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Improvisation in Music Therapy: Human Communication in Sound

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Exports and Imports: Richness and Risk

In the past 15 years, European Music Therapy has witnessed a surge of literature that draws from allied disciplines to help describe, enhance, and enrich music therapy thinking. This literature has built upon the writings of an earlier generation of music therapists that include Juliette Alvin, Mary Priestley, Paul Nordoff and Clive Robbins, and has drawn inspiration from disciplines such as psychoanalysis (Hughes, 1995; John, 1992; Steele, 1984; Towse, 1991); developmental psychology (Bunt, 1994; Pavlicevic, 1997; Robarts, 1998); musicology (Ansdell, 1997; Lee, 1995); music psychology (Lee, 1995; Pavlicevic, 1997); humanistic psychology (Amir, 1992; Ruud, 1998); anthropology (Ruud, 1998); and medical and health psychology (Aldridge, 1996; Ruud, 1998).

At the same time, psychologists have become interested in using concepts from music therapy and music/jazz improvisation to describe, or draw attention to, features of nonverbal communication (Bernieri & Rosenthal, 1991; Schögler, 1998; Trevarthen, 1993; Trevarthen & Aitken, 1994). Psychologists' work on musical expression of emotion (Adachi & Trehub, 1998; Trehub & Trainor, 1993; Unyk et al., 1992) comes tantalizingly close to enhancing music therapists' understanding of how and why music "works."

Undoubtedly, there are enormous gains for the profession of music therapy from "visiting" allied disciplines, and "importing" concepts into music therapy thinking. As this paper seeks to show, however, there are risks involved, especially if we, as music thera-

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pists, are simply transplanting terminology from one discipline to another. It would seem that we need to ensure that we are comparing "like" with "like"—rather than crossing boundaries only in order to borrow language. Which begs several questions: Is crossing disciplinary boundaries necessary? Is it to be encouraged in order to enrich our thinking? Or is it an easy option, discouraging the emergence of "indigenous" thinking (Aigen, 1991)? If it is desirable, then might some disciplines be more fertile ground for visiting than others?

An axis for these questions is the issue of whether there are features characterizing music therapy that are the exclusive domain of music therapists—in which case crossing disciplinary boundaries is of dubious usefulness; or whether all or any of these disciplines (including music therapy) have in common something to do with human communication—which music therapy, perhaps, adapts in a unique way, in which case the crossing disciplinary boundaries can, indeed, be justified, if not highly desirable.

Music Therapy improvisation (MT improvisation) is the ground for this debate on the pros and cons of crossing disciplinary boundaries. This is based on the understandings that in improvisational music therapy, MT improvisation is the locus of the therapeutic encounter (Bruscia, 1987); and that describing this act remains problematic, as crystallized by Gary Ansdell's "Music Therapists' dilemma" (Ansdell, 1995). In other words, using words to "talk about" music is an ongoing dilemma for music therapists, as it is for musicologists. This paper explores three common areas of transdisciplinary thinking in tandem with MT improvisation, and reflects on their usefulness to the music therapy literature: (a) music/jazz improvisation; (b) mother-infant interaction and nonverbal communication; and (c) emotional expressions in children's songs. This paper, then, has a dual purpose: to explore the merits and limitations of cross-disciplinary thinking and, to contribute to understanding MT improvisation.

Music Improvisation and Music Therapy Improvisation

MT improvisation is the use of live music-making, usually by therapist and client, as the focus of therapeutic work (Bruscia, 1987). The nature of MT improvisation is complex—it is usually given meaning by music therapists which is more than "just" musical, and which may be underpinned by medical, neurological, so-

cial, psychological or psychodynamic thinking. A question presents itself: does the (imported or allied) meaning "fit" the MT improvisation because the act has distinctive qualities (that lend themselves to these other meanings), or rather, because it is the context—clinical/therapeutic—that is the distinctive feature: that is, is the act simply music improvisation imported into a clinical context?

Music improvisation, in this paper, is understood as a musical event in which two skilled musicians play music together in a free, spontaneous manner, as in, for example, fusion jazz or free jazz. (This is in contrast to traditional jazz improvisation or extemporization based on, for example, song form that dictates its melodic and harmonic framework). In free jazz improvisation, musicians spontaneously create music together, coordinating with one another rhythmically, melodically, and intercreating constantly evolving new musical textures. They depend on one another for musical ideas, respond to one anothers' cues and communicate with each other musically (Ruud, 1998; Schlögler, 1998). Although the event is an original one, it inevitably draws from the players' existing knowledge of musical styles, improvisational techniques, as well as their established motor memory of musical-movement patterns and hand positions on their instruments (Sudnow, 1978). In free improvisation (in contrast to more traditional jazz improvisation), the presence of predetermined musical referents (which can be understood as musical beacons, e.g., tempo, rhythm, harmonics, and phrasing, that underpin the improvisation) are minimal. The improvisers together construct a shared context in which a joint repertoire of musical events is created and adapted on the spot (Bailey, 1985; Pressing, 1984, 1988).

In reading the above paragraph, it is easy to see why music psychologists describing jazz improvisation might be attracted to borrowing from descriptions of music therapy improvisation—or to treating MT improvisation as interchangeable with music/free jazz improvisation (Schögler, 1998), and why music therapists draw from free jazz improvisation to give meaning to MT improvisation (Lee, 1996; Ruud, 1998). If we substitute the words "skilled musicians" for "therapist" and "client," then this could make a fairly convincing description of the improvisatory act in music therapy. From a music therapy perspective, free jazz improvisation has an interactive emphasis: the close intercoordination of the players towards one another seems heightened, thanks to the absence of pre-exist-

ing (or easily identifiable) musical reference. (In more traditional styles of improvisation, the musical dictates might override the players' own interactions: the primary loyalty being to the original music, rather than primarily to the idiosyncracies of the musician partner.) The musicians' acute sensitivity and responsiveness to one another's rhythmic, melodic, and harmonic nuances, and their ability to express themselves and communicate with one another through music, closely resembles aspects of MT improvisation: the musical act seems to have an intimate interpersonal basis. Thus, musicians express and communicate themselves in free jazz improvisations, and in MT improvisation, therapist and client (usually nonmusician) form an intimate personal relationship that has a musical basis.

Are the similarities between these scenarios sufficient grounds for interchanging the two when thinking about MT improvisation? It would seem, from a music therapy perspective, that there is potential for somewhat facile assumptions.

MT improvisation provides a forum for therapist and client (of whichever age, ability, and referral status) to meet and know one another through jointly generated, spontaneous sound form. This highly fluid musical event may well draw from traditional and culturally-based musical styles and idioms, although its primary focus is an interpersonal one. In other words, the purpose of MT improvisation is not to "make good music," as in music improvisation, but rather, to create an intimate interpersonal relationship between therapist and client, through the musical event (Brown & Pavlicevic, 1997; Nordoff & Robbins, 1977; Pavlicevic, 1997). In marked contrast to music improvisation, MT improvisation might, for example, sound rhythmically fragmented and melodically incoherent (i.e., musically "inferior") whilst generating an intimate level of interpersonal communication between the players. Conversely, a rhythmically stable improvisation—which may sound like "good music," may well be symptomatic of limited engagement between therapist and patient. Good music, it would seem, does not equal an authentic interpersonal relationship in music therapy: the authenticity of the relationship may be generated or portrayed in "unmusical" sounds. Might the differences between music improvisation and MT improvisation be a matter of the musical style, as proposed by Even Ruud (Ruud, 1998), with MT improvisation having fewer rules and working outside the social or cultural connotations of musical style?

