випадку вдається впливати на людину й людські відносини, задовольняти й розвивати певні потреби особистості й суспільства.

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APPLIED MUSIC THERAPY THEORY. REFLECTIONS ON THE THEORY - PRACTICE RELATIONSHIP

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The music therapy theory – music therapy practice relationship is a complex one. It is important to continuously evaluate the dynamics of this relationship. One period in which this relationship is most prominent is in the transition of being a student to becoming a professional. Some parts of the theory still make sense as one starts to use ones education in practice. Others parts may, in fact, seem quite inadequate. Need for other, not yet discovered, theories may arise. As a first aim for this article, the author wants to offer a subjective evaluation of theory - practice relationship in connection to his work in adult psychiatry. An example of teaching patients about music therapy treatment will be used throughout. A second aim is to encourage new music therapists to start reflecting on the theory – practice relationship right away, and publish the findings. A discussion focusing on the shifts in consensus and acknowledged perspectives is included.

Key words: music therapy, relationship, practice relationship, adult, psychiatry.

Тур Улав Гельдаль ПРИКЛАДНА ТЕОРІЯ МУЗИКОТЕРАПІЇ: ВЗАЄМОЗВ`ЯЗОК ТЕОРІЇ ТА ПРАКТИКИ / Психіатричний центр Нурфьюра, Норвегія.

Взаємозв`язок теорії та практики музикотерапії є комплексним. Важливе постійне переосмислення динаміки цього взаємозв`язку. Одним із періодів, у який цей взаємозв`язок є найважливішим, є перехід від навчання до професійної діяльності. Частина теорії ще має сенс, коли музичний терапевт починає застосовувати свою освіту на практиці. Інша частина теорії фактично втрачає свого значення. Може виникнути потреба в іншій, ще не створеній теорії. Автор статті пропонує суб`єктивну оцінку взаємозв`яку теорії та практики, спираючись на свій досвід роботи в психіатрії дорослих. У статті наводиться приклад інформування пацієнтів про можливість музичнотерапевтичного лікування. Далі автор спонукає молодих музикотерапевтів до роздумів про взаємозв`язок теорії та практики, а також до публікування зроблених висновків.

Ключові слова: музикотерапія, взаємовідношення, доросла людина, психіатрія.

Тур Улав Гельдаль ПРИКЛАДНАЯ ТЕОРИЯ МУЗЫКОТЕРАПИИ: ВЗАИМОСВЯЗЬ ТЕОРИИ И ПРАКТИКИ / Психиатрический центр Нурфьюра, Норвегия.

Взаимосвязь теории и практики музыкотерапии неоднозначна. Важна постояная переоценка динамики этой взаимосвязи. Одним из периодов, в которые данная взаимосвязь наиболее значима, выступает переход от студенчества к профессиональной деятельности. Часть теории всё ещё имеет смысл, когда музыкальный терапевт начинает применять своё образование на практике. Другая часть теории фактически теряет свою значимость. Может возникнуть потребность в другой, еще не написанной теории. Автор данной статьи предлагает субъективную оценку взаимоотношения теории и практики, исходя и собственного опыта работы в психиатрии взрослых. В статье приводится пример информирования пациентов о возможности музыкальнотерапевтического лечения. Автор побуждает молодых музыкотерапевтов к размышлениям о взаимосвязи теории и практики, а также к публикации выводов, полученных в ходе размышлений.

Ключевые слова: музыкотерапия, взаимоотношения, взрослый человек, психиатрия.

Now, after some 5 years of practice, I experience that I need music therapy theory (MTT) mainly in 4 distinct instances: 1) When I teach patients about music therapy, 2) when I get questions from patients to explain the rationale that I build upon, 3) when colleagues and representatives of other disciplines ask me to clarify what theory might be reflected in the music therapy given, and finally, but most relevant 4) when I start to wonder what on earth I am doing. These four instances might call for different approaches and choices regarding MTT. The road is being built as we go. In this text, the author will emphasize the first and fourth of these.

As a student of music therapy, I asked myself what made sense and offered meaning. Frode Aass Kristiansen (2002) wrote the article "A music therapy student on a hunt to discover the inner being of music therapy (my translation). He wanted to find what the essence of music therapy is, and publish his findings. I reckon that every music therapy student reflect on this mystery from time to time; exactly, what seems to provide meaning in music therapy. MTT is also a part of this reflection – more for some than others.

Furthermore, as the final exams are over and the work begins, it starts to become important to identify what *still* do provide meaning in practice. One thing is what may be considered "mainstream" treatment at the workplace and another is what seems to fit within the theory-practice relationship. I figure, it is quite commonsense to say that the individual experiences in practice and the unique qualities of each music therapist are key elements in this respect. These things interact in setting the path and defining what MTT still support and direct the work. I am continuously evaluating what I view as relevant MTT in my practice. I notice that some parts that I once regarded "core" and essential for the profession no longer are reflected in my practice.

The aim of this article is, hence, twofold: I want to share the essence of my current fundament of MTT and hereby, inspire readers that are new in the field of practice to start reflecting upon the theory-practice relationship right away, to acknowledge that your thoughts on this matter is of great value, and encourage you to publish your findings.

Hunting for answers and meaning. Whether as a student or a professional, I wish I could go to one book, open the alphabetic index, find the theme of interest, read through the relevant pages of text and get my answer or at least knowing more about where to find it. Unfortunately MTT doesn't work like that. The way that it does(n't?) work is that one seldom immediately find what one is looking for. Within the total MTT there might be good answers to the question asked, it just takes deep ploughing of three or four books to find it – between the lines. However, although it is often challenging and downright impossible to find what one is looking for, one might stumble across some nice treasures while searching. Ergo, one often discovers something else. Over the years, I have learnt to try and remember these treasures, and I like to come back to them from time to time. It may be a chapter in a book or just a word, or a diagram, or a wise sentence from a teacher in class, anything really. I would like to share one such passage that I often return to, just as an example of this. If you like it, too, then feel free to save it for a rainy day.

"Perhaps improvisation as a way of making music together may be a good metaphor for our understanding of the individual. In improvisation, we often start from scratch, from some preliminary idea we want to follow. Although we may have broader ideas of where we want to go, we can never be sure of either the route to follow or the final goal. The whole process involves other people. The music we make is influenced by others in a circular manner, as are the plans for life we make." (Ruud, 1998, p 28)

Ruud continues to elaborate upon the common musical factors that exist in an improvisation like trust, risktaking, roles, shifts in tonality, tempo and feel, and how these have striking similarities paralleled with social interplay. Mastery in life is, in this respect, to master the improvisation that life calls for. In my daily work in psychiatry, I often encounter people who have profound problems finding their voice in this big improvisation of life. If I approach this from the perspective of a musician it becomes so clear to me, how painful it must be to know – as I often do, when trying to improvise in new bands – I just don't know how to understand the music and how I could contribute in an adequate way. Just substitute the words improvisation with life, music with social interplay and new bands with new situations and you may start to understand this metaphor even better. On the other hand, it helps me to understand the true potential of improvising. If one can find a voice in musical improvisation, then maybe it would be possible to find a voice and a place in life.

Applying MTT in a daily work situation. From time to time, I teach music therapy for the patients at the psychiatric centre where I work. An ordinary request could be to explain what music therapy *is* with subheadings like theory, method and aims. After some tries at doing this I have found a few handy and effective means to use in this setting.

When I am trying to explain what music therapy is I find it the most honest to explain what it is to me and what I hope it could mean for others. A metaphor that I use is a "shelter." I dislike bothering patients with definitions of music therapy, however sometimes patients demand a good definition for music therapy in order to accept its relevance. So I will get right to it and get back to the metaphor later.

In case of a request for a good music therapy definition, it shouldn't be to difficult, right? We've got a whole book (Bruscia, 1998), now in its 2. revision devoted to this. Explaining this in plain language is still somewhat of a challenge. One may need several building blocks in order to explain it well and use them wisely.

Most often, I turn to a translation of Bruscias (1989, p. 47) old working definition of music therapy, translated into Norwegian by Stige (1991, p. 31). However, I seldom use all of it, mostly the first half only. I find that the true power of this definition lies in making clear *what* music therapy *is*. It is also necessary to incorporate the small but nevertheless big change in Bruscias revised definition (1998, p. 20). The change consists of swapping the word "achieve" for the word "promote". Hence, the definition presented may be something like this: Music therapy is a systematic process of intervention wherein the music therapist helps the client to promote [ones own] health.

Usually, not much time passes before someone asks the inevitable question: "What is an intervention? – And what is a systematic process of intervention? Quickly, we can agree that it is more understandable to say systematic process of treatment. Treatment and intervention are, to a large extent, synonymous words. In both of them, it is readily implied that a professional carries the responsibility for the process and the methods used. However, regarding progress and new experiences, and ensuring a wanted and meaningful process, it is utmost important to participate closely with the patient, making sure the patient has every possibility to form and agree upon the content of the therapy. Sometimes, I try to amplify this point by inserting [ones own] as shown in the definition above. This is also a good transition point to start talking about resource orientation.

One of the diagrams I have used most often in these situations is the resource-problem-circle (Solli, 2002, p. 12), which illustrates a hypothesis. By focusing on the resources a patient possess, the perceived sum of problems may be attenuated, either by refreshing old resources or by discovering and nurturing new resources. Solli offers this hypothesis on the background of Ruuds elaborations on the theme of mastery (Ruud, 1990 and 2001, in Solli, 2002), and that this is directly associated with perceived health and wellbeing. The reaction from patients when I explain this illustration is encouraging, so Ruud and Solli has probably struck the right chord here. It is useful for me as a professional, but also for the patients. To me it shows where my focus should be. To the patients it helps to show – not at least validate – that they are more then a "problem" or a case. They are beings who have resources that can be amplified. They can learn to make the illness or disorder easier to live with by focusing on possibilities though not neglecting their problems. Sollis text does not mention the salutogenic principle developed by Antonovsky (1989/1987/1994 in: Antonovsky,1994) or the principle of flow by Csikszentmihalyi (2002, in: Solli & Rolvsjord, in press), although similarities are prominent. There is a new force of treatment coming from this principle and I perceive that at least my workplace is beginning to incorporate a resource-oriented attitude towards the patients.

In an appendix to an article in Nordic Journal of Music Therapy, Rolvsjord, Gold and Stige (2005) develop suggestions for therapeutic principles in resource orientented music therapy (ROMT). They present 4 main categories of therapeutic principles: Principles that are essential and unique for the therapy, principles that are essential for the therapy but not unique, principles that are acceptable but not essential, and principles that are not acceptable (Waltz et al, 1993, in: Rolvsjord, Gold and Stige, 2005). In ROMT it is desirable to give much weight to principles that are essential and unique – focusing on the strong sides of the patient, collaborating with the client about activities and aims, and fostering positive emotions and experiences. Furthermore, there are only a few things that are clearly unacceptable in ROMT: To focus heavily on pathology, to avoid problems and negative emotions that submerge in session and to carry out the therapy in an authoritative (or manualised) manner. These principles are, in other words, the attitude and mindset with which the therapist meets the patient. Ergo, it doesn't really matter what method or aims or whatever one end up using in sessions as long as the patient is met with a resource-oriented mindset (ibid.).

When telling about possible therapeutic activities that I can offer I end up presenting a list of 5 main types: Improvisation, to sing/play known or unknown material, songwriting, instrument lessons and music listening, with verbal reflection. The theoretical foundation for this list is Bruscias (1998, p. 29) 4 types of music experiences: Improvising, Re-creating, Composing and Listening. Looking at this list, instrument lessons are a type of activity that stands out. I have chosen another rationale for this, an illustration from Bruhn (2000, p. 3, in: Bonde, Wigram og Pedersen, 2001, s39). This shows the relationship between music therapy and music pedagogy as a crossfade (continuum) between therapy and pedagogy. This does not give me a licence to use a clearly pedagogical activity in music therapy but works very well as an illustration of the pedagogy – therapy continuum, in which this activity belongs. The licence, I must get elsewhere and I turn to one of the suggested therapeutic principles of ROMT: To collarborate with the client in chosing activities and aims. If the patient first and foremost wants to learn more about playing the guitar, then that is where we begin, with an aim of building up a new resource for this patient to use.

When patients and colleagues ask me what I want to achieve in music therapy, I fall back to metaphors again. I want music therapy to be experienced as a *shelter*. In the latter years it has dawned on me that a mystical word invented by Gibson, *affordance,* may be part of a fundament for my metaphor (Gibson, 1979/1986, in: Stige: 2002). This word is used as part of the theoretical background for a culture-centered approach to music therapy (Stige, 2002). I want the music therapy to *afford* a refrain from distress or difficult thoughts, or *afford* freedom from mental restraints in some way or another, not at least from the blocking: I don't have any musicality. A person that (in spite of a given a pinch of musicality) has learned that he/she doesn't sing in key or can't play, has learned that music-making does *not afford*. The music doesn't carry me, I fall through and the music is

destroyed by my participation. It is best for me to listen and not participate – see, not touch. I find it very important to encourage and assist the patient in rebellion against this, mostly, culture-made blocking. This is all about taking back the right to use music – to take part in musicking (Small, 1998) on ones own terms, rather than the terms created by culture. This may also be viewed as empowerment, given that one makes possible the return of active music making in the life repertoire of the patient. The patient takes back the right to say that I can use, create and express music, too. Empowerment may, in a broad understanding of the term, be described as acknowledging the abilities and potentials of a human being (Procter, 2001, my adaption). Hereby one may see how terms from quite different approaches may join in shedding light over the same theme.

Discussion of Shifts. The consensus and acknowledged perspectives has shifted quite a lot over the years, and they should, as long as the shifts are meant to strengthen the therapeutic potential in our field(s) of practice. These shifts often come about after some years of trying to conform to what we have learned. Some things, we can immediately embrace and continue to use without that weird feeling of sustained dissonance. Other things, just simply call for a change. When many enough has felt that same dissonance and secretly confided for years, a brave soul speaks up and is torn to pieces by people who either dislike the different view, actually like the new view but wish they had had the guts to speak up sooner, argue that the new view is not new at all but a new way of dressing up an old theory "that still works!"…. I hope that the reader understands and will allow that I am speaking freely here. Let's face it. New thoughts are a menace. Students may feel: "Oh, that's just terrible. Another discussion and/or load to the complexity. I had just managed to learn what the "old" view was all about." Professionals may feel: "Here one has fought for 20 + years to make the public understand what music therapy is and does and builds upon. And here comes this unthankful fool and makes sure we have to work 20 more years to make the public embrace the full picture of music therapy." Still, after a while and some ado, the new view is being accepted *if* it is quite clear that it *does* offer new therapeutic possibilities for the client. – It is a naïve though, but maybe if we could dare to nurture a culture where it could be commonplace to reflect openly (in plenum and suitable media) upon the theory-practice relationship very early on, then maybe the shifts don't have to be so dramatic, and maybe they could be embraced sooner.

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