairment, hyperacute hearing or *hyperacusis*, musicogenic epilepsy (Sacks, 2006), and congenital or acquired amusia (Sacks, 2007). While the literature contains references to persons with such conditions benefiting from therapeutic applications of musical sound (Amir & Schuchman, 1985; Berkell, Malgeri, & Streit, 1996; Darrow, 1989; Gfeller, 2001), there has been a general emphasis upon addressing the sensory limits themselves, in order that the client can access the physical sound (i.e., through residual hearing, vibrotactile sensations, mitigation of hearing via audiological technology, etc.). This

indicates that not all clients have equal access to a music therapy subject to the musical/non-musical dichotomy (even taking into consideration the facilitative role of adaptive measures).

Understanding music beyond physical sound

The concept of music as something transcending the concrete medium of sound is not a new one. The idea of human well being relating to healthful balance and proportion within a person dates back to the Ancient Greek theories of *temperament*—a term eventually applied to musical instrument tuning (Temperament, n.d.), yet which is not tied exclusively nor concretely to musical sound alone.

Perhaps one of the most poignant formulations of music beyond sound was developed by the medieval scholar, Anicius Manlius Severinus Boëthius. Boëthius (1989) defined four distinct realms of music: *Musica instrumentalis*, or musical sound (the conventional understanding of music); *musica humana*, or *human music* (the music of balance, proportion, and order in human being); *musica mundana*, or *universal music* (the music of the cosmic order); and *musica divina*, or *spiritual music* (the music of ultimate reality and absolute ground of being, underpinning the universe itself). Of primary interest here is *musica humana*, summarized by Boëthius in the following way:

Whoever penetrates into his own self perceives human music [*musica humana*]. For what unites the incorporeal nature of reason with the body if not a certain harmony and, as it were, a careful tuning of low and high pitches as though producing one consonance? What other than this unites the parts of the soul, which, according to Aristotle, is composed of the rational and the irrational? What is it that intermingles the elements of the body or holds together the parts of the body in an established order? (p. 10)

From this excerpt (which is, in fact, the entirety of what Boëthius was known to have written on *musica humana*), it is clear that, for him, there exists a level of music located within humanity itself, beyond the concrete medium of sound. For Boëthius, neither this realm of music, nor any of the other realms he identified, is merely a literary analogy or metaphor for any of the others—rather, each is a legitimate and actual level of music in its own right. In spite of using the phrase “as it were” in reference to “tuning” and “pitches” in his description of *musica humana*, it is fairly clear that Boëthius (like the ancient Greeks) understands music as something transcending the confines of physical sound. In essence, he appears to regard it as a living principle of humanity itself.

Nearly a millennium and a half later, during the twentieth century, developments in art music began to push the boundaries of conventional understandings of music, pointing to the idea of music as an expression of humanity, beyond sound. For example, in John Cage’s well known piece, *Four Minutes, Thirty-Three Seconds* (Pritchett, 1993), consisting of the “performer” sitting at a piano without playing it (for the specified period of time), the composer illustrates not only how there is no such thing as absolute silence (i.e., due to the natural and social dimensions of sound inevitably occurring within the performance space), but also how the music may be understood as “located” within the temporal context of shared, human, aesthetic silence (involving performer, audience members, and others).

Ideas from various health fields also support this concept, in various ways. For example, in psychology, Stern (1999) applies the term *vitality contours*, a temporal-aesthetic construct denoting a basic unit for constructing an infant’s inter-personal experience. Likewise, Malloch and Trevarthen (2009) describe affective communication according to certain musical dimensions, such as *pulse*.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات