



THESIS

2

2003

LIBRARY
Michigan State
University

This is to certify that the
thesis entitled

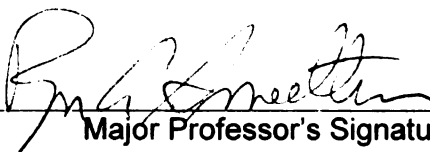
AESTHETICS OF MUSIC THERAPY IN A PRAXIAL FRAMEWORK:
A PHILOSOPHICAL STUDY

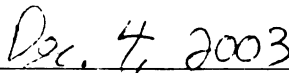
presented by

HIROMI ITOH, MT- BC

has been accepted towards fulfillment
of the requirements for the

M. M. degree in Music Therapy


Major Professor's Signature


Date

Date

MSU is an Affirmative Action/Equal Opportunity Institution

PLACE IN RETURN BOX to remove this checkout from your record.
TO AVOID FINES return on or before date due.
MAY BE RECALLED with earlier due date if requested.

DATE DUE	DATE DUE	DATE DUE

**AESTHETICS OF MUSIC THERAPY IN A PRAXIAL FRAMEWORK:
A PHILOSOPHICAL STUDY**

By

Hiromi Itoh, MT-BC

A THESIS

Submitted to

Michigan State University

in partial fulfillment of the requirements
for the degree of

MASTER OF MUSIC IN MUSIC THERAPY

School of Music

2003

ABSTRACT

AESTHETICS OF MUSIC THERAPY IN A PRAXIAL FRAMEWORK: A PHILOSOPHICAL STUDY

By

Hiromi Itoh, MT-BC

This philosophical study explored aesthetic discussions regarding the meaning and beauty of music in music therapy. The author examined and integrated existing studies in music philosophy and music therapy. Differences in viewpoint were found between practitioners of music therapy and theorists of three main branches of aesthetics: the formalist, the referentialist/ contextualist, and the absolute expressionist. The differences were notable in the concepts of music, music experiences, its value, and training. Experimental aesthetics, based on scientific methods, has had influence on the field of music therapy. In reaction to this empirical tradition, those who valued subjective experiences began to explore new aesthetic definitions. The concepts of health and the individual also have been shifting from a reductionist view to a holistic one. A fourth aesthetics, praxial philosophy, seemed to provide concepts that were more comprehensive and congruent with music therapy practice, except in the area of understanding creativity. The author endeavored to synthesize, in a praxial framework, concepts that have arisen in recent music therapy aesthetic discussions. The framework consists of four elements: person, music as product, music as process, and context. It focuses on the therapist's value of music and addresses multicultural issues.

Copyright by

Hiromi Itoh, MT-BC

2003

DEDICATION

To all music therapists and those who love music.

ACKNOWLEDGEMENTS

First, I would like to give great thanks to Professor Roger Smeltekop, who is my thesis adviser and also trained me to become a music therapist during these five and a half years. I cannot forget his patience and warm support throughout my studies of music therapy, as well as throughout this thesis project. He always accompanied me with emotional and intellectual support. I found that this thesis reflects our continuous dialogue. I would like to also thank Dr. Frederick Tims for opening my eyes for a philosophical topic. The readings he chose in graduate school were the basis of my reference list. His insightful and intuitive input through music and words in class were powerful. I also thank music therapy staff and friends, who encouraged me and studied together with me. Especially, I was glad to share many interests with Terra Merrill who gave me interesting ideas regarding aesthetics. I thank the School of Music faculties, including Dr. John Kratus who served as one of the committee members and gave me inspiring philosophical suggestions, Dr. Albert LeBlanc and Dr. Cindy Taggart for being models as researchers, Dr. Midori Koga for teaching me how to perform the piano creatively, and many other professors who showed me musicianship through their attitudes.

I would like to also thank my advisers and mentors at International Christian University in Japan. I was glad to see that their inputs are influential even after nine years. I want to acknowledge my Japanese and American friends who keep in touch

with me regardless of my busy days. My American family, Bonnie and John Bankson gave me warm supports and helps. Special thanks goes to Dr. Kei Antonio Fujisawa who gave me piano lessons for two and a half years before I came to the United States. Without his advise, I would not have chosen music therapy as my career. He changed my way of life to be ambitious and to dream boldly about the future.

Great thanks goes to Katsushi Okada who is my special friend. If I did not have his patience, emotional supports, and humor, the process of writing this thesis and even life in the United States would have been harder. I would like to thank my family, Hikaru and Yasuko Itoh, my parents, Akemi Itoh, my sister, and Yoshio Sakamoto, my grandfather who passed away. Due to their financial support, I had a chance to study in the United States. They also gave me enough space that enabled me to concentrate on my work. I appreciate their support and encouragement.

PREFACE

While I was working on this thesis, I often thought of my experience of writing the senior thesis at International Christian University in Japan, where I got my first undergraduate degree in Religion. Through writing the thesis at that time, I was reflecting on my experiences in the previous five years, and integrating them into my twenty-three years of life. During the university days in Japan, I faced many differences among my family, friends, local community, and the university that had a great impact on my life. The differences regarded various issues, including indigenous and cultural backgrounds, religious beliefs, and gender differences. Facing these differences, I thought extensively about conflicts and cultural difference. Those questions turned out to be my senior thesis on Christianity and Jews, titled “Who is Israel?: Conflicts between Christianity and Jews in the First Century.” It was a hermeneutic study focusing on religious identity embodied through rituals and religious norms. At that time, I did not know how to solve conflicts; conflicts were just diverging situations that would never reach a compromise. Then, I stopped thinking about this issue.

Nine years later, studying music therapy in the United States, I found myself working a philosophical topic again. At first, writing a philosophical study was not a pleasant idea, because I was trying to avoid philosophical issues after I graduated from the first university. I worked at a law firm in which I dealt with facts and numbers that helped me to focus on concrete matters. I liked to make things simple, just being

concerned about win-or-lose situations at the Court. I almost forgot philosophical language until Dr. Frederick Tims introduced Carolyn Kenny's book, "The Field of Play" in a graduate course in 2001. It was a small book, but it was full of inspiring discussions that I also felt comfortable and familiar with. I then had the courage to say in class, "I got a language to talk about music therapy!" Then, I started to connect music therapy to my life at a deeper level.

However, I was not sure I would like to explore that direction, because philosophy sometimes makes me confused, and it is against my family's principle of being practical. In addition, I was not confident with my philosophical knowledge, and I had never thought about writing philosophy in English. Therefore, it took a while to set my mind to go in that direction. Once I set my mind for philosophy, choosing aesthetics, as my topic was not difficult at all. I recalled that my internship supervisor Connie Gamage helped me identify inner beauty, and I often thought about the idea. I found it powerful. I wanted to explore beauty in music therapy.

By working on this topic, I found that I had many questions, beliefs, and thoughts that I was not aware of. I integrated what I learned in these five and a half years and synthesized them. By doing so, I have discovered that I circled back to the idea of value conflicts and multicultural issues as shown in chapter five. I found that these are intriguing and recurring themes that will be answered in different ways throughout my life.

TABLE OF CONTENTS

CHAPTER ONE

INTRODUCTION	1
What is a Philosophical Study?	1
Contexts	1
Procedures.....	2
Outcomes	3
Philosophy and Practical Experience.....	3
Problems	5
Practical Concerns	5
Research Concerns.....	6
Purpose.....	7
Method	8
What is Aesthetics?.....	8
Types of Aesthetic Studies	9
Definition of Aesthetics	13
Limitations and Implications	14
Limitations	14
Implications	15
Procedures.....	15

CHAPTER TWO

THE DIFFERENCES BETWEEN TRADITIONAL AESTHETICS AND MUSIC

THERAPY	17
Aesthetic Theories	18
The Formalist.....	19
The Referentialist/ Contextualist	23
The Absolute Expressionist	25
Underlying Assumptions in Traditional Aesthetics.....	28
Elliott's Criticisms	29
Music Therapists' Reactions to the Underlying Assumptions.....	31
Music Therapists' Responses to Aesthetic Theories	34
Summary.....	37

CHAPTER THREE

TRADITIONAL AESTHETIC STUDIES IN MUSIC THERAPY	39
Experimental Aesthetics	39

Music Psychology and Experimental Aesthetics.....	39
Experimental Aesthetics and Music Therapy	42
Criticism toward Experimental Aesthetics	44
Qualitative versus Quantitative Research Method.....	45
Qualitative versus Quantitative Aesthetic Studies.....	48
The Concepts of the Individual and Health	50
Gaston's Concepts of the Individual and Health	51
Shifting the Concept of the Individual.....	53
Shifting the Concept of Health	55
The Influence of General Systems Theory	58
Summary	60

CHAPTER FOUR

TOWARD NEW AESTHETICS OF MUSIC THERAPY	62
Praxial Philosophy of Music Education	62
Precursor	62
Praxial Philosophy of Music Education by David Elliott.....	64
Application.....	66
Limitation.....	70
New Aesthetics in Music Therapy.....	75
Expanding the Meaning of Aesthetics	76
The Meaning of Music.....	82
Music as a Product	84

CHAPTER FIVE

AESTHETICS OF MUSIC THERAPY IN A PRAXIAL FRAMEWORK.....	87
What is Aesthetics of Music Therapy in a Praxial Framework?	87
Features	88
Implications	91
The Person: Music Maker and Listener in Context	92
Musical Spaces	92
Three Sources for Musical Meaning.....	95
Condition of the Client	96
Music as Product in Context.....	100
Application of Elliott's View.....	101
Music as Product in Music Therapy	108
Music as Process in Context	109
Music Making and Music Listening in Music Education.....	109

Music Making and Music Listening by the Client	111
Music Making and Music Listening by the Therapist	112
Therapeutic Process and Music Process	115
Music Process as Constructing Meanings	116
Context.....	122
 CHAPTER SIX.....	 124
Summary	124
Findings	126
Practical Issues.....	126
Research Issues	126
Further Studies	127
Closing Thoughts.....	128
 REFERENCES	 129

CHAPTER ONE

INTRODUCTION

What is a Philosophical Study?

This study is a philosophical paper dealing with aesthetic issues in music therapy.

Aesthetics is considered to be one of the philosophical inquiries, along with ontology, epistemology, ethics, and axiology (Aigen, 1995b). Before going into the main discussion, I would like to clarify what a philosophical study is.

Contexts

Aigen (1995b) states that there are three contexts in which a philosophical study arises: a) addressing typically philosophical questions, b) evaluating and comparing theories, theoretical systems, and comprehensive philosophical systems of thought, and c) creating a philosophy (pp.458-469). All these contexts are found in this paper. This paper will address aesthetic issues, which are considered to be a typical philosophical pursuit; it will also evaluate and compare previous philosophies and theories in music therapy and musicology, and it will organize various theoretical thoughts and assumptions into a unified framework.

Creating philosophy is involved with stating a set of beliefs or a set of operating principles in a field of practice. For example, Elliott (1995) points out that the term philosophy in common phrases, such as “my philosophy of life” or “the philosophy of time,” refers to “a grounding network of beliefs about this or that” (p.6). People hold

such sets of beliefs because they simply find them enlightening and inspiring.

Philosophy also can be a basic set of operating principles or an overarching policy when it functions as slogans or mottos (Elliott, 1995). Phrases such as “Our philosophy is to satisfy our customers according to individual needs” may fall into this type of usage.

Philosophy, in this paper, is not merely a personal statement of one’s beliefs, but it aims to be academic inquiry that involves philosophical procedures.

Procedures

Philosophical procedures include a) clarifying terms, b) exposing and evaluating underlying assumptions, c) relating ideas to other systems of thought as well as to human practices and beliefs, and d) using argument as a primary mode of inquiry (Aigen, 1995b, pp.449-458). I would like to especially emphasize the importance of thinking critically, and approaching underlying assumptions. Bowman (1998) and Elliott (1995) believe that what differentiates a philosophical study from a personal statement is that the former involves a systematic and critical examination of the grounds for belief and a logical analysis (Bowman, 1998; Elliott, 1995). On the other hand, the enemies of philosophical study are “the habitual, the stereotypical, the unexamined, the acritical, the ‘common sense’ assumption or assertion” (Bowman, 1998, p.5). I believe that continuous critical thinking enables a philosophical study to be a source of credibility.

A philosophical study approaches underlying assumptions or assertions that do not appear on the surface. A philosopher asks, “What grounds are there for holding this

belief?” (Elliott, 1995, p.7). The major task for a philosopher is to render implicit ideas to the explicit (Bowman, 1998). This is an essential difference from an empirical scientific study that only deals with observable and measurable materials.

Outcomes

Knowledge dealt with in a philosophical inquiry is different from that which is addressed in a scientific study. While a scientific study is based on a particular discovery, a given experience, or an observation (Aigen, 1995b; Elliott, 1995), a philosophical study deals with issues that may not be addressed by factual knowledge alone. The products of philosophical studies are not new facts, but rather they are new perspectives on assumptions, beliefs, meanings, and definitions (Elliott, 1995).

Philosophy and Practical Experience

In general, a philosophical discussion is regarded to be far from practical experience due to its abstract nature; however, I believe that philosophical studies are important to connect theories and experience, and they ultimately will serve as a foundation for music therapy practice. Kenny (1989) emphasizes that philosophy is directly connected with experiences in music therapy practice. She regards philosophy as the foundation for theory, and theory serves the foundation for practice. A philosophical study should not be independent from music therapy practices and theories. In other words, we should study philosophy not for the sake of philosophy, but for the sake of our theory and practice. Kenny (1998) developed this idea, and used a

metaphor of a tree in order to explain the relationships among philosophy, theory, practice, and data in this way:

I like to think in terms of the metaphor of the “Tree of Knowledge” (see Figure 2). Having an image helps me to understand the relationships between things. In this tree, philosophy is at the root of knowledge. Whenever we discover new things, our discoveries are rooted and influenced by our philosophies. Our philosophies inform our theories, being the trunk, the maps we create to understand phenomenon. These maps guide us in our practice. The data that we accumulate as the result of our research methods is the fruit of our efforts, the manifestation of the long process which began deep inside the earth. We might even ask, what influences have nurtured our philosophies and helped them to grow? Then we can appreciate the connections between philosophy, theory, method, and data. Ultimately, the data returns to the earth, which in turn, nourishes the roots of the tree of knowledge for seasons to come. This last point is very important. We do not operate in isolation. The results of our studies cause us to reflect deeply on our practice. This shifts and modifies in some way, our basic philosophical approach. And the cycle begins again. (pp.213-215)

This image helps us to consider how philosophical discussions enrich our knowledge of

theory and practice. Throughout the history of the music therapy profession, we have gathered extensive data, experienced practices, and developed theories, but we have rarely discussed the grounds that support our assumptions. I believe that discussing philosophy would connect our experiences and theories, and make them root firmly in the ground in order to enrich our profession, and to suggest a right direction that music therapy practice should explore.

Problems

Practical Concerns

During the early fall of 2003, in the introductory music therapy class, students were discussing the benefits and drawbacks of choosing music therapy as their career. A love for music is a strong motivation for students that induces them to embrace music therapy. Then we discussed, “what are drawbacks in our practice if we love music too much?” One student answered that if we love music too much, we would be disappointed in the client’s music and may feel that their music is incomplete and not beautiful; accordingly, the client may sense that the therapist is not satisfied, and may be likely to have a sense of failure to measure up to the therapist’s implicit request.

In music therapy practice, music therapists, including myself, sometimes face puzzling situations in which we cannot make sense out of the client’s music making; such as banging the piano and the drums, playing random notes, or making dissonant chords and non-tonal melodies. In order to relate to our clients’ music, we play together with

our clients by matching the tempo and quality of music; however, this effort sometimes does not bring about results that make musical sense to us. Music therapists may come up with several possible explanations in such situations. For example, we may consider that clients do not have technical skills for playing instruments in an organized way; or a pathological condition (e.g., emotional, cognitive, physical, or perceptual) may be reflected in the client's music that renders it unmusical to the music therapist. Or, ultimately, we may think that it is a matter of preference or taste: the client's music preference may simply be different from ours.

Bruscia (1998a) suggests that the appropriate attitude for music therapists in this kind of situation is to be non-judgmental and generous toward their client's music. However, in reality each music therapist has a certain aesthetic value as a musician, as well as an image of how music should sound. Can music therapists be totally free from their own aesthetic values and be totally non-judgmental toward their client's music all the time? What can we do when our client's music does not make sense to us? Should the therapist's aesthetic value be totally held back within our music therapy practice? What should we do when the musical values between the therapist and the client seem to conflict with each other? These questions are related to aesthetic issues.

Research Concerns

The study of aesthetics in music philosophy has a long tradition, dating back to the time of Ancient Greece. Philosophers like Aristotle, Plato, Descartes, Kant,

Wittgenstein, to name a few, have discussed the aesthetics of art and music. Regardless of this traditional origin, there are not many aesthetic studies in the field of music therapy. Aigen (1995b) claims, “Considering that music is an aesthetic medium, it is surprising that music therapists have not pursued this area [aesthetics] of inquiry extensively” (p.468). Ansdell (1997) calls our attention to the fact that we have not been discussing our practice in reference to other musicology studies. Lee (2003) articulates, “Historically music therapy has drawn its clinical theories from extramusical sources. It is my belief that there are flaws in this continued dialogue, especially if it is to the exclusions of other more musical philosophies and theories” (p.13).

Purpose

Considering the above concerns, it is appropriate to explore aesthetics which examines the meaning and value of music, and to stimulate discussions regarding music itself in music therapy. It is important to review existing aesthetic discussions in music philosophy, because music philosophy has a rich heritage of aesthetics, as reflected in the theories of the formalist, the referentialist/ contextualist, the absolute expressionist, and the praxialist. It has a significant influence on current music education practices through which music therapists have generally studied music. It is also necessary to review music therapy aesthetic discussions and to trace the evolution of definitions of aesthetics in order to organize ideas and concepts of aesthetics in music therapy. The purpose of this study is to organize the existing aesthetic discussions in music philosophy

and music therapy and to examine their applications and limitations. Based on these examinations, this study will provide a praxial framework to address the meaning and value of music in practical situations. This paper will help music therapists to be more aware of aesthetic issues that arise in their practice, to have language and definitions of aesthetics in relation to music philosophy, and to gain new outlook regarding the value and meaning of their client's music.

Method

My discussion is largely based on "Music Matters" (Elliott, 1995), and "Defining Music Therapy"(Bruscia, 1998a). In his book, Bruscia proposes a working definition of music therapy as follows: "*Music therapy is a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change*" (p.20). Bruscia presents discussions regarding each phrase or word in his book. In chapter eleven, twelve, and thirteen of his book, Bruscia explores the phrase in the above definition, "using music experiences," and he casts aesthetic questions, focusing on issues of the aesthetic standards in music therapy. His definition of music therapy is helpful in conceptualizing the aim of this paper within the whole spectrum of music therapy issues. I consider this paper to be an extension of Bruscia's above mentioned chapters.

What is Aesthetics?

Researchers understand and often use the term aesthetics in their own particular

way. There is a broad notion of aesthetics as a study which is concerned with the beauty of art, or which explores the meaning and value of art (Radocy & Boyle, 2003). The following sections examine different types of aesthetic studies, and how this paper uses the term aesthetics.

Types of Aesthetic Studies

Aesthetics as theory.

Aesthetic study is regarded as a theory and doctrine that influences musicology and the performing arts. Bowman (1998) says, “the study of musical aesthetics takes its lead from general aesthetic theory, the field of discourse that arose in the eighteenth century in an effort to describe presumed commonalities among the arts and, more broadly, instances of beauty” (p.6). In the history of Western Europe, the study of aesthetics has been traced back to the time of Ancient Greece; however, as Bowman points out, the aesthetic theories and doctrines that arose in the eighteenth century formed the basis for contemporary musicology.

In our society, aesthetics is generally considered to be a concern for beauty in art (Aigen, 1995b; Salas, 1990); however, it was not true in Ancient Greek society. According to Elliott (1995), the Greek word *aisthesis*, from which *aesthetic* is derived, means “‘sense experience,’ or perception” (p.21). Plato’s philosophical inquiries included aesthetics, but his interest was not in the beauty of the arts. He studied arts for the sake of examining human nature and people’s attraction to impractical things (Elliott,

1995). Aesthetics was not associated with an idea of beauty at all. It was in eighteenth century Western Europe when the term aesthetics came to be associated with beauty in art. At that time the concept of “fine arts” appeared. Fine arts form a category in which painting, music, sculpture, poetry, architecture are all grouped together. In Ancient Greek society, Plato considered music and the visual arts “as ‘crafts,’ like shoemaking or pottery” (Kivy, 2002, p8), whereas he classified poetry and drama, with prophecy “as an ‘inspirational’ practice” (Kivy, 2002, p.8). According to Elliott (1995), A.G. Baumgarten, a German philosopher who lived from 1714 to 1762, started to use the term aesthetics for an analysis of poetry. He was influenced by Rationalism and tried to explain what logic did for reason in artistic activities (Bowman, 1998). Aesthetic studies greatly developed in the Romantic period. Since then aesthetics of music came to be discussed with other arts, being grouped as the fine arts. Aesthetics provided the theories by which to look at the fine arts in a special way, exclusively focusing on the beauty of form or structure (Bowman, 1998; Elliott, 1995). In this way, aesthetics came to be considered the study of beauty and as theories and doctrines that integrate music and other arts.

The term aesthetics sometimes elicits both positive and negative reactions. Elliott (1995) criticizes the philosophy of traditional music education, called *aesthetic education*, whose major proponent is Bennett Reimer. Those, like Elliott, who hold philosophical positions which are different from those of aesthetic education are likely to

avoid using the term aesthetics to reduce confusion between their philosophy and aesthetic education. However, Kenny (2000), a music therapist and a music therapy scholar, uses the terms aesthetics and Romantic to positively support the validity of musical experiences that are primarily subjective. Her intention is to criticize the use of conventional scientific or quantitative methods in music therapy research. Romantic and aesthetic are meaningful and powerful terms that suggest qualitative properties of music, such as sacredness or beauty that cannot be described by quantitative inquiries. It is important to understand that the term aesthetics is not a neutral word in some aesthetic discussions.

Aesthetics as philosophy.

There are other types of aesthetic studies in contemporary musicology. Some philosophers regard aesthetics as equated to the philosophy of art. Lippman (1999) defines aesthetics as a study of philosophy by stating, “[Aesthetics] deals with beauty and art and the expressiveness of art, ultimately concerns epistemology and metaphysics or, in a word, philosophy as a whole; *but only insofar as these matters bear on art*—on the experience of art and the nature of beauty” (p.99). Bowman (1998) believes that philosophy is beyond aesthetics. He states that the philosophy of music is broader than musical aesthetics and subsumes it. In general, aesthetics is regarded as a branch of philosophy (J. Kratus, September 29, 2003), rather than as philosophy itself.

Aesthetics as science.

For Radocy and Boyle (1997, 2003), aesthetic studies, along with affect and emotion, are regarded as an area of affective response to music. They state that the following areas are involved in the study of affective response: physiological measures, adjective descriptors, philosophical inquiry, and psychological aesthetics. Aesthetics as a philosophy is subsumed under the study of affective responses here. The other types of study depend on scientific procedures. In psychology of music, aesthetics is regarded as a type of behavior, not theory or philosophy; and they use keywords such as preference, attitude, interest, appreciation, or sensitivity toward music (Radocy & Boyle, 1997, p.272).

In summary, the following three terms describe the scope of the term aesthetics (Elliott, 1995): *tightly*, *loosely*, and *broadly* (p.26). Tightly aesthetics refers to a “large collection of philosophical theories that embraces the grounding assumptions of the aesthetic concept” (p.26). Loosely aesthetics is “a synonym for the philosophy of art” (p.26). Broadly aesthetics indicates “an umbrella term for all philosophical and scientific inquiries even remotely concerned with the existence of beautiful things, with people’s response to beauty, and with artistic efforts and people’s responses to them” (p.26). This categorization helps us to conceptualize different levels of aesthetic study. I identify this paper as a philosophical study; therefore, it may fall under the topic of aesthetics in a “loose” sense.

Definition of Aesthetics

In general, aesthetics is often regarded as a study that concerns the beauty of arts (e.g. Aigen, 1995b). However, according to Sparshott (1987), the typical aesthetic problems are concerned with “ways in which some or all music is experienced as meaningful, or is said to have meaning; or with values which music is experienced as having or is alleged to have; or with problematic relations within music, such as the artistic proprieties governing the interaction between composers and performers” (p.35). The meaning and value of music are also central issues in the study of aesthetics. In music philosophy, as Sparshott mentions, the meaning and value are essential matters. However, in music therapy many scholars embrace the idea of beauty in discussions of aesthetics (e.g. Aigen, 1995a, 1995b; Kenny, 1989). In general experiences, the notion of beauty and the value of music often overlap with each other. Therefore, it seems better to include both ideas in this paper, because one of the goals of this paper is to integrate various aesthetic discussions. It should not exclude any discussions of beauty, or those of the meaning and value of music. Bruscia (1998a) expresses the idea of aesthetics as “the meaning and beauty of the music” (p.101). It seems appropriate to address beauty, meaning, and value of music in this paper. The meaning of music suggests two ideas. One is represented by messages, thoughts, ideas, things, events, or any non-musical matters conveyed through musical expressions. The other is equated to value. The questions regarding meaning, such as “Why is this music meaningful?” and

“What does this music mean to you?” are about meaning as a value. Value in music also conveys two ideas: value that is conditional and that which is unconditional. When value is conditional, it suggests a relationship to outcome of music experiences. Regelski (1998) states, “‘Good music’ is relative to ‘good results’” (pp.39-40). His statement connotes that the outcome of music experiences determines the value of music. Unconditional value is not affected by the outcome of music. It is important to be aware of how each researcher uses the terms *meaning* and *value*.

Limitations and Implications

Limitations

Since aesthetics covers a wide range of subjects, and music therapy has a broad range of practices; I would like to note the limitations of this study. One limitation is that this paper discusses aesthetics only related to music. People find aesthetic experiences by listening to the sounds of singing birds, waterfalls, ocean waves, and other phenomena of nature. Aesthetic experience occurring through contact with nature is sometimes counted as a subject in aesthetic study (Radocy & Boyle, 1997, 2003). It is also common in music therapy practice to use nature sounds as a component in music interventions. I acknowledge that those sounds of nature are effective for relaxation practice and other purposes. However, in this paper I will propose aesthetic discussions only related to music.

A second limitation is regarding the scope of the definition of music therapy.

The music interventions that this paper discusses will not include what Bruscia (1998a) calls “vibrational healing” and some types of “sound healing” (pp.203-206). I do acknowledge these interventions as a practice of music therapy. I merely regard their strong emphasis on addressing purely sensory responses and experiences of human beings as less related to aesthetic issues. I assume that aesthetic experiences are related to sensory experiences to some degree, but aesthetic matters encompass more than sensory experiences. I consider that music experiences that strongly emphasize sensory experiences, as seen in vibrational healing or some types of sound healing, do not leave room for aesthetic considerations.

Implications

I hope this paper will help music therapists in the following areas:

1. gaining a better insight about the client’s music experiences;
2. being aware of one’s own value of music, and becoming comfortable with talking about it;
3. expanding the concepts of music;
4. becoming familiar with aesthetic issues in music therapy by increasing one’s music philosophy vocabulary.

Procedures

The remainder of this paper will be composed of the following chapters.

Chapter two will review traditional aesthetic discussions in musicology. The

relationships or differences between traditional musicology and music therapy practice will be examined. In chapter three, the traditional aesthetic studies in music therapy and the issues pointed out in recent years regarding aesthetics in music therapy will be reviewed. The concept of music in music therapy is influenced by how the music therapist views human beings and health; therefore, the concept of the individual and health will be examined in chapter three. In chapter four, recent aesthetic discussions in music philosophy and music therapy will be discussed. Based on problems presented in chapters two and three, I shall summarize the directions for pursuing aesthetics of music therapy. In chapter five, I shall attempt to apply music philosophy to music therapy by constructing a framework that will be a basis for further aesthetic discussions regarding music therapy.

CHAPTER TWO

THE DIFFERENCES BETWEEN TRADITIONAL AESTHETICS AND MUSIC THERAPY

There is a general feeling that music therapists do not talk extensively about aesthetics or music itself. Ansdell (1997) says that in presentations or research articles, music therapists rarely refer to musicological studies. Aigen (1995b) also claims that aesthetics is a core topic in music studies, but it is not discussed extensively in music therapy.

Technically, all music therapists are trained musicians. They have formal music education like other conventional music students who work toward music professions, and many music therapists were educated under traditional musicology. They learn aesthetic theories in class, but they are likely to be puzzled by those theories. They may wonder whether or not aesthetic theories answer aesthetic questions that arise in their practices (Aigen, 1995a; Ansdell, 1997). They also may think that aesthetic discussions are irrelevant to music in therapy, according to the aesthetic standards that traditional musicology implicitly and explicitly suggests. Aigen describes music therapists' uneasy feelings and their tendency toward eschewing aesthetic considerations. According to Aigen (1995a), we are likely to think that we are "not concerned with producing music that necessarily sounds pleasing" (p.235), or our music "is to be judged on standards other than those present in the concert hall" (p.235). As Ansdell (1997) claims that

traditional musicology is like an ideology that has a strong influence on our conceptualization of music and aesthetic sense, and it is instilled in our minds. We need to clarify the differences between traditional aesthetic theories and our music therapy practice. As we have seen, the term aesthetics was used often, especially in nineteenth century Western Europe. Since that time, aesthetic discussions have generated systematic aesthetic theories and doctrines that have influenced today's musicology. First, we should briefly look at aesthetic philosophies and theories of the nineteenth century, and then we should examine differences between those aesthetic theories and our music therapy practice.

Aesthetic Theories

Bruscia (1998a) listed the philosophical positions regarding the meaning and beauty of music as follows: "absolute formalism, referentialism, and absolute expressionism" (p.98). The absolute formalist is often simply called the formalist. Bruscia treats the absolute expressionist as an independent category, while other researchers may list the absolute expressionist under the category of the absolutist or the formalist (e.g. Radocy & Boyle, 1997, 2003). Radocy and Boyle (1997, 2003) split the expressionist into two positions: the absolute expressionist and the expressionist. They consider that the former belongs the formalist or absolutist, and the latter belongs to the referentialist or contextualist. This paper follows Bruscia's classification. As the fourth position of aesthetics, praxial philosophy has been growing recently, essentially as

proposed by Elliott (1995). This will be discussed in chapter four at greater length.

The first three theories developed as the basis of the philosophy of art in which music is grouped with other arts, while the fourth philosophy developed in the 1970's on the basis of the philosophy of music, independent from other arts. Elliott criticizes the current philosophy of music education as mostly depending on the three traditional positions. It is important to review them first.

The Formalist

The formalist believes that the meaning of music is inherent in the music itself. All meanings that one finds through music are indigenous to music and music alone (Bruscia, 1998a). The formalist argues that music should be considered an autonomous form, and its beauty is attributed to musical structures or forms without any references to non-musical events or ideas. Tracing back through its history, the idea that music is an autonomous form was already found in Ancient Greece. According to Bowman (1998, pp.136-137), Aristoxenus of Tarentum, son of a fourth-century-B.C. musician and a student of Aristotle, is considered to be the earliest proponent of formalistic thinking. Aristoxenus criticized the theorists who tried to explain music in relation to the Pythagorean mathematical views. Instead of meaning in music based on non-musical ideas, such as numbers or ratios, Aristoxenus attempted to create a theoretical explanation based on how he actually experienced and perceived music. He considered music's significance to be explained in terms of sounds, their relationships, and their functions

within a musical system but not in relation to mathematical properties (Bowman, 1998).

His view is related to the perspective that the modern formalist accepts. It is interesting that formalism is not a uniquely contemporary view, but it was also found in the ideas of Ancient Greek philosophers in a different historical context. Aristoxenus presented an antithesis to the Pythagorean influences of the day.

According to Kivy (2002), Kant (1724-1804) provided a formalistic view that has been repeatedly referred to by modern formalist philosophers. Kant emphasized disinterestedness as the appropriate attitude of those judging music (Bowman, 1998). He believed that the attitude of disinterestedness enables people to set themselves apart from the object, which would allow them to make more objective judgments. In Kant's thought, aesthetic experiences that depend solely on one's own senses, and emotions were not considered a good base for aesthetic judgments. Instead, Kant believed that the formal beauty of music was the paramount priority (Bowman, 1998).

Kant's notion of beauty was strictly limited to its form and did not allow any extramusical concepts or contexts behind the music. For example, one may feel beauty in an individual thing for its perfection or completeness. However, Kant disapproved of this experience of beauty, because it is based on comparisons between the individual thing, and what it is supposed to be. He also did not allow that music could serve non-musical purposes. He limited the meaning of aesthetics strictly to intrinsic musical events, and his notions became a foundation of the idealistic view of music.

In this way, Kant's discussion of aesthetic judgments seems in keeping with the ideas of the modern absolute formalist; however, Stige (2002) suggests that the interpretation of Kant's aesthetic discussions is controversial. Stige considers Kant's aesthetic judgment as "democracy of taste" (p.61) which stresses inter-subjective judgments, and he admits that his interpretation is contemporary. For the absolute formalist, Kant's idea of disinterestedness is emphasized. Kivy (2002) also points out that Kant's precise ideas of formal beauty are not always similar to those of the contemporary absolute formalist. For example, Kant believed that the formal properties were more akin to the vibrations of sound rather than the formal properties that later formalists accepted, such as tonalities and harmonies. Because there are various interpretations of what he meant, it is not easy to understand the aesthetic judgment proposed by Kant. As Kivy says, the important thing is that Kant provided a ground for formalistic ideas, and modern philosophers developed a logic of the formal beauty in music based on the ideas.

Kant's idealistic aesthetic views were revised and succeeded by those of idealistic philosophers such as Schiller (1759-1805) and Hegel (1770-1831). Their theories were different from each other, but they held common characteristics of being speculative, idealistic, metaphysical, and contextless (Bowman, 1998). It seems that they intended to free music from any non-musical contexts and strove to extract something which was not contaminated by sensational or emotional music experiences. In their theories, we

can see the influence of the dualistic view of the mind and sense that Descartes (1596-1650) proposed. They tried to view music as a product of the mind separating it from sensory properties. In Hegel's view, music which is a product of the mind came to be elevated to the status of representing an absolute idea.

Since the emphasis of this paper is not historical, it will not extensively explain the relationship between the above philosophers' views and their social backgrounds. However, one brief discussion presented by Elliott (1995) is interesting with regard to the relationship between their contextless view and their social backgrounds. Elliott refers to Eagleton's book titled "The Ideology of the Aesthetic" (cited in Elliott, 1995, pp.23-24). Eagleton assumes that the concept of music is correlated with the social ideology of the day. In post-aristocratic society, the prevailing ideology emphasized that all men were autonomous, and an individual's background should not be considered. This ideology was the antithesis of the aristocratic society where one's social background, including privilege and wealth, were important. In the new social order, individual personal sensibilities and tastes, inner worth, and self-discipline were considered to be more important. This ideology influenced the concept of music. As human beings are autonomous, music can exist by itself, and can be free from any social and cultural contexts.

Eduard Hanslick (1825-1904) was the most influential Viennese music critic of the nineteenth century (Bowman, 1998). Hanslick proposed a clear formalistic view.

He believed that the beauty of music is found in moving tonal forms (as cited in Bowman, 1998). Hanslick's view is thought to present the extreme formalistic view, because he attributed beauty in music to musical form alone independent from emotions. His position held that arousing emotions in listeners did not matter for aesthetic response or the value of the music. Aesthetics of music existed regardless of how individuals responded to it (Bowman, 1998).

The Referentialist/ Contextualist

As we have seen, the formalist would find the meaning of music in its form alone. The formalist did not account for feelings or other meaningful experiences aroused by music. Indeed, they did not consider the contexts relating to each individual important at all. The referentialist's main criticism of the formalist view is that the formalist isolates music from other life experiences. The referentialist argues, "the core meanings of music and music experiences are found outside of the work itself—in nonartistic or extramusical phenomena, events, ideas, feelings, etc., communicated through the music. For them, music embodies meaning by representing, symbolizing, expressing, or referring to the (nonmusical) world of human experience" (Bruscia, 1998a, p.99). For the referentialist, the value of music may extend beyond the realm of art. While aesthetics or beauty in music is the primary concern for the formalist, the meaning represented or symbolized by music is the primary concern for the referentialist; and the meaning of music does not always have aesthetic value. Reimer (1970) states that

social communists may hold a typical and extreme referentialistic view. Social communists believe that art should serve their political ideal and should convey messages. For social communists, people should make music not for the sake of music but for the sake of the political ideal; music should convey their political message through music. According to Reimer, a general referentialist is concerned with the realm of emotions, as represented by the views of Leo Tolstoy, a Russian novelist in the twentieth century. Tolstoy believed that music should convey emotions, and his aesthetic judgment as to whether the music is good or bad, is based on the qualities of emotion which music conveys. If the music conveys good emotions, the music is good; and if the music conveys bad emotions, it is regarded as bad music. The value of music is not in the music itself as the formalist thought, but it is in the quality of emotions indicated by music. An example of one type of music with referentialistic views is called *program music*. Program music is supposed to describe a story or scenery outside of the musical events, such as singing birds or the winds of cold winter. The clarity of the information indicated by music determines the value of music. In the referentialist view, music would not allow for personal interpretations, because it is supposed to convey clear messages that are equally understood by all individuals.

Radocy and Boyle (1997, 2003) treat the referentialist and the contextualist in the same category. The referentialist may claim that there is no room for individual interpretation and individual association of meanings with music; however, the

contextualist allows for differences in individual contexts (J. Kratus, September 19, 2003).

In her explanation of the referentialist's position, Pavlicevic (1997) highlights the role of contexts in listening. In fact, when she uses the term "the referentialist," it seems that she is discussing the contextualist. She explains that once in a while a specific melody reminds a person of specific emotions or experiences. The contextualist focuses on those emotions or experiences. For the contextualist, Pavlicevic explains that the meaning of music is "personal and rather idiosyncratic, having little to do with the music itself" (p.21). The referentialist and the contextualist may be different from each other in their way of treating individual contexts, but both of them are in line with each other through their belief that what determines the value of music are extra-musical materials, such as emotions, messages, stories, events, and so on. Neither of them is deeply concerned with what is going on inside the music itself.

The Absolute Expressionist

Leonard Meyer was an influential music theorist in the last century. He asserted that there were two types of meaning in music: designative and embodied. Gardstrom (n.d.) explains the difference between them in this way:

Designative meaning results when the signs or symbols being perceived are different in kind from the object or concept to which they refer. For instance, when we encounter a traffic signal, we understand that the red and green lights mean, signify, or stand for, the intended actions of stop

and go....Embodied meaning occurs when the sign and the signified are of the same kind. (p.12)

In short, the designative meaning is extramusical or referentialistic, while the embodied meaning is inherent in music itself or formalistic. Although he acknowledged these two meanings, Meyer asserted that the true musical meaning is experienced in the latter. Therefore, Bowman (1998) considers Meyer basically in line with the formalists.

What differentiated his idea from those of the formalists before him, such as Hanslick, was that Meyer attempted to account for the emotional experiences aroused by music. The formalist's interest was primarily intellectual, and emotional experiences were likely to be ignored. Meyer (1956) addressed this domain. He was consistent with the formalists in terms of his belief that the meaning of music was essentially intramusical; however, he argued that music was capable of exciting feelings of emotions in the listener. Although he emphasized the emotional realm of experiences, Meyer was not a referentialist. He basically believed that expressive emotional meanings arise in response to structures and forms of music.

Meyer proposed a theory called *the theory of expectancy* (Bowman, 1998; Gfeller, 1990). His assumption was that people have certain expectations or predictions about what will happen moment-to-moment stylistically while listening to music. The theory holds that those expectations are formed and conditioned through past experiences. For

example, if one listens to a dissonant chord, he or she would expect that the dissonance should be resolved to a consonant chord. Such expectations have been built through past music experiences. However, the composer may betray these expectations by purposefully choosing an unexpected musical happening that makes the listener become frustrated. When the dissonance is resolved, the listener experiences an amplified satisfaction and aesthetic experience after a prolonged frustration.

There is a strong stream of thought that has been influenced by linguistic studies. Those who are interested in viewing music as a symbol have made intensive analyses in what and how symbols or signs signify, refer to, or stand for other things (Bowman, 1998). Susanne Langer (1895-1985) was the most influential philosopher holding this position, and she claimed that music was fundamentally symbolic. She believed that music indicated something we cannot know through words. Her basic assumption regarding human beings and reality was that we cannot know the world as it really is (Bowman, 1998); the way in which we know the world is to look at the world through symbols. Langer strove to explain that music functions as a symbol by its structural resemblance to the realm of human sentience, as tensions and resolutions in musical movements resemble those of emotions in their morphic characteristics (Bowman, 1998). Her explanations were criticized by later philosophers, but her influence was strong in the last century. Her emphasis on music and emotions especially gave a philosophical foundation for music education in the United States and has been embraced even in

recent years (Elliott, 1995).

Meyer and Langer had different views toward the relationship between emotions and music, but they are regarded as expressionists. Both of them were interested in emotional experiences aroused by music, and they tried to figure out why music makes it possible to elicit those emotional experiences. The referentialists were also concerned with emotional experiences, but they did not examine events in music itself.

We have briefly reviewed three basic aesthetic positions. Their influences on current musicology and music education are prominent. According to Radocy and Boyle (1997, 2003), Bennett Reimer has been influential in the philosophical foundation of the current music education system, and he supports the absolute expressionist position. According to Elliott (1995), other positions, such as Langer's theory of music as a symbol, also play an important role in music education philosophy. Overall, current musicology and music education are oriented toward the absolute expressionist position. Music education practices that emphasize those aesthetic theories are called aesthetic education. Aesthetic education is espoused by twentieth century educational philosophers such as James Mursell, Harry Broudy, Charles Leonhard, Robert House, Keith Swanwick, David Peters, Robert Miller, and Bennett Reimer (Elliott, 1995, pp.27-28).

Underlying Assumptions in Traditional Aesthetics

In this endeavor to describe aesthetics of music therapy, it is important to

understand what is going on in aesthetic education, because music therapists are influenced by it in their own musical training. In his book, “Music Matters,” Elliott (1995) criticizes the foundation of aesthetic education and proposes a new approach for music education. His views will be helpful for music therapists in clarifying the differences between aesthetic music education and music therapy.

Elliott's Criticisms

Elliott's (1995, pp.31-38) criticism of aesthetic theories are based on the following three problems: a) music is regarded as an object or a work of art; b) a primary focus is on listening skills; c) aesthetic education has illogical theories within its system. In aesthetic education, Elliott claims that music is regarded solely as an art work or a product; accordingly, aesthetic theories emphasize listening and do not explain the nature of music making in general, such as performing, improvising, composing, arranging, and conducting. Elliott considers that those forms of music activity are equally important for music education. His second claim is that the primary educational goal is to focus on increasing the individual's perceptual skills in order to respond to the aesthetic qualities of music alone. However, Elliott believes that it is irrelevant to impose a single activity on music students in educational settings. Thirdly, Elliott criticizes the theories of both Meyer and Langer, which have served as a foundation for aesthetic education. As we have seen, Langer conceived of musical works as constituting a special kind of symbol that represents the general forms that feelings take. According to

Elliott, Langer's theory suggests that in order to perceive and respond to the aesthetic qualities of musical works one should gain a special kind of knowledge or insight into how feelings are experienced. Elliott disapproves of her idea because her explanation may be partially true for certain musical phrases; but it is not a comprehensive explanation. Elliott also criticizes Meyer's theory, which is based on the psychological frustration of an expectation. Elliott says that Meyer's account is inherently negative, and it does not explain positive music experiences. In addition, Elliott points out that Meyer and Langer made differing statements regarding the relationship between music sound patterns and affect. Langer claimed that music sound patterns are not the cause of feelings, while Meyer claimed that music sound patterns arouse emotions in listeners. Their claims are contradictory to one another, but music educators accept both theories at the same time; accordingly, their position is inherently illogical. Elliott concludes, "there are several good reasons to believe that music education's traditional doctrine of music education as aesthetic education fails to provide a logical and comprehensive philosophical foundation for music teaching and learning" (p.38). His discussion has stimulated controversy among music educators. While it is beyond the scope of this paper to examine his educational philosophy precisely, his articulate criticisms toward aesthetic theories and education can help music therapists to understand the basic concepts of music in aesthetic education.

The underlying assumptions of aesthetic education suggested by Elliott (1995) are

summarized as follows:

1. Music is a work, a product or an object, not a process.
2. Listening is the main music activity.
3. Instrumental music is considered the ultimate aesthetic art.
4. Music serves only an aesthetic purpose.
5. The meaning of music is intrinsic. Structural properties, such as harmonies, melodies, tonalities are aesthetic qualities.
6. In order to gain aesthetic experiences, people are supposed to have certain training to perceive aesthetic qualities of music; otherwise, they cannot appreciate and understand music.

In relating to the fourth and sixth assumption, an elitism of aesthetic education is pointed out by several authors (e.g. Madsen, Byrnes, Capperella-Sheldon, & Brittin, 1993).

Music Therapists' Reactions to the Underlying Assumptions

As music therapists, our conceptions of aesthetics and music are influenced by the above underlying assumptions; therefore, we have felt that aesthetic theories are not applicable to our practice. Let us examine our conceptions regarding the above areas.

Process versus product.

Considering music as a work or an object does not match with the music therapist's general sense of music. The music therapist considers that music is a process as well as a product. In music therapy practice, both musical products and the events

that happen in the process of music activities are therapeutically important (Bruscia, 1998a). In his discussion, Aigen (1995a) further states that the music is a process in itself and has a therapeutic purpose. Aigen uses the metaphor of travel. He argues that there are two *means* for traveling. One is a means for going to the designated place. The purpose of this trip is to go to that place as safely, quickly, and efficiently as possible. The other means of travel serves to find pleasure and aesthetic enjoyment in the process of the trip, and is called “medium” (p.238). For Aigen, participating in the musical process is like traveling in the latter sense. Music is a medium for clients. Through the musical process, clients will experience free expression, confidence and insight about themselves. In this way, Aigen considers that music is a therapeutic medium that can provide such experiences for clients, and participation in such a process is a therapeutic goal.

Music activities/experiences.

According to Elliott (1995), perceiving and identifying aesthetic qualities are important for music students in aesthetic education. Certain listening skills are considered to be crucial for appreciating music. However, music activities in music therapy are not limited to passive listening to instrumental music; music activities are widely varied and include composing, improvising, playing instruments, singing, relaxing through music, feeling the vibration of sounds, and so on. Instrumental music, vocal music, and texts with musical melodies, and chants are highly important in music therapy.

They can be used for various purposes, which include enhancing speech skills, learning words, expressing feelings, and discussing lyrics. Music is also experienced in conjunction with other modalities, such as drawing, writing poems, dancing, drama, and so on.

In music therapy, the client and the therapist may sometimes experience a type of listening that occurs in the process of playing music. Ansdell (1995) labels this type of listening as “‘listening-in-playing’ or the ‘social listening’” (pp.156-161). This listening takes place usually while playing instruments or singing together, such as during improvisation with therapists and clients. Both the therapist and the client, are not merely playing or singing, but they are listening to their own and each other’s playing. They make an immediate response to what they hear. Music therapy needs aesthetic explanations that encompass these unconventional music activities.

Aesthetic versus non-aesthetic values.

In music therapy, music does not serve as an auditory aesthetic experience alone. Music is sometimes regarded as sounds, vibrations, and energy forms that engage all of the senses, including visual, tactile and kinesthetic (Bruscia, 1998a). Music is to be heard, seen, touched and felt not for its aesthetic properties alone, but also for sensing its vibration, and experiencing events or feelings that are symbolized, expressed, or associated with music. The shapes and colors of the instruments, and a performer’s kinesthetic movements could be therapeutic components as well. These multisensory

aspects of music events enable clients with different kinds of impairments and disabilities to access music experiences that are not always aesthetic by traditional standards.

Musical training.

In aesthetic education, there is a general notion that people should have a certain training to appreciate the aesthetics of music. As Bruscia (1998a) discusses, most music therapy clients are non-trained musicians. It is our ethical standard to provide music therapy services equally to those who do not have music training. Aesthetic issues involving musically untrained clients is one of the themes of this paper. This will be discussed later.

Music Therapists' Responses to Aesthetic Theories

Bruscia (1998a) has reviewed and commented on the above philosophical positions. Bruscia agrees with the basic ideas of the referentialist and the expressionist in the way that they acknowledge meaningful relationships between music and non-music events. Bruscia says, "Music conveys meaning and beauty both in reference to itself and in reference to the world beyond it" (p.105). He seems to accept the formalistic idea of intrinsic value, but he does not support the formalist position. First of all, formalistic ideas ignore the importance of any relationship that may exist between music and significant non-music events. Acknowledging relationships of that sort would give credence to the possibility that the client could express feelings, events, or past experiences musically. Secondly, the formalist position requires training and education

to increase perceptive and cognitive skills so that people can appreciate music intellectually as well as aesthetically. Accordingly, the formalist believes that people are unable to achieve aesthetic experiences unless they are trained and talented. Music therapy is supposed to serve clients regardless of their musical training. Music therapists believe that clients can achieve aesthetic experiences regardless of their training. Therefore, the formalist's view rules out the possibility of those clients having aesthetic experiences.

I agree that the above statements by Bruscia seem to generally represent music therapists' responses toward aesthetic theories. However, his understanding of the absolute expressionist seems to be different from that of Elliott. Bruscia (1998a) believes that the absolute expressionist's view represented by Reimer is basically consistent with music therapy. He agrees with Reimer's statements regarding the relationship between the significance of life and aesthetics of music (p.101). Elliott (1995) regards Reimer's theory as representing aesthetic education, which we found cannot comprehensively explain music therapy practice. Bruscia is not the only music therapist who supports the absolute expressionist position. Kenny (1982) positively evaluated Meyer's theory, claiming that his analysis refers to the effect on "the total person" (p.52). Gfeller (1990) applied Meyer's theory of expectancy in a therapeutic context. She suggested that his theory could be used to explain certain psychological responses and could be used to support the concept of music as a focus on which

participants maintain their attention.

Aigen (1995a) critically evaluated Langer's perspective of music as a symbol. In Langer's theory, the relationship between music and emotions is that of a symbol (musical sounds) representing things symbolized (emotions). However, for Aigen the relationship between music and actual feelings is more than that. Aigen claims that Langer's view promotes the idea that identification of actual feelings, emotions, or individuals, with pieces of music is likely to be regarded as a primitive and naive view. Aigen believes that music is not merely an abstract symbol system. He completely agrees with Dewey's view that music is "a direct vehicle, a concrete embodiment, a vital incarnation" (cited in Aigen, 1995a, p.249). Aigen states, "One's values, fears, strengths, frailties, humanity, openness, communicativeness, and degree of caring for others is directly *expressed* [in music]" (p.250). He believes that music is an embodiment of self and should not be conceptualized as a triadic relationship consisting of the symbol, the referent of the symbol, and the symbol user.

The music therapist is basically a utilitarian. We use music in various therapeutic contexts; therefore, music may be considered to be referentialistic at times, but to be formalistic at other times. Rather than supporting one philosophical position, music therapists accept various philosophies that apply to different therapeutic contexts. In short, there is no single philosophy in traditional aesthetics that explains music therapy experiences.

So far, we have examined traditional aesthetic theories and aesthetic education, essentially based on Elliott's viewpoint (1995). However, Reimer's (2003) latest publication, titled "A Philosophy of Music Education: Advancing the Vision" presents a wider scope of music in response to Elliott's argument. For example, Reimer proposes a comprehensive concept of a music curriculum that include "knowings and doings related to (1) singing, (2) playing, (3) improvising, (4) composing and arranging, (5) notation skills and understandings, (6) listening, (7) evaluating, (8) understanding relationships of music to other arts and other disciplines, and (9) understanding music in its historical and cultural dimensions" (p.13). With this recent shift in Reimer's position, Elliott's arguments are no longer current. However, it is still meaningful to discuss Elliott's arguments considering the fact that many music therapists have formal music training based on a traditional curriculum, and their understanding of music philosophy is dependent on traditional aesthetics.

Summary

In this chapter, we have examined differences between music therapy and traditional aesthetics and have concluded the following:

1. Traditional aesthetic theories that music therapists learn in their own musical training should be understood as ideologies that originated in 18th century Western Europe.
2. There are differences in viewpoint between traditional music philosophers and music therapists, notably in the concepts of music, music activities, the value of music, and

an emphasis on training.

3. Music therapy scholars basically agree with the views of the referentialist and the absolute expressionist. However, even though they acknowledge that the referentialist and the absolute expressionist theories may not be contradictory to the practice of music therapy, it is not an indication that music therapists rely on a single philosophical position.

CHAPTER THREE

TRADITIONAL AESTHETIC STUDIES IN MUSIC THERAPY

This chapter will review aesthetic studies in music therapy. Although Aigen (1995b) claims that we have not pursued aesthetics extensively, there are abundant aesthetic studies represented by Gfeller (1990, 2002) in our field. It is important to examine aesthetics through different approaches. In the second half of this chapter, I will present an overview of our concepts of human beings and health. I believe that it is important to examine these concepts in the discussion of aesthetics in music therapy. I also will discuss the influence of General Systems Theory, a conceptual view point that influences the thinking with regard to how the world functions.

Experimental Aesthetics

Music Psychology and Experimental Aesthetics

Music therapy aesthetic concepts traditionally have relied on music psychology studies. I would like to review music psychology and aesthetics first. The study of aesthetics in music psychology has grown in the twentieth century, and its beginning can be traced back to the late nineteenth century (Madsen, Byrnes, Capperella-Sheldon, & Brittin, 1993). According to Berlyne (1971), G. T. Fechner (1801-1887), a German physicist, philosopher, and psychologist, was commonly considered to have established an experimental approach to aesthetics, as published his book called, “Elemente der Psychophysik” (Elements of Psychophysics) in 1860. Fechner strove to examine the

nature of aesthetic experiences and the effects of these experiences on people. However, this experimental approach to aesthetics had not found prominence, even as late as the middle of the 1960's. According to Gaston (1964), aesthetics was generally regarded as a philosophical study and was strongly involved in theoretical discussions at that time. It was specifically called *speculative aesthetics*. Gaston points out that studying aesthetics in a scientific way was difficult and showed that few studies on aesthetics were conducted, as reflected in the Handbook of Experimental Psychology.

In the 1970's, the experimental aesthetic approach saw a dramatic development through the contributions of Berlyne, a music psychologist. Berlyne (cited in Radocy and Boyle, 1997) also reacted to speculative aesthetics, claiming as follows:

They [speculative aesthetic philosophers] depend on deduction—from definitions of concepts, from self evident principles, from generally accepted propositions, from an author's own beliefs, intuitions, and experience....their method is 'hermeneutic,' i.e., they rely heavily on interpretive examination of particular texts, particular specimens of literary, musical, or visual art. Their ultimate criterion of validity is whether they leave the reader with a feeling of conviction. (p.288)

Berlyne attempted to study aesthetics as psychology, not as philosophy. Berlyne (1971) defined psychology as a branch of science. As scientists, psychologists are interested in events that are perceived through the eyes and ears and that are measurable.

Psychologists are supposed to describe observable events and note the associations and correlations among them. According to Berlyne, psychologists used to think that their subject matter was related to the mind, and it was impossible to study the mind scientifically. However, during his time, more people believed that psychologists should study human and animal behaviors, not the mind, per se. He applied this idea by proposing that art should also be scientifically studied as aesthetic behavior.

Berlyne (1971) also emphasized the tight relationship between psychology and biology by stating, "Every form of behavior must depend on bodily structures, including characteristics of the human nervous system, that have appeared in the course of evolution because they could contribute to the survival of the individual and of the species" (p.8). In this way, Berlyne developed the scientific study of aesthetic behaviors. He treated music as the aesthetic stimuli and studied people's reaction to those stimuli, as well as exploring the relationship between psychological and aesthetic responses (Madsen, Byrnes, Capperella-Sheldon, & Brittin, 1993).

After Berlyne's contributions, experimental aesthetic researchers sought to quantify specific aspects of music, such as rhythms, tempo, complexity of music structures, and pitches. Then they examined how those aspects had an impact on human psychology, including moods, preferences, and designated behaviors. In the 1970's, experimental aesthetic studies incorporated the perspectives of social psychology, focusing social variables, such as adult approval, peer influence, and group consensus, on

certain behaviors, such as music preferences. In the 1980's, researchers, such as Goldstein were interested in the relationship between physiological and emotional responses. In addition, the development of technology enabled researchers to quantify aesthetic experiences more accurately and closer to what we experience in reality (Madsen, Byrnes, Capperella-Sheldon, & Brittin, 1993). For example, some measuring devices allow continuous data collection of physiological and emotional responses while the subjects are listening to music. This method showed more accurate relationships between some specific music characteristics, and physiological and emotional responses.

Experimental Aesthetics and Music Therapy

The history of aesthetic studies in music therapy has been mostly in accordance with the above history of music psychology. In music therapy, S. B. Sterne criticized speculative aesthetics in 1955 (Gfeller, 1990), by claiming that more objective and empirical investigations were needed to substantiate music's benefits as a therapeutic tool. The statements of Gaston were especially influential. Gaston (1964) presented an article titled "The Aesthetic Experience and Biological Man" on the first page of the first issue in *The Journal of Music Therapy*, which was the first nation-wide academic music therapy journal. In his article, Gaston criticized speculative aesthetics, as they were likely to discuss art for the sake of art; instead, he proposed a scientific method, which focused on the cause and effect in aesthetic behaviors. As Berlyne attempted, Gaston aimed at shifting the meaning of aesthetics from a philosophical and theoretical one to a

scientific one. He believed that music therapy needed to explore an experimental approach for aesthetic issues.

In recent music therapy literature, Gfeller (1990, 2002) attempts to apply the results of experimental aesthetic theories to music therapy practice, for example, *theory of optimal complexity* by Berlyne, and *cognitive theory of aesthetic response* by Kreitler and Kreitler. As a music therapist, she regards musical sounds as aesthetic stimuli that bring pleasant or unpleasant experiences to the client. She points out that those aesthetic stimuli have therapeutic potential in many areas, including attention, perception, cognitive process, emotion, and mood.

Gfeller (1990, 2002) discusses how experimental aesthetic theories could apply to practical situations. For example, controlling attention is an important client skill to music therapists. It is necessary for establishing and maintaining attending behaviors of the client. In this regard, Gfeller refers to the theory of Berlyne, who points out that breaking habituation is important. The habituation is the result of either monotonous regularity or possibly too many novel stimuli. These habituation conditions are not always pleasant and may diminish response to the sensory signals which the music therapist presents. Gfeller applies this habituation theory to music therapy practice. She states that attractive music may function to break habituation. By listening to music which supplies an appropriate amount of stimulus, the client may maintain focus on given tasks.

Another example is that music, as an aesthetic stimulus, enhances higher cognitive processes (Gfeller, 1990, 2002). According to Gfeller, Kreidler and Kreidler argued that our behavior is directed by knowledge and beliefs about objects. These are based on judgments and evaluations known as cognitive orientation. For example, when we conceptualize our own persons, if cognitive orientation is limited, we are likely to have a limited insight about ourselves. However, if our cognitive orientation is expanded, deeper insights about ourselves may be achieved. Gfeller claims that in order to expand cognitive orientation, introducing music which includes both familiar and unfamiliar stimuli will be important. This blending of both types of stimuli replaces the boredom of habituation with interest, curiosity, and exploration at a level of arousal that is palatable to the individual. Gfeller (2002) points out that one music activity that reflects this function of music is lyric analysis: “The therapist introduces a song or music video in which the lyrics present a situation or emotional expression on a topic related to the client’s personal issues. As clients reflect upon the lyrics, they may recognize a familiar dilemma, situation, or feeling within the song” (p.77).

Criticism toward Experimental Aesthetics

In the 1990’s, Aigen started to explore aesthetic issues in music therapy based on a new approach (e.g. Aigen, 1995a, 1995b). In his article, “An Aesthetic Foundation of Clinical Theory: An Underlying Basis of Creative Music Therapy” (Aigen, 1995a), he discusses the validity of subjective knowledge and experiences in music therapy research.

He believes that aesthetic issues are essentially a matter of subjective experiences. However, the tradition of music therapy research is oriented toward a scientific or medical model, in which objective knowledge is important. Aigen notes that the emphasis on objective knowledge has been important in order to acquire the sanction of the medical community and to portray music therapy practice as akin to that of medical practice. However, at the same time, this emphasis on objective knowledge has been an obstacle to extensive aesthetic discussion, because it excludes aesthetic experiences that are subjective. Aigen questions the objective knowledge that the traditional music therapy community has emphasized and proposes that an investigation of aesthetics proceeds in a different way from that of experimental aesthetics.

Qualitative versus Quantitative Research Method

Aigen's criticism of experimental aesthetic study includes intense heated debate over research methods. As an interdisciplinary practice, music therapy has traditionally borrowed its theories from psychology and medical areas, and it has applied research methods from those areas to music therapy research. It has been based on the experimental research method. Since the 1990's, questions regarding the applicability and validity of the experimental research method have emerged, and those researchers who criticize the traditional method have been proposing the qualitative research method. This questioning has grown during the last decade, and in 1994 the First Symposium for Qualitative Research was held in Dusseldorf, Germany (Smeijsters, 1997). In the late

1990' Ruud (1998b) stated that music therapists in both the United States and Europe seem to accept a multiparadigmatic state in which both quantitative and qualitative approaches are equally accepted.

The difference between the qualitative method and the quantitative method is an epistemological issue. Their approaches are different not merely in technical research procedures, but in their worldview itself (Aigen, 1995c). Smeijster (1997) summarized the characteristics of quantitative and qualitative research and the differences between them. In quantitative research, all experiences are described in terms of numerals, such as the frequency, the existence/nonexistence, or the strength of a phenomenon.

Quantitative researchers set hypotheses based on previous theories that determine the research procedure. The people who serve as research subjects are considered to be a sample who represents the whole population, and they are studied in an artificial experimental environment, instead of a naturalistic context. The quantitative researcher quantifies the results so that they can generalize the results from a sample to a large population, aiming for developing a universal theory.

In contrast, for qualitative researchers numerals are not a primary tool for describing experiences in their study. Description is the tool that they rely on. They do not utilize assessment scales or figures. They analyze information that they gain by coding and categorizing.

As described, quantitative researchers are interested in forming a universal theory.

Smeijster (1997) states that the idea underlying this paradigm is that the experience of people from different places and cultures can be described by general concepts. This idea is based on a belief that people are not unique and that experiences are not context-bound (Smeijster, 1997). On the other hand, qualitative researchers believe that individuals are unique and cannot be free from the contexts in which they are placed. Qualitative researchers are interested in examining people's experiences in their own natural environment, rather than those in an artificial laboratory setting. Qualitative researchers are interested in "organic, dynamic, multiple, complex, and idiosyncratic realities" (Smeijster, 1997, p.17) between people and their environment. They even consider their own relationship to the people and the environment that they are studying. According to Smeijster, the research design in a qualitative study is a treatment itself, so there is "no gap between research findings and clinical significance" (p.17).

As discussed, the worldviews are different between the quantitative and qualitative paradigms. One aims to describe people as being under a general law; the other considers the uniqueness of individuals and the contexts of the individuals. Handling this multiparadigm situation has not been clearly resolved. Aigen (1995c) supports only qualitative research methods, and is extremely sensitive to the different worldviews between qualitative and quantitative research. He insists, "Because the two ways of conducting research are founded upon axioms which are mutually contradictory, it does not make sense to argue that they can be equally useful in one and the same

domain, such as music therapy” (p.286). Smeijster (1997) and Aldridge (1996) consider both methods of study equally useful because each can answer distinct questions (Smeijster, 1997). Aldridge (1996) regards this multiparadigm situation as an issue of conflict between art and science: quantitative as a realm of science, and qualitative as a realm of art. He believes that both art and science are fundamentally different, but both poles are necessary to express the whole life of human beings. Pavlicevic (1997) is also concerned about the dualistic discussions comparing qualitative and quantitative. She points out, “[access to the professional literature has been complicated by] at one end of the spectrum, highly personal and unsystematic accounts of music therapy that do little to enhance the profession’s status; and, at the other extreme, glamorous number crunching and attempts at standardized and ‘objective’ truth that seem to have little bearing on the dynamic, live and idiographic experience in the music therapy room” (p.52). In order to differentiate subjective knowledge that is durable for validations, Bruscia (1998c) attempts to propose the standardized process for the qualitative study.

Qualitative versus Quantitative Aesthetic Studies

The growing attention to the qualitative research method has highlighted different perspectives of aesthetic studies. As we have seen, what differentiates the qualitative perspective from the quantitative perspective are the regard for the uniqueness of the individual and the influence of context. In the experimental aesthetic study, the researcher is concerned with controlling and standardizing aesthetic stimuli as

independent variables in order to conclude a universal law. Aesthetic components of music such as rhythms and tempo are quantified, and the researchers are interested in the effects of those aesthetic components on emotional, physiological, and behavioral responses, such as mood and preference. In those studies, the uniqueness of the individual experience is ignored, and their contexts are not considered.

As the qualitative research method is becoming more widely accepted among members of the music therapy research community, aesthetic issues are being reconsidered as subjective experiences that may be closer to real experiences (Aigen, 1995a). Now, as Aigen (1995a) discussed, the current academic climate is moving toward acknowledging subjective knowledge as a valid source.

These discussions of music therapy research methods reflect the dual nature of music therapy: that is music therapy as an art and as a science (e.g. Aldridge, 1996; Bruscia, 1998a; Lee & Khare, 2001; Pavlicevic, 1997). There is a general understanding that the qualitative method represents the artistic aspect of music therapy practice, and the quantitative method emphasizes music therapy practice as a science (Pavlicevic, 1997). Bruscia (1998a) also expressed a similar idea: “As an art, it is concerned with subjectivity, individuality, creativity, and beauty. As a science, it is concerned with objectivity, universality, replicability, and truth” (p.10). Balancing between the dual nature of art and science has been a great concern for music therapy. Even Gaston (1964), who set directions for experimental aesthetics, strove to integrate art

and science by claiming, “*both science and art are human products*” (p.6). He attempted to explain how music interplays with people’s experiences by using medical terms. From our contemporary views, his emphasis on scientific knowledge and physiology seems to lack the humanity and artistic aspects of music. However, the social situation in the early twentieth century was different from contemporary society; the Cartesian dualistic view used to be predominant, and artistic activities and medical practice were independent of each other, conducted by specialized people (Pavlicevic, 1997). Gaston’s attempt to integrate art and science must have been an epoch-making event. What he attempted was to study art experiences in a scientific method, though now his approach has been criticized as being too scientific. Balancing the dual nature of art and science has been a task throughout entire music therapy history. Some may consider this situation a dilemma, but I prefer to consider this situation, as Bruscia (1998a) describes it, as a uniqueness of music therapy.

The Concepts of the Individual and Health

I believe that we cannot discuss aesthetics of music alone without asking ourselves what health is, and what people are. In other words, the ontological status of music in music therapy is always related to our concepts of the individual and health. We utilize music according to the client’s needs. Sometimes the client articulates what he/she needs. However, in reality, not many clients express their own needs. Instead, we determine them based on assessment. I believe that the music therapist’s concepts of

the individual and health affect our process of determining needs. We need to be aware of these issues.

Gaston's Concepts of the Individual and Health

First of all, we would like to review Gaston's concepts of the individual and health. Considering the strong influence of Gaston in our practice, reviewing his concept is important for understanding the ideas underlying music therapy in the last half-century.

Gaston (1964) regarded the human being as a biological man. Gaston considered that "man is a part of the cosmos and subject to all of its laws. He is a biological unit and operates always in agreement with the principles of biology" (p.2). He believes that human beings are understood by the laws of biology. Gaston tried to explain all kinds of experience, including aesthetic experiences, in reference to the law of biology. For example, Gaston claimed that aesthetic experiences, such as being impressed with a symphony or being attracted by the fragrance of a rose, should ultimately be analyzed based on only biochemistry and physics.

Gaston (1964) believed that scientific knowledge is the primary characteristic of human beings, as well as the goal for human growth. He acknowledged that human beings are akin to other animals in physiological foundation; however, human beings should be superior to animals. He proposed these unique characteristics, which differentiate humans from other animals: the level of articulate speech, abstract thinking,

and mathematical communication. His ideal human beings were those who organize and seek causes and endings scientifically. Biology and science were the key for his concepts of the individual and health.

This concept influenced his understanding of music. Gaston (1964) attempted to incorporate art experiences in a scientific framework. He considered music to be sound stimuli that elicited sensory experiences. He regarded sensory experiences as those that enrich people's lives. In music therapy, he claimed that music experiences would help developing children and people with disabilities to develop sensory functions. Gaston (1964) also discussed an aesthetic dimension of music. Gaston pointed out the unique aesthetic properties of each culture in music. For him, such aesthetic properties were a device for social adjustment. Through music learning, people would learn an aesthetic world that is unique in the culture, and learn how to adjust oneself to one's own environment. This idea seems to suggest that people should learn how to adjust oneself to a larger society by meeting the aesthetic standards that each society and culture possesses.

In summary, it seems that Gaston's general position was strongly influenced by biological views. He believed that the individual is "biological man," who is ruled by the laws of biology, and that human beings maintain their own dignity by acknowledging that they are rational. He regarded sensory experiences as the first important events for a human being, and music can play a role in enriching those experiences. Human

beings also need aesthetic experiences through learning music as a tool for adjusting themselves to their own environments.

Shifting the Concept of the Individual

Ruud (1998a) makes an extensive presentation regarding the concept of the individual. According to Ruud, when the individual is regarded as being controlled by biological processes, and when therapeutic changes are described in terms of bodily or physiological changes of the client as Gaston believed, the underlying concept is described as “the individual as an organism” (pp.20-21). Later, in contrast to this view, the humanistic approach brought about the idea as “the individual as a person” (Ruud, 1998a, pp.22-23). In this view, human beings are considered as a subject who makes decisions and has the freedom to make choices. The individual’s capacity for responsibility and free choice is an important component in music therapy interventions.

However, Ruud (1998a) is not totally satisfied with this view because it does not consider one’s own context and the dynamic relationships between the individual, society, and culture. “The individual as a social being” (pp.25-26) emphasizes the above dimensions of the human being. Gaston (1964) also acknowledged that music is related to society and culture, and that aesthetics is unique in each culture. However, in his view the emphasis was on the adaptation of the individual to one’s own environment; it was a one-way communication between the individual and the society. What Ruud emphasizes is the interactive and dynamic relationship between the individual and the

society. Ruud says, “Music therapists stress the adaptation of the individual in relation to the institution or the larger world, not how society can be transformed so it can adapt to people or how music and music therapy can involve participants in meaningful interaction” (p.25). In this view, the client is an agent of action, and has the potential power to influence society. This view is correlated with the view of Aldridge (1996), that of the human being as a performer. In their lives individuals are thought to pursue health based on their own beliefs even those that are not enforced by society. The view of the individual as a performer puts an emphasis on the power of the individual over his or her own society. Conversely, Ruud (1998a) warns us that social force and structure may amplify the disabilities of the client. When the therapist represents a single value system of society, “all questions about who is going to control whom or about how material or economic structures in an institution or a society may promote symptoms or maladaptive behavior are removed from the discussion” (Ruud, 1998, p.25). Viewing the individual as a social being, Ruud emphasizes the influence of society and economic structure on one’s musical expressions. Ruud relates one’s musical expressions to the musical identity that conveys one’s self-concept in society. Therefore, he emphasizes the importance of a basic respect for the musical identity of the client, equating the musical identity with the human dignity of the client.

In current society, great attention has been paid to the power of the mind and its interplay with physiological functions. Ruud (1998a) states that this view is based on an

ecological approach. In this approach, the concept of the individual is ruled by interactions of “biological, psychological, and sociological factors” (p.26). Considering biological factors alone, as Gaston attempted to do, does not encompass the many dimensions of the individual. In the ecological or holistic approach the relationships that may influence one’s health status are not one-way cause-and-effect relationships, but parts of a circular model of cause and effect. Therefore, in music therapy interventions, the music therapist pays attention to changes in the whole system surrounding the client. For example, music therapists who believe this approach may be interested in engaging in the community, and building social networks through music groups.

The holistic view also highlights spiritual issues. The concept of the individual by Kenny (1982) focuses on spiritual issues, and it is influenced by the Native American worldview. She states her concept of the individual in relation to sacredness and nature: “The Indian considered Nature, and a man as a part of Nature, Divine and Sacred....in order to survive people must appreciate the link between themselves and the natural world” (p.47). Her view reflects her Indian cultural and ethnic background. For her, nature is related to spiritual issues, and she believes that people, as holistic beings, should be linked with nature.

Shifting the Concept of Health

Changes in the concept of the individual have allowed us to examine health, which is the focus of music therapy, in a different way. In the traditional view, in which

the individual was regarded as an organism (Ruud, 1998a), illness is the state in which people suffer from physical or mental dysfunction that negatively affects them.

Therefore, the purpose of therapy is to fix disabilities or to alleviate them. This type of view is correlated with a reductionist approach. The reductionist analyzes a given phenomenon by separating the whole into constituent parts at an atomic level; then they figure out cause-effect relationships between parts and the whole. For the reductionist, the whole is the sum of all individual components.

In reaction to the reductionist view, the General Systems Theory emerged in the middle of twentieth century. Ludwig von Bertalanffy, an Austrian theoretical biologist is said to be one of the originators of this theory (Heylighen and Joslyn, 1992). This theory has continued to be widely accepted in the various fields of science, including medical areas since the 1970's (Taboada, 2002). It also serves as a conceptual framework in philosophy, math, and other areas (Heylighen and Joslyn, 1992). Those who believe this theory take given phenomena as "organized wholes" (Taboada, 2002, p.35), rather than breaking a phenomenon into sub parts. They do not treat each part in isolation, rather they consider it in relation to other parts, and examine dynamic interaction between them. There are different levels at which we find a phenomenon as an organized whole, such as cell, an organ, a living organism, a community, the society, the world, and the cosmos (Taboada, 2002). How parts are integrated, organized and maintained as a whole system is their interest.

In General Systems Theory a life is considered to have a spontaneous tendency toward disorder. In order to resist such a destructive tendency, a life as a living system should maintain its steady state by operating dynamic interactions between self and the environment. A life as a living system incorporates new matter, energy and information dynamically so that it remains self-organized and will be preserved. This constant renewal creates a state of *flowing balance* (Taboada, 2002, p.37), and this is what Bertalanffy calls the notion of *steady state* (Taboada, 2002, p.36).

When General Systems Theory is applied to the concept of health, two important abilities are highlighted. One is health balance, in which living beings possess an ability to preserve a state of dynamic balance. The other is health potential, in which living beings are thought to have potential to adapt to their changing environments in a meaningful and successful way. Health in the latter sense is also synonymous with one's own coping skills. In the reductionist approach, the individual is seen as a mechanical being who reacts to different external stimuli in a linear cause-effect relationship, while the General Systems Theory emphasizes one's own ability to cope with changes at each moment. In this theory, the individual is open to interact with one's own environment, and to find a meaningful relationship between it and oneself.

While Taboada (2002) acknowledges the positive influence of the General Systems Theory, she also points out a danger underlying the concept of human health in this theory. According to her, expanding the concept of human health to multiple

relationships and interactions of a person with other persons in one's family and society, with one's environment, and even with the whole cosmos would obscure the boundaries and responsibility of health care policies. This criticism is worth considering in determining boundaries of the health care professions; however, in general, the emphasis of the theory on creativity of the individual as an active agent and on the interactive relationship between a person and the environment in multiple levels is attractive to music therapists.

The Influence of General Systems Theory

Many music therapists in recent years have been interested in holistic views even without the mention of any theoretical background. Aldridge (1996) differentiates disease and illness. While the former indicates pathological dysfunctions, illness refers to subjective experiences in reaction to one's own dysfunctions. He also claims that health is not a given condition, rather it is created by the individuals in their own way. He sees that the therapeutic process is to promote creative coping responses and to help clients establish the possibilities of "renewed health" (p.58). Aldridge (1996) and Ansdell (1995) believe that health is related to one's flexibility in coping with the always-changing conditions. At the opposite end of flexibility, rigidity is regarded as illness. In music activity, Ansdell points out that when people are handicapped, they seem to narrow their flexibility in playing music. Therefore, Aldridge and Ansdell propose that experiencing music at one's full range and flexibility is the purpose of music

therapy. Such experience will be applied to the clients' coping skills in their own changing environments.

Ruud (1998a) also considers the individual as an acting agent who interacts with one's own environment. His emphasis is especially strong on the interaction between a person and his/her culture and social structure. Instead of adapting oneself, he claims that larger society must make a compromise for individuals. He suggests we consider music therapy itself as apart of a cultural movement to make changes.

Kenny (1989) sees that people are living under various conditions, such as "love and loss, suffering and joy, pain and pleasure" (p.73). She reorganizes the meaning of these conditions as stemming from limitations they impose on people's growth. For Kenny, creating new patterns of these conditions and finding a new meaning in them is the therapeutic process. As discussed earlier, her concept of the individual is based on the person as a spiritual being who is interacting with nature. Therefore, a therapeutic process is to help the client to build the spiritual relationship between him/herself and nature, and also to find the meaning of life between them.

As the General Systems Theory portrays the tendency toward self-organization as a living system, Aldridge (1996) stresses the importance of order in one's music and speech. Aldridge states, "In music lies the phenomenon of a person coming into order. It may perhaps be that when a sense of that order is lost a person experiences a loss of health" (p.27). His emphasis on both flexibility and order seems to be correlated with

the idea of the General Systems Theory, in which the idea of a steady state is actualized through consistent dynamic interaction of a person with the environment. Ruud (1998a) also has a similar idea. He finds it meaningful to have identity that is flexible as well as coherent for increasing one's quality of life. He explains, "A *flexible identity* implies the ability to compose and adjust a personal narrative in accordance with how life is perceived and lived. A *coherent identity* would imply that I feel continuity and sameness in life" (p.57). The two ideas of flexibility and order/coherency remind Aldridge and Ruud of improvisational music. Aldridge regards jazz music as an embodiment of life itself, and Ruud sees the individual as an improviser through one's own life.

Summary

This chapter reviewed experimental aesthetics in music psychology and music therapy, including a look at recent criticism of traditional music therapy research, and examined the concepts of the individual and health.

1. Before experimental aesthetics developed, speculative aesthetics, a branch of philosophy, was dominant. In the late twentieth century, music psychologists developed an experimental approach. In music therapy, Gaston, the founder of music therapy, set the direction for experimental aesthetics, and music therapists traditionally incorporated them. Their results were applied to the clinical settings in music therapy practice; however, researchers, like Aigen, criticize traditional

aesthetics for their emphasis on scientific methods, represented by quantitative research. Aigen and some other researchers believe that knowledge based on the quantitative method does not express our experience in music therapy.

2. The concepts of the individual shifted from a biological view to holistic one. In a holistic view, the individual is regarded as a biological, emotional, social, and spiritual being. General Systems Theory developed in the late twentieth century and emphasizes one's ability to dynamically maintain a balance of components within a system and to cope with changes. This theory has influenced the concept of health in music therapy, which focuses on one's flexibility and creativity to respond to changes and to reorganize oneself. This focus musically correlates with improvisational experiences.

CHAPTER FOUR

TOWARD NEW AESTHETICS OF MUSIC THERAPY

We have looked at three traditional aesthetic philosophies: the formalist, the referentialist or the contextualist, and the expressionist. We have examined gaps between those philosophies and music therapy practice, and we reviewed experimental aesthetics, which has been the major approach for studying aesthetic issues in music therapy. We also reviewed changes in the concept of the individual and of health by examining General Systems Theory. In this chapter, based on previous discussions, we would like to examine a new aesthetics called *praxial philosophy*, which is now regarded as the fourth aesthetics in music philosophy (J. Kratus, September 19, 2003), and how it can apply to music therapy practice. Then, we turn our eyes to recent aesthetic discussions in music therapy. The goal of this chapter is to create a basis for aesthetics presented in the next chapter.

Praxial Philosophy of Music Education

Precursor

It is not only music therapists, but also musicological researchers who have been questioning traditional philosophies for the last several decades. With a rise of non-Western music practices such as jazz, the birth of atonal music, and the demise of the tonality system on which traditional Western classical music is based, Western musicologists have become more aware of their past ideologies regarding music practice.

They have been interested in better defining Western music practice as compared to non-Western music practice.

Before discussing praxial philosophy we should acknowledge the claims made by Francis Edward Sparshott, a music philosopher. His viewpoint is considered to be a precursor to the developing criticism of traditional aesthetics. Sparshott (1987) proposes concerns regarding traditional aesthetics in his article, “Aesthetics of Music: Limits and Grounds.” He points out that music came to be treated as one of the fine arts, producing aesthetic theories in which music and other creative arts were discussed on the same ground. However, Sparshott attempts to explain the uniqueness of music that differentiates it from other arts. He also claims that aesthetic studies of music were originally inductive, examining specific issues that occur in music practice. In current traditional aesthetic study, the approach to aesthetic issues is normative, in which the emphasis is placed on how to apply aesthetic theories to music practice. He notes that traditional aesthetics tends to ignore the context of music, however, he believes, “What is chosen is not usually what is ‘best’ but what is right in context” (p.41). Sparshott states that the special circumstances in which music is experienced are important factors to be considered. Sparshott extends his discussion to non-aesthetic functions of music, such as in ceremonial use, and to popular music or songs that are not considered to be an authentic form of music in traditional musicology. These viewpoints are synthesized by Elliott as praxial philosophy, which we will examine in the following sections.

Praxial Philosophy of Music Education by David Elliott

As mentioned in previous chapters, Elliott (1995) criticizes aesthetic education that relies on traditional aesthetic theories. He proposes a new philosophy as an alternative, which he calls *praxial philosophy of music education* (p.19). This praxial philosophy is influential in current music education, and now it is considered to be the fourth aesthetics, on equal footing with the three previous aesthetic theories (J. Kratus, September 29, 2003). Elliott intentionally avoids referring to his philosophy as aesthetics, because the term aesthetics is likely to imply an aesthetic theory and the aesthetic education that Bennett Reimer proposes. This paper earlier defined the study of aesthetics as concerned not only with beauty, but also with the meaning and value of music. This is what Elliott addresses. Therefore, it seems to be appropriate to refer to his philosophy as aesthetics, based on the definition offered in this paper.

Praxial philosophy is differentiated from previous theories in that the former is based on the philosophy of music, and the latter theories are based on the philosophy of art (J. Kratus, September 29, 2003). Traditional aesthetic theories of music found their place in the study of fine arts, in which music is grouped together with other creative arts, but a philosophy of music rather emphasizes unique and distinctive characteristics of music. Identifying what makes music unique among the fine arts is an on-going discussion in the area of music philosophy.

According to Elliott (1995), the noun *praxis* is derived from the verb *prasso* in

Greek. Its meaning is “‘to do’ or ‘to act purposefully’”(p.14). However, when we use *prasso* intransitively, its meaning changes from action alone to “the idea of action in a situation”(p.14). Elliott calls his thoughts praxial philosophy, intending to emphasize an ability to act musically in response to context. He regards music as “a particular form of action that is purposeful and situated and, therefore, revealing of one’s self and one’s relationship with others in a community” (p.14). This view of music is radically different from that of traditional aesthetic theories essentially in three ways. First, whereas traditional aesthetics and aesthetic education has focused on music as merely a form of product, praxial philosophy proposes the following additional dimensions of music: a) the music maker or listener, b) the product, c) the activity or process, and d) the context in which each dimension should be considered.

Secondly, praxial philosophy illuminates the importance of the context that creates various meanings. According to Elliott, context means “the total of ideas, associations, and circumstances that surround, shape, frame, and influence something and our understanding of that something” (p.40). The above four dimensions are related each other and create a dynamic system of exchange and feedback according to a context. The music maker acts and reacts in response to the music product or the process of music making and listening. This action will also be influenced by the context of music practice, such as feedback and reactions from peers, society, or standards of performance in the past and present. The emphasis on the context is radically different from the

formalist's view in which the meaning and value of music is independent from any contexts.

Thirdly, knowledge of music is also different from the conventional meaning of knowledge. Knowing the historical context and musical characteristics of a piece, and explaining what you have learned and understand in words is not enough in praxial philosophy of music education. That knowledge should be expressed through music making and music listening at each level of the musical learning process. Elliott (1995) calls this knowledge *procedural knowledge*. He asserts that this procedural knowledge is essential and is enhanced by other types of knowledge, such as formal, informal, impressionistic or intuitive, and supervisory or metacognitive knowledge. The procedural knowledge enables students to make and listen to music in different ways that best fit each context. Elliott says, "music ought to be understood in relation to the meanings and values evidenced in actual music making and music listening in specific cultural contexts" (p.14). The actions of music making and listening are not arbitrary, but rather purposeful, intentional, and controlled according to context. Therefore, praxial philosophy defines music as an intentional form of activity. Music is not a product that is independent from the person who is involved in it, instead, it is an intended action by a person.

Application

Although we previously believed that music philosophy was not helpful for

understanding our therapy practice (e.g. Ansdell, 1997), the above praxial views encourage us to examine music therapy from a new aesthetic philosophy. First of all, when Elliott (1995) states that music is essentially “*a human activity*” (p.39), this reminds us of a comment by Gaston (1968). He asserted that music is “a form of human behavior”(p.7). By viewing music as behavior, Gaston attempted to discuss music in the realm of behavioral science, which expanded the potential of music in therapeutic settings. By considering music as a human behavior, Elliott finds rich and fruitful dimensions of music experience that are related to one’s own society, culture, and history. Embracing those music experiences has been an essential part of our practice. The praxial view supports our basic understanding of music.

Secondly, praxial philosophy provides a more satisfactory response to music therapists regarding the differences discussed in chapter two between traditional aesthetic theories and our practice. Let us examine how praxial philosophy regards music in the following areas brought up in chapter two: a) product or process, b) music activities/experiences, c) aesthetic versus nonaesthetic values, and d) musical training.

Product or process.

We found out that in traditional aesthetic theories, there is no consideration of the process of music making. Music is regarded as an accomplished product only. Traditional theorists did not include discussions of how music influenced the society and people, or how the performer presented the music in a specific context. Bruscia (1998a)

proposes that music therapy practice includes at least four components: a) a person, b) a process, c) a product, and d) a context (p.101). In fact, these components are parallel to those that Elliott (1995) suggests. While traditional aesthetics focuses only on music as a product, praxial philosophy of music education widens the concept of music such that it is closer to the music therapist's concept of music.

Music activities/experiences.

According to Elliott (1995), music is “a multidimensional human phenomenon involving two interlocking forms of intentional human activity: music making and music listening” (p.42). Making music includes five forms: performing, improvising, composing, arranging, and conducting. In traditional aesthetics, music listening is the central activity, but praxial philosophy views it as only a part of the whole music experience. In fact, listening and music making are two paratactic activities. They are interlocked, and they define and condition each other. In music therapy, the interlocking relationship between music making and listening has been a given experience, and Ansdell (1995) reemphasizes this experience by pointing out listening-in-playing or the social listening (pp.156-161), which was discussed in chapter two. The music maker modifies, adjusts, and creates one's playing in response to what he/she hears in one's own music or that of others. Elliott's concept of music encompasses our music therapy activities, which are ignored in traditional aesthetics. In addition, there is no hierarchical distinction between singing and playing instruments in

the praxial view, although traditional aesthetics would place instrumental music or absolute music in a higher status. In general, a praxial view of music experience includes mostly that which the music therapist uses in sessions and values equally instrumental and vocal activities.

Aesthetic versus nonaesthetic values.

Traditional aesthetic philosophers, especially the formalists, believe and emphasize aesthetic values of music. Elliott (1995) admits on one hand that music has its value as a product involving musical designs, including pitch, duration, timbre, texture, tempo, articulation, and loudness. These qualities are valued in traditional music education as aesthetic qualities. On the other hand, praxial philosophy holds that these qualities would not determine the whole value of music. Elliott proposes various values, including those understood as the functions of music. Music has been practiced functionally for the purpose of social, religious and cultural practice from the very early ages of human history. Music therapists utilize those functional aspects of music effectively in therapeutic settings.

In addition, praxial philosophy of music education essentially illuminates the value of “doing for the doing itself, meaning ‘for the sake of the self’”(Elliott, 1995, p.121). Elliott sees that music making is valuable for human beings because the music learning process provides students with self-growth, self-knowledge, and enjoyment at each level of musicianship. Elliott believes that these are basic, satisfactory experiences,

innate in human beings. Self-growth, self-knowledge, and enjoyment are undoubtedly important as music therapy goals. This aspect of Elliott's position supports and encourages our music therapy practice.

Musical training.

Aesthetic education is likely to hold the view that certain musical training is necessary in order to appreciate music aesthetically. Perceiving aesthetic qualities of musical works is a key point for aesthetic education. This idea may suggest that untrained people find it difficult to appreciate music. For Elliott, however, the value of music does not lie in its aesthetic qualities alone, but it lies in one's experiences through learning. Elliott believes that students at each level would have those valuable music experiences by engaging in challenging musical tasks and solving musical problems. Therefore, music educators should be deliberate in providing appropriate tasks and challenges according to each student's musicianship. This can be related to music therapy. Tailoring individual goals and objectives to the client's ability is what music therapists have been doing in treatment.

Limitation

The theories that Elliott has developed in his praxial philosophy are designed for music education; therefore, his discussions are not always applicable to music therapy practice. We should clarify those limitations in applying praxial philosophy to music therapy.

Artistic standard.

First of all, Elliott argues that the purpose of education is to help students to develop procedural knowledge, in which understanding of music should be reflected in their musical action. The knowledge should be based on an artistic standard and tradition in context. The students are expected to understand them. On the other hand, in music therapy, understanding an artistic standard or tradition is not essentially important for the client. Who will decide good or bad music is not always in the hands of the music therapist, and sometimes the client is the one who would make such decisions. Based on his music therapy writings, Gaston (1964) might consider a traditional artistic standard as being important for helping music therapy clients to learn how to adapt in their own culture and society. Achieving and meeting artistic standards of the society may enable clients to communicate with others and share experiences with others in the society. However, as discussed, our concept of the individual is changing. Clients are also considered to have a power to make changes in society. Therefore, traditional artistic standards may sometimes yield to those of the client.

Purpose.

The purpose of music education is obviously different from that of music therapy. Music education serves the purpose of helping students achieve better musicianship that in turn brings positive experiences to them, such as self-growth, through learning music. In music therapy, achieving musicianship is a secondary goal compared to other

therapeutic goals. The primary concern for music therapists is to help clients recover from illness, and improve and maintain their health and wellness. We help the client to achieve those goals through music experiences, but we also find that clients sometimes achieve them without direct music experiences.

Bruscia (1998, pp.109-112) points out four levels of music experiences in music therapy as premusical, musical, extramusical, and paramusical. When the client responds to sound stimuli, such as vibrations, which are not organized as a form of music, the experience is called premusical. Musical experiences are achieved through making or listening to controlled and organized sounds. The relationships of sounds are inherently meaningful in musical experiences. The client may respond to images, ideas, feelings, stories, or any other non-musical messages elicited by music. That experience is called extramusical. When music is used as a background that influences the client's experiences, the music functions as paramusical. Premusical and paramusical experiences are not direct music input, but they are within the borders of music therapy.

Creativity.

The distinctive difference between music therapy and praxial philosophy of music education lies in the understanding of creativity. Elliott (1995) defines *creative* as “a congratulatory term that singles out a concrete accomplishment that knowledgeable people judge to be especially important in relation to a specific context of doing and making” (p.216). A sense of originality and novelty in relation to pre-existing works is

counted as being creative. Elliott strictly differentiates creativity and spontaneous originality. While spontaneous originality involves reacting aimlessly to the environment, creativity is more intentional and requires effort. For example, in composing, creating is a goal-directed activity where a composer works until he or she meets or fails to meet the “intended result” (p.222). Although he acknowledges the importance of music as process, Elliott strongly emphasizes the results of a music product in his discussion of creativity.

This understanding of creativity makes us think deeply about what is creativity music therapy. In fact, creativity is the key that explains why music is therapeutic from the qualitative standpoint. In music therapy, creativity is not always related to novelty or originality. We expect an indication of healing in the process and the product of creative music. For example, Salas (1990) and Aldridge (1996, 2003) may find that musical organization and patterns that the client is attempting to create are strongly related to one’s health. Aldridge (1996) and Ruud (1998) believe that the quality of flexibility in music is important because it shows one’s ability to cope with changes and to reorganize oneself in an environment. Ruud (1998) and Stige (2002) state that the creative process enables clients to construct meaning in relation to their environments through symbolic expressions of music. Creativity in music therapy does not have to be original and novel.

Intention is the key that makes a difference in the understanding of creativity

between music therapy and music education. Elliott emphasizes that intended and goal-directed action is necessary in creativity. However, in music therapy, it is often observed that a client's spontaneous and unplanned action turns out to be a therapeutically meaningful experience. For example, the client may cry out instead of singing, or may bang a drum instead of playing it. The therapist will play along with those unorganized sounds (crying or banging drum) in an artistic fashion, and transform those sounds into a component of an artistic form of expression. That experience may bring the client into awareness of their internal struggles or tensions, and it may help him/her feel that those internal emotions are acknowledged and also are encouraged to be expressed by the therapist, who is someone in the outer world. This dynamic transformation from spontaneous sounds to therapeutically meaningful "music" is often observed in the reports of music therapists oriented to Nordoff-Robbins Creative Music Therapy (Aigen, 1995a; Ansdell 1995).

Alternative value.

Regarding the value of music, Stige's (2002) "Exemplification of polarization of values in aesthetic discourse" (p.63) gives us a frame of reference to consider. He contrasts "high-art value" with "alternative value" of music. From the perspective of high-art value, music is appreciated according to a special value that is detached from daily experiences, music requires a high quality of formality, and only gifted people are allowed to participate in music activity. On the other hand, alternative value

emphasizes music experiences related to one's everyday life; therefore, popular music is an interest for those who ascribe to the alternative value. Accordingly, musicianship is open to all people, regardless of their musical talent and skills. In the music making process, spontaneous elements are often more important than an intentional effort aiming for formal completeness. Praxial philosophy may lie between the two ends of high-art value and alternative value. The value of music in praxial philosophy may not agree with most high-art values, but it shares its value with high-art when praxial aesthetics requires intentional and controlled action. Music therapy emphasizes spontaneity in playing music, and it may sometimes even encourage clients to free themselves of a need for musical completion.

The discussion regarding intention and conscious actions in the creative process urges us to examine further the therapist's role and that of the participant, in the creative process in music therapy. This will be explored in the next chapter.

New Aesthetics in Music Therapy

As discussed in chapter three, critical questioning of experimental aesthetic studies has been growing, as well as of the quantitative method of research. Instead of treating aesthetic experiences as something to be quantified, aesthetic studies as a branch of philosophy search to answer the questions, "What is the meaning of clinical music?" "Why is music therapeutic?" "How is beauty of music described?" Reaction to the objective method has enabled music therapy scholars to begin to validate subjective

experiences of both clients and therapists as they occur in music.

The studies of aesthetics in music therapy are still complicated due to the vague meaning of “aesthetics.” Before going forward to the next chapter, it is important to frame recent aesthetic discussions from a qualitative perspective.

Expanding the Meaning of Aesthetics

Carolyn Kenny

Carolyn Kenny is one of the music therapy scholars who emphasizes aesthetic experiences in practice. She employs the term aesthetics uniquely to express her worldview of music therapy, and has developed a general theory called “The Field of Play”(Kenny, 1989). In the field of play, she uses the term *the aesthetic*, indicating “a field of beauty which is the human person” (p.75). She embraces the word beauty and symbolically equates the human person with the aesthetic. She further states that as a principle of the aesthetic, “An *aesthetic* represents that which one carries and communicates into the world based on the screening system of choices and judgments regarding that which one considers to be ‘beautiful’” (p.77). For Kenny, the concept of beauty plays an important role in aesthetic judgments. However, beauty does not connote that which is found in musical components. While the formalist states that aesthetic value of music resides in musical structures and components, Kenny expands the notion of beauty to the way of life and to the human person.

For Kenny, beauty is not a static object to be appreciated; it calls for actions and

attitudes for growth. Kenny (1989) says, “As one moves toward beauty, one moves toward wholeness, or the fullest potential of what one can be in the world” (p.77).

Beauty is presented as a goal for human beings. It suggests wholeness as a person, and a condition in which one’s potential is fully realized. This idea is based on her deep devotion to the philosophy and wisdom of Native Americans/Canadians. Kenny (2002) claims, “For the Navajo, beautifying the Earth is a moral obligation and the essential goal of one’s life if one is to lead a good life. For the Navajo, beautifying the Earth means keeping the world in balance” (p.157). Her worldviews, morals, concepts of health and the individual are all related to beauty. By using the term “beautifying,” she suggests that beauty is also an action. This reminds us of Elliott’s consideration of music as a form of action.

How does Kenny then link beauty as a designated experience of wholeness and an action to music? She has a strong interest in the relationship between music and spirituality. She opens our eyes to address music as a mythic function and magic, as in folk traditions. She believes in the power of music in ritual experiences. She has been interested in bringing ancient healing practices into the modern context of music therapy. She believes that music incorporated into such healing practices, represented by death-rebirth experience (Kenny, 1982, 1989, 2002), would apply to modern music therapy. In this way, while Kenny embraces the word beauty in examining aesthetics of music therapy, she expands the meaning of beauty from a static concept of music to the

human person and to the action taken in the process of connecting the individual with the Earth. Beauty is a spiritual issue for her; therefore, music is meaningful and valuable in a clinical context when it promotes spirituality and the healing practice of birth and rebirth.

Kenneth Aigen

Aigen (1995a) is also one of the music therapy scholars who has keenly studied the aesthetics of music therapy. He is disappointed at the narrow concept of aesthetics in traditional aesthetic theories, and he finds that the aesthetic standard in music performance would not apply to clinical music. Therefore, he endeavors to expand the notion of beauty, as Kenny does. He has developed his concept of aesthetics based on Dewey's philosophy. According to Aigen, Dewey considers the aesthetic as a "quality of existence that provides unity, completion, and wholeness to our experience" (p.239). By applying Dewey's philosophy, Aigen expands the concept of beauty or aesthetics to be a matter of one's existence rather than a matter of music itself. The senses of unity, completion, and wholeness are qualities that each individual seeks. While Aigen expands the meaning of aesthetics to a matter of personal growth, he also acknowledges the potential of artistic musical forms in music therapy. Aigen states, "we seek to engender feelings of *unity* in therapy groups to facilitate constructive conflict and resolution" (p.240). In order to make the transformation of conflict to resolution, Aigen believes that supporting the client's expression of conflicts and resolutions in an artistic

form would be important. He asserts that aesthetic experience is not peripheral to the therapy, but is the therapy itself. Aigen applies the term aesthetics, in terms of beauty, to wholeness and integrity and also acknowledges the importance of artistic form.

David Aldridge

Aldridge (2003) also expands the meaning of aesthetics from the aesthetic properties of music to the way of being healthy. For him, pursuing health is not only a physical issue, but it is a matter of self-identity and a way of life. As mentioned, Aldridge (1996) considers that the individual is a performer who realizes one's identity of health in the society. He identifies a concept of the individual as a music performer. As a music performer plays music aesthetically, the individual performs one's identity aesthetically. Aldridge (2003) says, "we must remember that the body too has an aesthetic that influences our identity; how we present ourselves in the world, and how we are recognized" (Aldridge, 2003, A performed body, ¶2). Any physical assessment of a body, such as assessing the degree and type of disability and dysfunction of the client, is also a matter of aesthetics. Aldridge finds a parallel relationship between aesthetics and one's way of living and health.

The relationship between music and health is not merely an abstract relationship for Aldridge. Aldridge (1996, 2003) believes that music and health is physically connected. He tries to explain this relationship in various ways, such as finding the correlation between rhythmic movements within our body and music. As a major

premise, Aldridge explains that our physical bodies are a source from which we perform music. A body is not merely a physical body of the individual, but also connotes expansive spaces that extend from our bodies. Therefore, all performances, including playing music with musical instruments, or using technological devices that accommodate physical disabilities, are a part of his concept of body. He regards that even culture is incorporated into our body. Areas that he indicates are included in his concept of the body are extensive. Accordingly, the performance stage is extended from the concert hall to one's everyday life situations.

Based on these concepts, Aldridge (2003) calls his idea *praxis aesthetic*, that is "the performed body located in social relationship in a culture of shared understandings" (2003, *Praxis aesthetic, setting and performance*, ¶2). Aesthetics is not a theory, but it is "an attitude that we can take to assessing health and the products and processes of therapy" (2003, *Praxis aesthetic, setting and performance*, ¶2). For Aldridge, the idea of praxis is necessary for understanding the relationship between music and health.

Aldridge (2003) also asserts that in order to understand this relationship between musical performance and one's way of living, hermeneutic understanding is important. Hermeneutics as a methodology originated in the study of the bible, in which the bible is regarded as a text that is interpreted in a meaningful way by understanding human beings and by situating ourselves at the time when the texts were written. In this manner, we understand the bible as it fits into our sense of common everyday life, rather

than taking all the given information for granted. Aldridge is interested in applying a hermeneutic view in understanding the performance of therapeutic music. He does not use a text to make interpretation, but he interprets non-verbal actions, such as gestures.

For Aldridge, a sense of self-maintenance and organization is essential for the aesthetics of one's health. However, in reality, clients usually have both past and on-going experiences of loss of health or healthy relationships with others that may cause them disorganization in their lives. A sense of disorganization may be presented in music: disturbance in kinesis, rhythm, hearing and other senses. Aldridge identifies a lack of aesthetic sense in music as a lack of health. The aim of the therapy is to restore a sense of organization in music, and achieve the aesthetics of health. Specifically, keeping in rhythm and finding patterns in music are considered to be important indicators of one's health. The musical performance that shows a sense of organization and patterns is the aim and the process of music therapy.

Health is not only individual performance, but it is also considered in relation to others. Aldridge regards musical activity, which is experienced as a dialogue between one another as extremely important. For Aldridge, dialogue is an existential necessity for "the achievement of health in the sense of becoming whole." Dialogue is also a form of performance, usually non-verbal as in a gesture, and therefore, dialogue through music enables even those who have speech disabilities to communicate with each other. Aldridge states, "We perform sociality in therapy. This performing dialogue changes

the degenerative to the creative, and the perhaps is the healing element in music therapy” (Aldridge, 2003, Benefits of music therapy, ¶5). In this way, Aldridge develops the idea of the individual as a performer who seeks the aesthetics of health in their life.

The above three music therapy scholars attempt to extend the concepts of aesthetics or beauty of music to non-musical behaviors and attitudes in the living situation. They expand the possibilities for discussing beauty of music in relation to the wholeness of the individual (Aigen, 1995a; Kenny, 1989), health (Aldridge, 1997, 2003) and other dimensions that are important in a therapeutic context. Their views of music do not reject traditional views of music; however, their emphasis stresses music as an action or process.

The Meaning of Music

There are researchers who approach aesthetics by studying the meaning of music. Stige is one of the researchers who are interested in the meaning of music, and he approaches aesthetic issues by examining the meaning of clinical music through the relationship between language and music. Stige (1998, 2002) understands that general music therapy discussions are likely to emphasize the contrast between language and music. Music is usually considered a representation of non-verbal communication and a tool for accessing areas that verbal communication cannot reach. However, Stige (1998) is not content with a simple dichotomy between language and music. His understanding of language differs from conventional understanding. For Stige,

language is not a tool to simply name and indicate things; rather, he asserts that it should be understood as meaning that is constructed. He attempts to apply Wittgenstein's philosophy, language games. According to Stige, Wittgenstein believes that a word gains its meaning in a communicative process, and transforms its meaning according to the actions and interactions of the participants. The participants choose to follow or not follow certain rules, and such decision-making in the communication process facilitates the word's gaining its meaning. This is understandable when one finds that the meaning indicated in the dictionary is sometimes not helpful for understanding the meaning of the word in a specific context. The meaning of the word is not static as we are likely to think, but it is more like a living thing. Therefore, Wittgenstein emphasizes that word meaning is social in nature, and in use. The meaning is created by at least two people.

Stige (2002) applies this dynamic of verbal communication to music communication. He believes music meaning occurs in the process of communication between two people or more, the therapist and the client(s). Ruud (1998) also agrees with this process of constructing meaning in improvisation. He emphasizes liminal states or processes, which are characterized by "confusion, ambiguity, and the dissolution of conventional meanings and fixed points in life" (p.121). In music therapy, the meaning of music is unformed and fluid at first. Through clinical improvisation, clients will try out alternative forms of expressions, and discover their personal and musical meanings in accordance with their self-images. Stige further develops Ruud's idea of

constructing meaning in relation to musical communication, and discusses the cultural issues and value conflicts that occur among people. This will be addressed again in the next chapter.

Wittgenstein's concept of language games has attracted attention in the study of the meaning of music in Japan as well. Yako (2002), a Japanese music philosopher, applies this concept to aesthetics. He defines aesthetics as beauty, but the content of beauty should remain to be open. He calls beauty as a black box, indicating that there is no static definition for beauty, and that each can attach one's own meaning of beauty. He conceives of beauty in music as essentially a form of social activity; conversely, beauty in music that is only approved by an individual will not last in the society. Beauty that is approved by more than a single person will last. Approval and disapproval are expressed by musical and non-musical gestures. The continuation of approval and disapproval is the purpose of this game. More than two persons will participate in this game regarding beauty of music.

The application of language games described by Stige leads us to think that the meaning of music is directly related to actions of the participants, especially when it occurs as musical communication.

Music as a Product

Music therapy scholars are proceeding to expand the concept of music from one of a static condition to that of a dynamic action occurring in each context. Their efforts

allow us to include the music that we encounter in our practice in our discussions of aesthetics, and they provide us with language for these discussions. However, a slight concern or dilemma regarding this position has emerged: we may be less likely to discuss music itself. Lee and Khare (2001) disagree that the essence of music and its analysis should take a secondary role to psychological, psychotherapeutic, educational, and medical research as it has in recent years. Colin Lee expresses a strong reaction. Lee calls for music therapists to hear and describe formal properties of music, such as “chords and their inversions, modulations, melodic lines, rhythmic structures, textures, and intensities of playing, because these aesthetic qualities impact the therapeutic/musical dialogues” (p.248). As a composer as well as a music therapist, he cannot ignore these music qualities. He believes in the importance of music-centered interpretation. He calls those properties musical infrastructures, and claims that they have both musical and therapeutic meanings. Ansdell (1997) agrees with Colin Lee’s approach of reducing the distance between music therapy practice and traditional musicology. However, Ansdell basically criticizes Colin Lee’s recent work because Lee’s position creates tension between structuralism and real world musical experience by ignoring the contexts behind the musical work.

In summary, the fourth aesthetic philosophy, praxial philosophy of music education proposed by Elliott (1995), supports our music therapy practice in many ways except in the understanding of creativity. Philosophical music therapy scholars

approach aesthetic issues by expanding the concept of beauty and aesthetics to non-musical issues, by seeking for the therapeutic meaning of music, or by paying attention to music qualities. While their approaches differ, they all are trying to discuss aesthetics of music therapy in a new perspective.

CHAPTER FIVE

AESTHETICS OF MUSIC THERAPY IN A PRAXIAL FRAMEWORK

Elliott's praxial philosophy of music education does not perfectly fit our practice of music therapy. However, his discussions suggest many enlightening perspectives. What I will attempt to do in this chapter is to synthesize concepts and ideas that relate music therapy to aesthetics with a praxial perspective. I suggest the following paragraph in "Defining Music Therapy" by Bruscia (1998a) as a springboard to explore aesthetics of music therapy:

Every music experience minimally involves a person, a specific musical process (i.e., composing, improvising, performing, or listening), a musical product (i.e., a composition, improvisation, performance, or perception), and a context (e.g., the physical, emotional, interpersonal environment)...in fact, the very point of music therapy is finding the relationships between them. (p.101)

These four elements fit well with what Elliott has proposed: a doer, music as product, music as process, and context. It seems appropriate to develop music therapy aesthetic discussions based on these four elements as constituents of a praxial framework.

What is Aesthetics of Music Therapy in a Praxial Framework?

Aesthetics of music therapy in a praxial framework can illuminate existing ideas and discussions from a new perspective. In other words, this chapter is not a process

which presents new concepts and beliefs or produces new results, but rather, it is an attempt at organizing, restating, emphasizing, illuminating, relating, integrating, and inspiring a look at aesthetic discussions presented in the past. The aesthetics of music therapy in a praxial framework has three features: context-oriented thinking, being sensitive to the therapist's value of music, and an attempt to dissolve dualistic views.

Features

Context-oriented thinking.

Aesthetics of music therapy in a praxial framework is context-oriented. There is no place for these discussions without consideration of context. According to Elliott (1995), context would determine “knowing how to make musical judgments depends on an understanding of the musical situation or *context*” (p.63). His statement seems to be applicable to music therapy practice. In music therapy, various types of contexts that surround the music therapy session allow varieties of meaning and beauty of music to happen.

Sensitive to therapist's value.

This aesthetic view is sensitive to the therapist's own value of music. The general assumption regarding the therapist's role implies that therapists should respect the client's music non-judgmentally. I respect this basic premise; however, I also would like to consider the situation in which the meaning and beauty of music are not congruent between the client and the therapist. It may even cause a value conflict between them.

Does the music therapist consider it a threatening situation? Should the therapist ignore one's own value of music in order to avoid the conflict with the client? I do not intend to propose a therapist-value-centered music therapy, but I would like to stimulate the discussion regarding this value conflict issue.

Attempt to dissolve dualism.

Aesthetics of music therapy in a praxial framework aims to dissolve the dualistic views that traditional aesthetics held throughout its history, such as universalism versus relativism. While universalism holds that the concept of beauty is universal across cultures, those who favor relativism assert that the meanings and the notion of beauty is different between individuals, and it is likely to be conditioned by cultural groups and historical periods (Radocy & Boyle, 1997).

The importance of dissolving the dualistic ideas is shown through the example of multicultural issues. In the twentieth century, growing attention to non-Western values and the deconstruction of the hierarchy in which Western European values were placed at the top allow us to appreciate and embrace differences and diversities in each culture. Multicultural issues may also be related to postmodernism. Bowman (1998) describes postmodernism as follows:

Because it rejects modernity's totalizing (universalizing) discourse and colonizing attitudes, because it prefers heterogeneity and locality to homogeneity, uniformity, and universality, the postmodern is a discourse

of periphery and margins, not of center. The postmodern thus rejects modernity's unwavering confidence in the superiority and universal applicability of Western rationality, morality, and aesthetic values. (p.396)

This multicultural climate well suits the relativistic view, and it has denied the unity that is likely to maintain the old hierarchical values. However, multicultural movements create a dilemma between unity and diversity of values. On one hand, multicultural movements allow peripheral values to show their presence; on the other hand, it is likely to deprive the sense of mutuality and unity and the common ground necessary for dialogue. This dilemma is caused by the dualistic thinking: universalism versus relativism. I believe that a mutual sense of unity and a respect for diversity are necessary and not incompatible with each other. This is the ultimate goal for multicultural movements.

I found what Reimer (2003) calls "a synergistic position" (p.30) resonating with what I attempt here. According to Reimer, the synergistic position assumes the following principle:

Many or most beliefs or "isms" (doctrine, theories, systems, or practices), rather than being conceived as fixed, dogmatic, self-sufficient, axiomatic, and unable to be adjusted to take account of alternatives, are likely to be more valid and useful if understood as being open to variations, modifications, and adaptations to a variety of positions ranging from those

similar to those seemingly oppositional. (p.30)

What I would like to avoid is “an ‘either-or’ mentality that forecloses helpful accommodations” (Reimer, 2003, p.30), so that I can present aesthetic discussions that are flexibly applicable to various cases.

Implications

There are three implications that I would like to propose. First of all, aesthetic in a praxial view will provide the therapist with alternative perspectives about the meaning and beauty of the client’s music experience. Bruscia (1998a) proposes that a) skills should not be compared with those of trained musicians, b) the therapist should be non-judgmental of the client’s music, and c) the client’s preferences and tastes should be accepted. Salas (1990) asserts that she has lower aesthetic standards when she is leading a therapy session or a workshop. She is listening with a generous receptivity, and she is not looking for accomplishment. I understand that Bruscia and Salas are trying to modify the aesthetic standard for musically untrained clients; instead, we can articulate alternative and multiple values for clinical music.

Secondly, a praxial framework will help the therapist to implement more purposeful musical actions in relation to therapeutic contexts. Elliott stresses the importance of conscious musical actions and behaviors for music students to develop their musicianship. His discussion makes us consider where consciousness of action is important in music therapy practice. Consciousness must be one of the qualities of the

therapist's work, because music therapy is not simply an accumulation of random treatments. It consists of designated processes which allow music therapy practice to be called a profession. The therapist should be conscious of how the person, music, and context relate to one other. The role of the therapist is enormous. The therapist should take responsibility for being conscious of musical implementations as much as possible.

Thirdly, a praxial framework will help the therapist to conduct assessment, treatment, and evaluation within various contexts. It helps the therapist to be more aware of the meaning and value of music in different therapeutic contexts. By understanding various meanings, the therapist will be able to make more insightful aesthetic judgments. Salas (1990) believes that aesthetic judgment is a subjective experience of the therapist, and she values the therapist's own experience as a means to recognize the healing responses of the client.

The Person: Music Maker and Listener in Context

This is the most complex part of applying praxial philosophy of music education to music therapy practice. While music maker or listener is most often a music student in the practice of music education, in music therapy it might be the therapist and/or the client(s). The client(s) and the therapist are sharing musical spaces as a listener and/or a music maker.

Musical Spaces

In music therapy, three musical spaces are possible, as follows: the space where a)

the client and the therapist play together, b) the client and the therapist listen to music together, and c) while the client plays music, the therapist listens to it, or vice versa. In each space, both intrapersonal and interpersonal relationships involving the therapist and the client are possible. While an intrapersonal relationship occurs between the client and his/her music, an interpersonal relationship occurs between the client and the therapist, through, in, or by music experiences. The following descriptions are examples of each space. Some descriptions are based on my experiences.

Play together—interpersonal.

In ensemble playing, we often experience that our own music is influenced by that of others, and our music influences the performance of others. I felt awkward in expressing the liveliness of the song when I was playing “Jingle Bells” alone. When I was playing the piano with my students singing along with my accompaniment, I felt my playing sounded differently. I felt more liveliness in my piano playing, which also drove the students to sing it with more animation.

Listen together—interpersonal.

This type of listening reminds me of one of my clients. He always asked me to let him listen to blues in the beginning of the session. He said, “I need to get into the music.” I joined him. As he continued listening to the music, I noticed that he was getting more and more deeply involved in the music. I did not have any personal attachment to the blues, because it was too far from my cultural and musical background.

While I was listening to the blues with him, I felt that his enthusiastic listening started to appeal to me. This musical space helped me to immerse myself in his world and also helped me to know more about him. If I were listening alone, I would not get such meaning from the blues. He always talked about his story associated with the blues as we listened to it. I suppose that my presence must have been important for him to reach his past experiences that might not be found without the music and to strengthen his self-concept by telling his story to me.

Listen to a client's music—interpersonal.

There is a type of session where the therapist only listens to intensively to the client's music. Colin Lee (1996) related his experiences in which he just listened to the client's playing. His client preferred to play music alone. Lee confessed that at first he did not know how he should react. Actually, the attitude of his client confused him, because he assumed his role was to support the client's improvisation through his own musical input. After a while, Lee understood that it is not just passive listening that occurs, but that active listening can have a great impact on the client.

Intrapersonal space.

The client is sometimes self-involved in his or her own music. The client may or may not respond and relate to the therapist's musical actions. He/she might be creating one's own safe space or exploring connections between self and music. This space is also important in music therapy.

Three Sources for Musical Meaning

Along with the discussion of intrapersonal and interpersonal spaces, there are three possible sources from which musical meaning can occur. Bruscia (2000) discusses the sources for meaning in a dialogue with Stige. Bruscia states that there are three sources for meaning, as follows: a) meaning as implicate order of the universe itself, b) meaning as experienced, and c) meaning as constructed (pp.85-87). He says that meaning as implicate order is “the universal template or foundation for all meaningfulness, both individual and collective” (p.85), and it is “fundamental order which holds the universe together in myriad relationships” (p.85). Meaning as experienced is “our own personal encounters with the implicate order” (p.85), and that gives us “small glimpses into the meaningful nature of *what* is from our own personal positions” (p.85). Bruscia explains meaning as constructed to be that which “we make through thought, language, the arts, or any expressive modality, both alone and with others” (p.87), and it is based on “reflections on our experiences of the implicate order as well as anything in our lives or immediate experience that needs further insight” (p.87).

The idea of these three sources for musical meaning correlates with Reimer’s comprehension of three levels in which music is understood. Reimer (2003) states, “For humans, also, have both universal and cultural dimensions, as well as a third dimension that also needs to be acknowledged—the individuality of each human being” (p.170). The universal, cultural, and the individual dimensions discussed by Reimer seem to be

parallel in meaning to implicate order of the universe itself, meaning as constructed, and meaning as experienced, as presented by Bruscia (2000). Their acknowledgments of different levels of meaning and dimensions of music are helpful in organizing musical experiences at various levels. Their understanding also suggests to us that we avoid dualistic aesthetic judgments, as was our tendency before: universal versus personal.

Bruscia (2000) further discusses how three sources of meaning are related. He states that it is a matter of consciousness: how much you are aware of the relationships of the three, and how much you are flexible to shift from one to another meaning. Bruscia calls this state of awareness *modes of consciousness*. He regards it as highly important, because “it implies that the therapist is not tied to a particular ‘perspective’ while maintaining the same focus, but rather is able to move around in relation to the phenomenon until a more meaningful construction is possible” (p.90). I noted earlier that aesthetics in a praxial framework aims for dissolving dualistic thinking. I consider the idea of modes of consciousness as one of the keys in this situation. The idea of modes of consciousness suggests that the person maintains flexibility in shifting from one source of meaning to another source of meaning. He/she is not bound to a single meaning. It seems that Bruscia’s idea of modes of consciousness will free us from the dualistic views that limit our understanding of the meaning, value and beauty of music.

Condition of the Client

I consider conditions of the participants as one of the contexts that affect the

meaning and beauty of music. It is important to look at four conditions in the following sections.

Identity.

The client's identity is multidimensional. In a multicultural study, Hays (2001, p.75) proposed the ADDRESSING framework. The ADDRESSING framework provides holistic ideas of identity regarding the following areas: age and generational influence, developmental and acquired disabilities, religion and spiritual orientation, ethnicity, socioeconomic status, sexual orientation, indigenous heritage, national origin, and gender. This framework reminds us that individuals have various identities that may be considered as either minority or majority. According to Hays, identities in all areas are not equally important for an individual. One area usually is more significant than the others. Determining the important areas for the client and examining how they are reflected in music experiences are necessary processes for the therapist.

Kinetic, cognitive, and perceptual functions.

Sometimes kinetic and cognitive disabilities may inhibit the client from reflecting his/her intentions in music. The client may claim, "I cannot express my feelings through this drum!" It may be partly related to the client's level of cognitive and kinetic ability.

Pavlicevic (1997) points out the discrepancy between the intended and the actual form of music that occurs in music therapy practice. According to her hypothesis, the

level of musical skill and training and the complexity of the music produced plays a crucial role in determining the character of this discrepancy. She says that the more trained, or the higher the level of musical skill, the smaller the gap between the intended and actual performance. It is also true that the more complex the music, the wider the gap between actual and intended form, or vice versa, for naive musicians. Therefore, the client may sometimes feel that he/she knows what one wants to play, but does not know how to do it. The client may feel a narrow difference between actual and intended form when one's cognitive ability is limited in the capacity to process complicated musical forms. Pavlicevic asserts that it is important for the therapist to accommodate the client's musical playing to his or her personality in the musical experiences. This consideration is different in music education. Music students are supposed to work toward reducing the gap between one's intention and one's actual playing by learning and practicing music skills. As Pavlicevic points out, the music therapist should accommodate the gap between actual and intended playing in the client's music.

Level of investment of self-investigation.

In music experiences, I believe that the ability to invest oneself in music might be important as a condition that influences aesthetic experience. The client may not be as used to investing oneself in music as musicians are.

Some clients may not have the level of trust in music to allow it to serve as a vehicle to invest and explore oneself. If they do not have an active relationship with

music, the meaning and beauty of music might be affected. They may also need patience for searching for their sound. They may not be used to making music themselves. I was shocked when I was trying to create a song by myself for the first time. My ears tried to follow something that I heard before, regardless of my feeling, “This is not the sound I want.” I felt that my ears were more influenced by music that I heard before and were seeking for musical vocabulary that was familiar. I learned that I needed patience to reach the sounds that fit me. My own experience leads me to think that the relationship between the client and his/her music might have an incongruency. This discrepancy between the client and his/her music could be therapeutically meaningful when it is considered to be the musical representation of the struggles that arise when the individual is trying to search for his/her own identity. The point is that the client may have one of a whole spectrum of relationships with music in terms of trust and self-investigation, and that the therapist can dynamically make any revealed discrepancy a therapeutic focus.

Interpersonal availability.

Interpersonal availability is the client’s ability to explore musical experiences in interpersonal spaces with the therapist or other clients. Relating oneself to music in both intrapersonal and interpersonal spaces is valuable experience. Neither is superior to the other, but each may provide different aesthetic experiences for the client. Ansdell (1995) calls interpersonal experience in music “musical meeting” (p.74). For some

clients, this experience of intimacy in the musical meeting is odd compared to their usual experiences because they often find themselves isolated due to lack of tools for communication and “the feeling of ‘missing’” (p.74). Ansdell believes that musical meeting is the key that strengthens the therapeutic relationship between the client and the therapist, and that eventually allows them to explore creativity.

Music as Product in Context

In reaction to the traditional view of music as a product, music therapists, especially those who approach music therapy with qualitative methods, are likely to de-emphasize the view of music as a product. Instead, they emphasize the aspects of process and action in music making and music listening experiences. However, we still cannot ignore music as a product. In praxial philosophy of music education, Elliott (1995) proposes a more integrated view of musical works or products that is applicable to music therapy practice. He accounts for the following dimensions in music as a product: a) performance—interpretation of, b) a musical design, c) standards and traditions of practice, d) expressions of emotion, e) musical representations, and f) cultural-ideological information (p.199). Praxial philosophy encompasses the main ideas of traditional aesthetics. He includes ideas of three traditional aesthetics, the formalist, the expressionist, and the referentialist, in b), d), and e), but each idea is only a part of the whole concept of music. Elliott asserts that we need to consider all of the above dimensions when we discuss music as a product, but d) and e) may not be always

applicable to some music. These dimensions are also applicable to music therapy practice.

Application of Elliott's View

Performance—interpretation.

Elliott (1995) stresses the performer's action and its influence on the meaning of music. He regards music not as a still product like a painting, but rather, as a series of "physical events of a special kind" (p.199). For the music therapist this idea is familiar. The music therapist always considers music in relation to the client's behavior. There is no disagreement with regard to this notion. In terms of musical interpretation made by the performer, the music therapist does not consider how well the client interprets music or reflects his/her interpretation in the performance. Rather, we may consider how the client reflects oneself in the music.

Musical design.

According to Elliott (1995), music design should be considered from two parameters (p.199): syntactic (i. e., melody, harmony, and rhythm), and nonsyntactic musical patterns (i. e., timbre, texture, tempo, articulation, and dynamics). In music education, students learn how to organize and interpret these parameters not only as an intellectual activity but also as practice-based training. In music therapy, these parameters are often understood as indicators of perceptual, cognitive, and motor functions. Traditional music therapy, which is mostly based on experimental aesthetics

and behavioral theory, holds many theories as to the relationship between the aspect of musical design and the therapeutic outcome. For example, playing in correct pitch, correct tempo, and appropriate volume shows that the client has functional motor, cognitive, and perceptual skills.

However, those who approach aesthetics with qualitative methods are less likely to discuss the musical design, except for musical patterns, rhythmic organization, or a sense of musical order. Aldridge (1996) sees that being healthy is indicated by a sense of organization; therefore, metaphorically speaking, if one's music is organized rhythmically, he/she is considered to have an ability to organize oneself. Similarly, Salas (1990) relates unity and pattern of musical expression with the matter of the integration of personality. She asserts, "in experiencing the intricate, ordered, and beautiful patterns of music, we are attuned, acoustically and spiritually, to our universe" (p.5). Elliott (1995) also finds that identifying musical patterns brings about positive results for students. He states, "Self-growth and musical enjoyment arise from a listener's conscious generation and comprehension of *relations* among successive and simultaneous musical events in awareness of practice-specific rules of musical organization" (p.142). His statements seem to be related to those of Aldridge and Salas.

Standards and traditions of practice.

Standards and traditions of musical practice are knowledge that music students should learn and show through their performance. They are basically related to musical

designs but are understood in context. Elliott says, "Melody, harmonic, rhythmic, timbral, textural, and formal musical designs embody their musical style-context affiliations" (p.200). For example, triple meter should be performed according to the style of music; the triple meter of a waltz, and one in taiko-drumming should sound differently, though the difference is hardly reflected in the written music score. Music therapy clients usually do not have to learn different musical styles. However, understanding the unwritten rules relating to each style is important for the music therapist. In an experience with one of my clients, I felt it difficult to understand what she intended to express musically. Her musical skill was apparently not sufficient to play the keyboard, so I tried to help her by first teaching her how to play a C major triad at first. However, she ignored my suggestions and kept making notes that sounded non-tonal. At first I wondered if she had the ability to recognize dissonance in a chord. Later I understood that her playing was an attempt to express her favorite vocal style, which emphasized subtle inflections. Therefore, it could not be expressed exactly in the Western tonal system. The style was not familiar to me, as one who came from a different country, therefore I could not make an accurate aesthetic judgment.

Ansdell (1997) introduces musicological studies that would be applicable to music therapy. According to Ansdell, Jean-Jaques Nattiez has been the principal exponent of musical semiology. Nattiez proposed a communication model in music in which he calls the sender the one who produces musical sounds, and the receiver the one

who listens to the music. In his communication model, Nattiez puts a material *trace* between the sender and receiver. A trace is at the center of a system of communication, and it has independent productional and receptional processes. The independent nature of the trace accounts for some experiences of discrepancy between the sender and the receiver. The receiver can make sense of the sender's message according to his/her own perception and interprets according to his/ her own framework of understanding. The receiver may not necessarily receive any of the meaning which is intended by the sender. Nattiez calls this idea "'Tripartition' of symbolic forms" (Ansdell, 1997, p.41). This model of musical communication leads us to think about how we are likely to hear the client's music based on our own perception and interpretation. Therefore, the more the therapist understands the standards and traditions of practice in each style, the more appropriate aesthetic judgment the therapist makes.

Expressions of emotions, and musical representations.

Expressing emotions and representing non-musical events through music making are common experiences in music therapy. In musical listening, clients may experience emotions by perceiving certain musical characteristics designed to arouse specific emotions. They may also associate music with non-musical events, such as personal experiences, feelings, and images while listening.

The meaning of music has been discussed in music therapy in reference to the philosophy of music. We reviewed that there are three traditional aesthetic theories, the

formalist, the referentialist or the contextualist, as well as the absolute expressionist.

Music therapists have found that there are some ideas that are applicable to our practice from the referentialist or the contextualist, and the expressionist theories. Rather than relying on one theory, we utilize these theories flexibly according to the purpose of therapy. These aesthetic theories are often discussed in music therapy practice along with the issue of interpreting client's music. Referential versus nonreferential music are the terms that music therapists use.

Bruscia (1998b, pp.7-9) introduces this paradigm as a variable used in designing music improvisation experiences. Bruscia describes improvisational music as either referential or nonreferential. A referential improvisation indicates, represents, or portrays nonmusical things, such as an idea, feeling, image, identity, or story. The meaning of improvisational music is derived from relationships between the sounds and whatever they represent. On the other hand, a nonreferential improvisation is organized and created strictly according to musical considerations; the meaning of the music is derived from only the relationships within the music itself.

Bruscia (1998b) considers that referential and nonreferential improvisations provide different opportunities for psychological projection. When the client improvises with reference to feelings that the client usually cannot identify or feels that it is difficult to express in words, the referential improvisation helps the client to re-experience the feelings and unfold them so that the client can subsequently express

and identify them verbally. In a nonreferential improvisation, music is content-free. It allows a client to explore music freely according to his or her own preferences and needs without reference to specific feelings. By examining on-going experiences through the improvisation, the client will consolidate feelings in more manageable forms. Bruscia states that the referential improvisation is likely to be an insight-oriented therapy, while the nonreferential improvisation is likely to be a transformative therapy.

Bruscia (1998b) proposes similar concepts by discussing either music *in* psychotherapy or music *as* psychotherapy. In the original sense, these terms indicated the extent of the music therapist's involvement in the client's treatment plan as a part of the clinical team (Bruscia, 1987). Later, he uses these terms are used in discussing the role and importance of verbal discourse in music therapy. Bruscia (1998b) says that in *music as psychotherapy*, "the therapeutic issue is assessed, worked through, and resolved through creating or listening to music, with no need for or use of verbal discourse" (p.2). The weight of verbal discourse is light in *music as psychotherapy*. In *music in psychotherapy*, "the therapeutic issue is accessed, worked through, and resolved through both musical and verbal experiences, occurring either alternately or simultaneously. Music is used for its specific and unique qualities and is germane to the therapeutic issue and its treatment; words are used to identify and consolidate insights gained during the process" (p.3). In this type of music therapy, music is used in therapy sessions, but its role is supported by verbal experiences. The weight of verbal discourse is heavier here.

This nonreferential-versus-referential, or music-*as*-versus-*in*-psychotherapy is not an abstract discussion, but it relates to issues of the theory and practice in music therapy. One of the issues involves an interpretation of improvisational music. In some schools of improvisational music therapy, improvisation is regarded as referential music, and the musical sounds are interpreted to represent specific psychoanalytical meanings (Stige, 1998). For example, in Mary Priestley's Analytical Music Therapy, the meaning of the music is usually connected with the psychosexual development of the client, such as "the power struggle of the anal phase" (Priestley, as cited in Stige, 1998, p.21).

Cultural-ideological information.

Music cannot be discussed without the influence of culture and society. Elliott says, "Musical works both constitute and are constituted by cultural knowing, beliefs, and values" (p.200). This idea relates to Ruud's (1998a) claims that music forms one's own identity in relation to one's own social and cultural environment. This reminds me of one of my clients who liked rap music. Rap music is symbolically anti-social in the United States, not only due to its aggressive lyrics, but also due to its musical design that is different from traditional art music. He might not have cognitively understood its untraditional music style, but he knew that his taste in music might create tension between himself and others. In music therapy, the focus was placed on his experience of tension with others. His self-image as an anti-social man was reflected in the rap music. Music is not an aesthetic object which is independent from the society. It has a

substantial message in relation to the social context.

Music as Product in Music Therapy

Considering the scant attention given to musical design in music therapy literature, Lee's ambitious works (2001, 2003) that aim to establish Aesthetic Music Therapy (AeMT) serves to enhance discussions regarding the relationship between musical designs and therapeutic meanings from a qualitative perspective. Colin Lee suggests that we notate music played by the client and/or the therapist and proposes the way of interpreting and analyzing it in relation to clinical meanings. Lee and Khare (2001) discuss what and how the music therapist should listen to in the client's music as follows:

- Listening to the client, their music, our music, and the musical relationship
- Listening behind and beyond the music
- Listening to silence
- Listening to the client as personhood and musichood
- Listening as musicians and therapists
- Listening as sound and community. (p.268)

This list shows that listening sometimes goes beyond a matter of music. Lee (2003) also says, "Listening to the concluding silence, its quality and intent, can reveal the significance of the session itself. Listening is not bound by the music and extends throughout every second the client is in contact with the therapist" (p.89). His

discussion reminds us to refine our ability to listen to the client's music.

Lee (2003) also identifies six levels of listening according to the intensity of listening as follows:

1. Surface listening
2. Instinctive listening
3. Critical listening
4. Complex listening
5. Integrated listening
6. Listening beyond. (p.90)

From his descriptions of each level it seems that the differences between these levels of listening are extremely subtle and complex; however, his effort to use musical terms to explain what is going on in the client's music experiences is impressive.

In summary, music therapists are not inclined to discuss music as a product, especially in terms of the musical design. Elliott's concept of music as a product would enhance our understanding of this dimension of music aesthetics. Colin Lee's therapeutic analysis of notated music performed by the client is a worthwhile endeavor to be acknowledged.

Music as Process in Context

Music Making and Music Listening in Music Education

The core of praxial philosophy of music education (Elliott, 1995) is located in its

concept of music as process in response to traditional aesthetics, which did not include this aspect at all. Elliott says that music as process consists of music making and listening. Music making includes the following five activities: performing, improvising, composing, arranging, and conducting. In music making, students learn and acquire various types of knowledge and deliberately utilize them in action. The essential type of knowledge is procedural knowledge that enables the student to perform purposefully in relation to context. In addition, the following other types of knowledge are considered to contribute to the development of procedural knowledge: formal knowledge, informal knowledge, impressionistic musical knowledge, and supervisory musical knowledge. Formal knowledge is based on verbal facts, concepts, or theories, such as how to play staccato. Informal knowledge is specific knowledge that is needed for solving practical problems in each situation. Impressionistic musical knowledge is considered intuition. It cannot be gained through concepts, but through critical musical problem solving experiences. Supervisory knowledge is related to the abilities to monitor, adjust, manage, and oversee in the immediate moment of performance as well as in the long span of one's musical growth.

Elliott (1995) states that through listening as a process, music students will learn of the multidimensional influences on music, looking for any information that may suggest those influences. Therefore, the act of listening is not a passive hearing but an "active listening-*for*" (p.80). This is also an important listening skill for music

therapists. Lee (2003) articulates that the therapist's listening is not passive hearing, but rather it is an intended activity to find therapeutic meaning. What the therapist and music students look for may be different, but their intensive listening attitude is important for both practices.

As Ansdell (1995) illuminates listening-in-playing in music therapy, listening and music making are not separate activities; rather, they interlock with each other. In music education, the student learns how to monitor one's musical action by listening to one's music making. Conscious music listening enhances the music making processes at a higher level.

In music therapy, both the client and the therapist are usually regarded as participants while in music education only the students are regarded as participants. Music making and music listening experiences are different for each the client and the therapist. Thus the following sections examine those experiences for each separately.

Music Making and Music Listening by the Client

Bruscia (1998a) identifies four types of musical experiences in which the client participates: a) improvisatory experiences, in which "the client makes up music while playing or singing" (p.116), b) re-creative experiences, in which "the client learns or performs precomposed vocal or instrumental music" (p.117), c) composition experiences, in which the client writes "songs, lyrics or instrumental pieces, or to create any kind of musical product" (p.119), and d) receptive experiences, in which "the client listens to

music and responds to the experience silently, verbally, musically, or in another modality” (p.120). As Bruscia describes, the client will participate in various music activities; however, the client is not expected to engage in deliberate and controlled actions as the music student is expected to do. Instead, the music therapy client is simply expected to engage in music activities with self-involvement.

Deliberate and controlled actions might be an ability that therapists are expected to improve in their own skills. Lee (2003) acknowledges that there is a difference between the therapist and the client in terms of intensity of consciousness. He says, “For a client the act of listening-in-playing should be natural whereas for the therapist it requires insight and sensitivity” (p.89).

Music Making and Music Listening by the Therapist

Music making by the therapist.

Elliott’s concepts of procedural and other types of knowledge might be helpful for the music therapist in thinking about their music making skills. The music therapist is also expected to have unique music skills, integrating formal, informal, impressionistic, and supervisory knowledge. Smeltekop (2003) lists the following music skills for the therapist as “essential musical performance abilities”:

- Sing/perform on pitch
- Perform in rhythm
- Improvise

- Harmonize
- Transpose
- Create arrangements
- Create musical environments
- Lead others
- Accompany/support others
- Express oneself through music
- Maintain musicality despite cacophony (discordant sound)
- Perform musically while attending to both music and client(s)
- Demonstrate fundamental knowledge of all music therapy media
- Demonstrate advanced competency on one instrument/voice. (p.18)

Let us examine the various types of knowledge proposed by Elliott (1995) by taking the example of “create musical environments.” The therapist should know what kind of music is suitable in the situation (impressionistic) and how to play instruments or sing in a certain style (formal) while adding arrangements that enhance the participation of clients (informal). Additionally, the therapist should monitor how his/her music influences the client(s) (supervisory); thereby, creating a musical environment in a therapeutically appropriate way (procedural). In this way, five types of knowledge proposed by Elliott are applicable to music making skills in music therapy practice.

Music listening by the therapist.

When the therapist listens to a client's music making, he/ she is looking for information about various contexts of music as product as well as the client's attitude. When we stress the process of music, we are primarily searching for not musical achievement, but often the client's attitude revealed through musical activities. It is unquestionably inspiring when we find that the client is investing oneself in music experiences as he/she is attempting to make changes in or through music. Sometimes we feel beauty not only in the music, but also in the client's attitude itself. Lee (2003) says, "To listen clinically means to focus on the client's revelations as a precise manifestation of their [sic] inner world" (p.99). Ansdell (1995) articulates, "A music therapist is trained to give this quality of listening both to the precise details of the music *and* to the person playing. She listens not to each in isolation but to both together – to the person-in-the-music" (p.157).

Amir (1992, 1993) studied meaningful moments in therapeutic sessions by interviewing both clients and therapists. Based on their descriptions, Amir illuminated meaningful moments that they identified as therapeutically significant. I consider what Amir calls a meaningful moment to be that which equates to an aesthetic moment in which the therapist finds value and beauty in the client's music. The following moments, described by Amir, are not described in music terms, but they were mostly identified through music experiences: moments of awareness and insight, acceptance, freedom, wholeness and integration, completion and accomplishment, beauty and

inspiration, spirituality, intimacy with self, joy and ecstasy, anger/fear/pain, surprise, inner transformation, physical closeness between the therapist and the client, musical intimacy between the therapist and the client, and close contact between the client and a significant person in his/her life.

Aigen (1995a) acknowledges as meaningful the moment of emotional discharge that is expressed musically. Ansdell (1995) finds the musical meeting to be significant when the therapist and the client connect musically. Bruscia (1998a) finds “beauty” (p.102) in the client’s effort to overcome disabilities through musical experiences.

In this way, the therapist is listening to or listening for therapeutic meanings. It is important to think about how differently we listen to music in a therapeutic context from other types of listening, such as listening as enjoyment. Furthermore, clinical listening is usually dependent on intuitive and subjective knowledge on the part of the therapist. Therefore, it is not easy to validate what the therapist listens to regarding the client’s inner state of mind. In response to this validation issue, Colin Lee (2003) tries to show that a specific design of client’s music would indicate the client’s specific state of being. On the other hand, researchers who apply a phenomenological method (e.g., Aigen, 1995a) tend to emphasize intuitive and subjective knowledge as valid sources of information for research. The matter of validation is an on-going discussion.

Therapeutic Process and Music Process

Music process is not always equal to therapeutic process. It depends on the

therapist's theoretical and philosophical orientation. Bruscia (1998a) lists six therapeutic processes as follows: a) developmental, b) educational, c) interpersonal, d) artistic, e) creative, and f) scientific (pp.34-36). In a developmental process, the sequence of change or intervention is parallel to organic stages of growth, maturation, or development. In an educational process, the sequence of change or intervention is connected to the curricular subject matter of skill acquisition. Interpersonal process is based on stages of developing a relationship between the client and the therapist or other clients. In artistic situations, the focus is on the sequences involved with performing, composing, and improvising music. In creative music therapy, the process is involved in identifying, exploring, testing, selecting alternatives, solving problems, and meeting one's own needs in creative ways. Scientific process is concerned with the sequential steps of defining and controlling variables, collecting and analyzing data, and interpreting the results. Bruscia says that the above therapeutic processes are not mutually exclusive. Considering the theoretical orientation of the therapist is important in defining the meaning and beauty of music. I regard the therapist's theoretical background as also one of the contexts that influences the aesthetics of music therapy.

Music Process as Constructing Meanings

Music therapy that stresses the relationship between the therapist and the client defines clinical events as central to the process of creating meaning. Many music therapists consider that the improvisatory music experience by the therapist and the client

provides a space in which to search for or construct meaning (Ansdell, 1995; Lee, 2003; Pavlicevic, 1997; Stige, 2002). This represents a type of creative therapy, and most music therapists who espouse this therapeutic process are largely influenced by Nordoff-Robbins Creative Music Therapy.

Therapist as co-creator.

In the process of this type of creative music therapy, the therapist and the client create the meaning together musically. The meaning is usually shared interpersonally by the client and the therapist. The meaning in this type of music therapy seems not to be representational, but seems to be the intramusical logic or rules which are shared and created by the client and the therapist. Their focus on “shared meaning” leads us to think about the role of the therapist. In clinical psychology, the role of the therapist is changing and is different according to the various schools of psychological thought. The therapist traditionally takes an objective and distant attitude from the client in psychoanalytical therapy; the therapist shows generous and unconditional acceptance to the client in humanistic therapy. In behavioral therapy, the therapist regards oneself as a co-worker to help the client to achieve therapeutic goals. In creative music therapy, the therapist is more of a co-creator whose value is a part of the therapeutic process. The therapist expresses his or her musical ideas, makes aesthetic judgments, and contributes actively to the process of music making. The client is also an authorized co-creator who makes aesthetic judgments about music created by oneself, the therapist, or both. Here

the values of the therapist are emphasized more than in any other type of music therapy, as are the values of the client.

Value conflicts.

When the music therapist takes a role as a co-creator in this type of music therapy, the therapist sometimes faces value conflicts between her/himself and the client. The therapist's own values are not always congruent with those of the client. That experience is sometimes threatening to both the therapist and the client. Pavlicevic (1997) described an experience of value conflicts that occurred in a group therapy setting in which she was the only one who had a different cultural background. Pavlicevic felt uncomfortable in this situation to a degree that she could not share music experiences with the clients, but the rest of the group connected with each other.

Power.

The above episode reminds us of the importance of power issues between the therapist and the client. Power is the ability to influence each other as musicians and as human beings. The client is usually thought to have less power than the therapist. The therapist may have more authority as a specialist in the therapeutic setting, and the therapist may have more advanced musicianship. Kenny (1989) says that the therapist usually has a greater aesthetic world; therefore, the therapist should invite the client into his or her aesthetic world in the process of forming a therapeutic relationship. Kenny does not say that it is a power issue, but it suggests to me that the therapist has influential

aesthetic power over the client.

However, we often face situations, as Pavlicevic (1997) describes above, in which the therapist feels that the client has more power than the therapist. The ideal power balance between the therapist and the client should be equal. When this mutual relationship is not established, Pavlicevic experiences this as being *colonized* or *culturally alienated*. She describes her experience with her client, Frank, who seemed to impose his aesthetic value: “I remained ‘culturally alienated’: we were only together when I entered his world—he imposed his world on to me, and I was in the position of being ‘colonized’, so to speak” (p.43).

Negotiation.

Stige (2002) expresses a positive aspect of value conflicts, and he believes that they could be dynamic forces for creating new dimensions in the relationship between the therapist and the client. Stige states, “A clash in values at times may *open* a space for communication instead of closing it” (p.60). Pavlicevic (1997) believes that she can solve this conflict by negotiation. Pavlicevic says, “One of the basic clinical features of playing together is that of jointly defining and establishing a mutually comfortable beat. This means that the beat is not imposed by either one or the other player, but is negotiated mutually by both players” (p.41).

I believe the concept of “negotiation” is important in considering multicultural issues, addressed earlier as important for aesthetics of music therapy in a praxial

framework. I discussed how the multicultural considerations bring us to an awareness of diversities in values, but at the same time, it deprives us a sense of mutuality and unity. I assume that the act of negotiation in a therapeutic setting seems to be a positive action for seeking shared meaning, for showing interest in others, and for creating mutuality.

Negotiation in context.

I consider the action of musical negotiation to be of significance; however, this is not an easy task for an immature relationship between the therapist and the client. Mutual trust between them based on a feeling of safety is necessary before negotiation can occur. The stages of forming, maintaining, and activating in the processural model (Merrill & Smeltekop, 2002) helps us to conceptualize how the therapeutic relationship between the therapist and the client is built. In forming, the therapist stresses the therapeutic space as a meeting place musically or non-musically, with the following focuses: welcoming, aesthetic, motivating and stimulating, culturally congruent and sensitive, compassionate, understanding, and relevant/related. In maintaining the relationship, it is considered to be a resting place as well; the therapist creates a place for being constant, safe, accepting, genuine, nurturing, integrating, familiar, consistent, secure, and predictable. As an activating phase, the relationship between the therapist and the client grows through catalyzing, transforming, encountering conflict, being dynamic, being creative, supporting risk, requiring trust, being respectful, and being honest. The three stages, forming, maintaining, and activating are not sequential.

They go back and forth among each other, but it seems to be appropriate to start with forming the relationship in the course of therapy.

Some qualities arising in an activating space are related to multicultural issues, as Bowman (1998) describes, "It [music] is cultural, and culture is constantly being created, recreated, modified, contested, and negotiated" (p.305). According to this model (Merrill & Smeltekop, 2002), negotiation seems to fall under the activating phase.

When the therapist judges that the client needs to form an initial relationship with the therapist, negotiation is not an appropriate approach in that context. The relationship on the initial stage might not be firm enough for the therapist and the client to move toward a dynamic relationship. In this way, bringing negotiation into the therapeutic relationship should be based on deliberate clinical decision by the music therapist.

In summary, music therapy scholars are inclined to emphasize music as process. Sometimes the aesthetic of music as process cannot be described in musical terms, but it is found in the attitude of the client which the therapist looks for in the client's music. The skill of finding aesthetic meanings is often dependent on the intuition of the therapist. The music therapy practices that stress the therapeutic relationship identify the therapeutic space as a dynamic place for creating meaning through mutual work by the therapist and the client. In this place, the therapist brings one's own values to the front rather than holding them back. This perspective provides us a key to address multicultural issues, such as creating a space for negotiating musical values. However,

the therapist should exercise fine therapeutic judgment to identify the appropriate timing for introducing the various phases in therapeutic relationships.

Context

Praxial philosophy of music education refers to context as music related matters, such as music styles, musical practice, and standards of performance. Context in music therapy needs to broaden its references, including both musical and non-musical matters. A context could be a situation, condition, or a space in which music therapy occurs. Various levels of context have already been discussed in relation to each category: the person, music as product, and music as process. Context could be the client's physical and emotional conditions, such as the client's physical and cognitive ability to put intended ideas to action or the client's readiness to explore the interpersonal relationship. A context also can include musical standards of the society and culture or the cultural ideology of music. A praxial framework includes the therapist him/herself inside the context of music therapy. The therapist's values regarding music, and his/her theory and philosophy are parts of the clinical context.

In addition to these contexts, Aldridge (2003) also includes physical spaces in which music therapy takes place. Aldridge (2003, A performed body, ¶3) calls life situations a context that includes "physical (space), psychological (expectations), temporal and social (roles of participants)." Within these contexts, the performer, or the client pursues and expresses his or her aesthetics of health through music. Some

therapists may consider that context includes spaces outside the session room. Stige (2002) ponders how music therapy clients can participate in the community that they belong to. Kenny (2002) describes the above situations in this way:

General theory challenges our notions of situated practice because it begs us to be “inside” of our situations, and simultaneously “outside” of our situations, or rather within multiple contexts. One might ask, how many contexts do I have to imagine? The answer: many. (p.163)

As Kenny describes, there are many contexts that influence the therapeutic space. The importance for the therapist is to be aware of contexts in which music experiences occur and relate through them with the client and musical experiences. It is important to expand and employ various contexts. At the same time, as Taboada (2002) points out, it is necessary to clarify the boundaries of contexts in order to provide responsible health care services.

CHAPTER SIX

Summary

One of the primary goals of this paper was to examine and organize aesthetic discussions in the literature in relation to music philosophy and their applications in music therapy. Through reviewing aesthetic studies, I found several issues that are summarized as follows:

1. The concepts of music in traditional aesthetic philosophies are different from those of music therapists; because of the differences, we have felt that aesthetic issues are unrelated to our practice. The traditional aesthetic view regards music as a work of art, and the listening experience is the activity that is conceived as central in their aesthetic discussions. Music is valued because of its aesthetic purpose, and the meaning of music is inherent. Traditional aesthetic philosophers are likely to be regarded as elitist because of their emphasis on the necessity for musical training for perceiving aesthetic qualities in musical structures.
2. The traditional approach to aesthetics in music therapy is based on empirical scientific methods. General aesthetic studies in music therapy are experimental and focus on affective behaviors and responses. Growing attention toward a qualitative approach emphasizes subjective aesthetic experiences, and those who value the qualitative approach are likely to react against experimental aesthetics. The concept of health and the individual is shifting from a reductionist view to a holistic one.

This new view allows us to conceive of music therapy as a dynamic and interactive process between the individual and the environment.

3. Praxial philosophy, as the fourth aesthetics in music philosophy, provides more comprehensive ideas about music that are more compatible with music therapy practice. We found that there are many points that we can share with praxial philosophy, but there are some limitations that still are not applicable to music therapy practice. Notably, Elliott's idea of creativity is different from what we expect of the client. Spontaneity is an important characteristic that the therapist may desire the client to explore, rather than being primarily intentional and deliberate.
4. New aesthetics in music therapy is based on a philosophical approach. Kenny, Aigen, and Aldridge are trying to expand the meaning of aesthetics or beauty to non-musical issues, such as the way of being and of becoming healthy. They consider music as actions or behaviors in which the therapeutic process occurs. Stige approaches aesthetics by addressing the meaning of music. He finds a parallel relationship between music making and creating meanings in language. By noting that language is involved in the process of constructing meanings between two or more persons, Stige allows music therapy spaces to be the places where the therapist and the client mutually construct musical meanings. Colin Lee treats music as a product and explores ways to analyze the client's music based on traditional aesthetic properties, such as tonality.

Findings

Practical Issues

In the introduction, two issues were addressed: how can we make sense of the client's music? How should we address one's own values regarding music in the session? There is no definite and single answer as to how to make sense out of the client's music. The meaning and beauty of music may be defined by the context in which the client experiences music. A praxial framework is helpful to understanding music experiences of the client from various angles. Instead of lowering aesthetic standards, we could propose alternative meanings and beauty according to various therapeutic contexts. We reviewed a number of contexts that may have influence on music therapy. Since there are many, we need to employ two approaches toward examining contexts: expand and limit.

Aesthetics of music therapy in a praxial framework includes the therapist's value system as a part of the therapeutic contexts. The types of music therapy practice that focus on the relationship between the therapist and the client actively allow the therapist's values of music to be engaged in the process of constructing musical meaning. The emphasis on the therapist's values may cause value conflicts with those of the client, but it will also create a dynamic relationship between the therapist and the client, necessitating negotiation.

Research Issues

In response to concerns for the paucity of references to music and aesthetics, this paper attempted to bridge music therapy and music philosophy by applying to music therapy praxial philosophy of music education by David Elliott. Regardless of some limitations, a praxial view seems to fit our practice and enriches our concepts of music. Although we formerly have appeared to feel alienated from aesthetic issues, I believe that this paper may partly contribute toward restoring the relationship between music philosophy and music therapy. I also believe that enriching our understanding, regard, and vocabulary in music philosophy will give us deeper insight for discussing music experiences in music therapy.

Further Studies

Discussing music in a praxial framework reminds us that we are not inclined to discuss music as a product, with the exception of the endeavors by Colin Lee. While it may not be necessary to apply traditional musical analysis methods, we should develop our clinical listening skills to identify clinical significance in the client's music as specifically as possible.

In this study, I could not identify how the scientific approach can investigate aesthetics in a praxial framework. Could it be incorporated within a praxial framework, or is its nature totally different from aesthetics as philosophy? Aesthetics in a praxial framework emphasizes the consciousness of the therapist, thereby, leading it to place value on subjective experiences. However, I believe that while philosophy is a matter of

perspective, science is a matter of validation; therefore, they are not contradictory. I assume that aesthetics in a praxial framework would incorporate science at some juncture. I leave this question to further studies.

Closing Thoughts

As I discussed, our intensive efforts to find the meaning and beauty in music are important; however, I also acknowledge the importance of giving up our control and surrendering our power to music itself. I would like to conclude by emphasizing the importance of the therapist's conscious efforts, but at the same time, remembering to let music grow on its own. It is important to develop our sense of trust in music as it goes hand in hand with our intentional efforts for utilizing music therapeutically.

REFERENCES

REFERENCES

- Aigen, K. (1995a). An aesthetic foundation of clinical theory: An underlying basis of creative music therapy. In C. Kenny (Ed.), *Listening, playing, creating: Essays on the power of sound* (pp. 233-257). Albany, NY: State University of New York Press.
- Aigen, K. (1995b). Philosophical inquiry. In B. Wheeler (Ed.), *Music therapy research: Quantitative and qualitative perspectives* (pp. 447-484). Phoenixville, PA: Barcelona Publishers.
- Aigen, K. (1995c). Principles of qualitative research. In B. Wheeler (Ed.), *Music therapy research: Quantitative and qualitative perspectives* (pp. 283-311). Phoenixville, PA: Barcelona Publishers.
- Aldridge, D. (1996). *Music therapy research and practice in medicine: From out of the silence*. London and Bristol, PA: Jessica Kingsley Publishers.
- Aldridge, D. (2003). Personal communication.
- Amir, D. (1992). *Awakening and expanding the self: Meaningful moments in the music therapy process as experiences and described by music therapists and music therapy clients*. Unpublished doctoral dissertation. New York University, New York, NY.
- Amir, D. (1993). Moments of insight in the music therapy experience. *Music Therapy*, 12(1), 85-100.
- Ansdell, G. (1995). *Music for life: Aspects of creative music therapy with adult clients*. London: Jessica Kingsley Publishers Ltd.
- Ansdell, G. (1997). Musical elaborations: What has the new musicology to say to music therapy? *British Journal of Music Therapy*, 11(2), 36-44.
- Berlyne, D. E. (1971). *Aesthetics and psychobiology*. NY: Meredith Corporation.
- Bowman, W. D. (1998). *Philosophical perspectives on music*. New York: Oxford University Press.
- Bruscia, K. E. (1987). *Improvisational models of music therapy*. Springfield, IL: Charles C Thomas Publisher.
- Bruscia, K. E. (1998a). *Defining music therapy* (2nd. Ed.). Gilsum, NH: Barcelona Publishers.

- Bruscia, K. E. (1998b). An introduction to music psychotherapy. In K. Bruscia (Ed.), *The dynamics of music psychotherapy* (pp. 1-15). Gilsum, NH: Barcelona Publishers.
- Bruscia, K. E. (1998c). Standards of integrity for qualitative music therapy research. *Journal of Music Therapy*, 35(3), 176-200.
- Bruscia, K. E. (2000). The nature of meaning in music therapy: Kenneth Bruscia interviewed by Brynjulf Stige. *Nordic Journal of Music Therapy*, 9(2), 84-96.
- Elliott, D. J. (1995). *Music matters: A new philosophy of music education*. New York: Oxford University Press.
- Gardstrom, S. C. (n.d.). *Music therapy and phenomenology*. Unpublished manuscript, Michigan State University.
- Gaston, E. T. (1964). The aesthetic experience and biological man. *Journal of Music Therapy*, 1(1), 1-7.
- Gaston, E. T. (1968). Man and music. In E. T. Gaston (Ed.), *Music in therapy* (pp.7-29). New York: Macmillan Publishing Co., Inc.
- Gfeller, K. E. (1990). The function of aesthetic stimuli in the therapeutic process. In R. F. Unkefer (Ed.), *Music therapy in the treatment of adults with mental disorders: Theoretical bases and clinical interventions* (pp. 70-81). New York: Schirmer Books.
- Gfeller, K. E. (2002). The function of aesthetic stimuli in the therapeutic process. In R. F. Unkefer & M. H. Thaut (Eds.), *Music therapy in the treatment of adults with mental disorders: Theoretical bases and clinical interventions* (2nd. Ed.) (pp. 68-84). New York: Schirmer Books.
- Hays, P. (2001). *Addressing cultural complexities in practice: A framework for clinicians and counselors*. Washington, DC: American Psychological Association.
- Heylighen, F., & Joslyn, C. (1992). What is systems theory? In F. Heylighen, C. Joslyn & V. Turchin (Eds.), *Principia Cybernetica Web* (Principia Cybernetica, Brussels), Retrieved September 9, 2003, from URL: <http://pespmc1.vub.ac.be/SYSTHEOR.html>
- Kenny, C. B. (1982). *The mythic artery: The magic of music therapy*. Atascadero, CA: Ridgeview Publishing Company.
- Kenny, C. B. (1989). *The field of play: A guide for the theory and practice of music therapy*. Atascadero, CA: Ridgeview Publishing Company.

- Kenny, C. B. (1998). Embracing complexity: The creation of a comprehensive research culture in music therapy. *Journal of Music Therapy*, 35(3), 201-217.
- Kenny, C. B. (2000). Setting the stage for general theory in music therapy? Reply to Bärmark and Hallin. *Nordic Journal of Music Therapy*, 9(1), 64-69.
- Kenny, C. B. (2002). Keep the world in balance: Music therapy in a ritual context. In C. Kenny, & B. Stige (Eds.), *Contemporary voices in music therapy: Communication, culture, and community* (pp. 157-170). Oslo, Norway: Unipub forlag.
- Kivy, P. (2002). *Introduction to a philosophy of music*. Oxford, New York : Clarendon Press.
- Kratus, J. (2003). Personal communication.
- Lee, C. (1996). *Music at the edge: The music therapy experiences of a musician with AIDS*. London: Routledge.
- Lee, C., & Khare, K. (2001). The supervision of clinical improvisation in aesthetic music therapy: A music-centered approach. In M. Forinash (Ed.), *Music therapy supervision* (pp. 7-29). Gilsum, NH: Barcelona Publishers.
- Lee, C. (2003). *Architecture of aesthetic music therapy*. Gilsum, NH: Barcelona Publishers.
- Lippman, E. (1999). *The philosophy and aesthetics of music*. Lincoln, NE: University of Nebraska Press.
- Madsen, C. K., Byrnes, S. R., Capperella-Sheldon, D. A., & Brittin, R. V. (1993). Aesthetic response to music: Musicians versus nonmusicians. *Journal of Music Therapy*, 30(3), 174-191.
- Merrill, T., & Smeltekop, R. (2002). Side by side: The functions of music in the formation, maintenance and activation of the therapeutic relationship. Session conducted at 4th Annual AMTA Conference: Music Therapy on My Mind, Atlanta, GA.
- Meyer, L. B. (1956). *Emotion and meaning in music*. Chicago: The University of Chicago Press.
- Pavlicevic, M. (1997). *Music therapy in context: Music, meaning and relationship*. London: Jessica Kingsley Publishers.
- Radocy, R. E., & Boyle, J. D. (1997). *Psychological foundations of musical behavior* (3rd Ed.). Springfield, IL: Charles C Thomas Publisher, Ltd.

- Radocy, R. E., & Boyle, J. D. (2003). *Psychological foundations of musical behavior* (4th Ed.). Springfield, IL: Charles C Thomas Publisher, Ltd.
- Regelski, T. A. (1998). The Aristotelian bases of praxis for music and music education as praxis. *Philosophy of Music Education Review*, 6(1), 22-59.
- Reimer, B. (1970). *A philosophy of music education*. Englewood Cliffs, NJ: Prentice-Hall, Inc.
- Reimer, B. (2003). *A philosophy of music education: Advancing the vision* (3rd. Ed.). Upper Saddle River, NJ: Prentice Hall.
- Ruud, E. (1998a). *Music therapy: Improvisation, communication, and culture*. Gilsum, NH: Barcelona Publishers.
- Ruud, E. (1998b). Science as metacritique. *Journal of Music Therapy*, 15(3), 218-224.
- Salas, J. (1990). Aesthetic experience in music therapy. *Music Therapy*, 9(1), 1-15.
- Smeijsters, H. (1997). *Multiple perspectives: A guide to qualitative research in music therapy*. Gilsum, NH: Barcelona Publishers.
- Smeltekop, R. (2003). *Music therapy: Foundations and principles*. Coursepack for Music 270, Michigan State University.
- Sparshott, F. (1987). Aesthetics of music--Limits and grounds. In P. Alperson (Ed.), *What is music?: An introduction to the philosophy of music* (pp. 33-129). University Park, PA: The Pennsylvania State University Press.
- Stige, B. (1998). Perspectives on meaning in music therapy. *British Journal of Music Therapy*, 12(1), 20-27.
- Stige, B. (2002). *Culture-centered music therapy*. Gilsum, NH: Barcelona Publishers.
- Taboada, P. (2002). The General Systems Theory: An adequate framework for a personalist concept of health? In H. T. Engelhardt, Jr. (Series Ed.) & P. Taboada, K. F. Cuddeback, & P. Donohue-White (Vol. Eds.), *Person, society and value: Towards a personalist concept of health: Vol. 72. Philosophy and medicine* (pp. 33-53). Norwell, MA: Kluwer Academic Publishers.
- Yako, M. (2002). *Gengo gemu to shite no ongaku: Wittgenstein kara ongakubigaku e* [Music as language game: From Wittgenstein to music aesthetics]. Tokyo, Japan: Keiso Shobo Inc.

MICHIGAN STATE UNIVERSITY LIBRARIES



3 1293 03062 6844