Here, there appears to be a complication: in some instances, clinical improvisation may well sound like free jazz; it may also, at times, sound like a chopinesque waltz, a ragtime swing, or an atonal passacaglia. All of these are part of the culturally defined *musical* repertoire. How are we to tell the difference between music improvisation and MT improvisation—if indeed there *is* a difference? This question was addressed by Brown and Pavlicevic (1997) who asked blind raters—experienced music therapists—to listen to three taped excerpts of music. They were asked to identify which of the excerpts were MT improvisation, and which were music improvisation; and, in their selections of MT improvisation, which of the two players they identified as the therapist and the client (both players played a variety of tuned and untuned percussion). The high degree of agreement between the raters, as well as their reasons for their choices, suggested to the authors that, to the trained music therapy listener, there is a distinctive difference. The blind raters gave as their reasons for identifying the excerpts the fact that the music improvisation portrayed a sense of equality between the players, and, in contrast to the MT improvisation, the music unraveled spontaneously between them. In the MT improvisations, the blind listeners heard one of the players (identified as the therapist) supporting, reflecting and facilitating the other (identified as the client), and the therapist making no musical (or stylistic) assertions, although at times offering musical alternatives. The listeners also reported being able to "hear" therapeutic thinking in the MT improvisation, and they suggested that the moments of togetherness between therapist and client in MT improvisation lacked the musical mutuality that they heard in the music improvisation. Thus the listeners seemed able to distinguish between music-as-music, and music-as-(personal)-relationship. It is important to reflect on the fact that these were trained listeners: they were clinicians with a clinical listening vocabulary, so to speak. Whether untrained listeners would be able to hear the differences without prior training is uncertain. Certainly my own experience in interdisciplinary team meetings is that with some guidance, health professionals develop an alertness to interactive events in MT improvisation. However, a psychologist-musician academic colleague, on listening to MT improvisations with no prior cueing or training, simply heard the event as music improvisation.

It would seem, then, that although improvisation—in the broadest sense—is at the centre of MT improvisation, MT improvisation

is not simply music improvisation imported into therapeutic thinking, or into a clinical context: each is a distinctive act. Although each has aspects that are familiar to the other, and although the two may be thought of as parallel events—especially by untrained listeners—their distinctiveness needs further assertion. Some literature on nonverbal communication has done much to help clarify what it is about MT improvisation that is unique and different from music improvisation. A brief overview is discussed in the next section since much has already been written about this.

Mother Infant Interaction and Music Therapy Improvisation

Music therapy literature has for some years been drawing inspiration from that developmental literature in nonverbal communication that emphasizes the musicality of a mother and newborn infant getting to know one another intimately (Aldridge, 1996; Bunt, 1994; Hughes, 1995; Oldfield, 1995; Pavlicevic, 1990, 1991, 1995, 1997, 1999; Robarts, 1994, 1998; Ruud, 1998).

It seems that infants are neurologically predisposed to identifying, and responding to, musical patterning, and are extremely sensitive and responsive to contours and rhythm of movements, gestures and vocalizations; subtle shifts in vocal timbre; tempo and volume variations in their mothers' gestures vocal sounds and facial expression. In other words, infants receive, elicit, and respond to their mothers' movements, gestures and acts not as musical or temporal events, but rather, as personally expressive and communicative; that is as the basis for forming human relationships.

The concept of "interactional synchrony" (Bernieri & Rosenthal, 1991; Brown & Avstreih, 1989; Condon & Ogston, 1966) describes the extremely subtle subjective co-ordination of our acts in order to communicate with one another. This can be seen as a dance between persons, in which each adapts and shifts eye gaze, head movements, body movements and vocal sounds in order to personally "fit" and "exchange" with the communicating partner. Mothers and babies negotiate and share a flexible musical pulse between them, constantly adapting their tempi, intensity, motion, shape and contour of their sounds, movements and gestures in order to "fit" with the communicating partner (Beebe, 1982; Beebe, Jaffe, Feldstein, Mays, & Alson, 1985; Papoušek & Papoušek, 1989, 1991; Stern, 1985; Trevarthen, 1993; Trevarthen & Aitken, 1994). Mother and infant develop and share a rich musical "code" that has inter-

active significance. For example, the vocalizations by each of the partners are not uttered into a self-centered world or into a communicative void. Rather, both mother and infant take one another into account in what is a communicative rather than a musical act (Papoušek, 1996).

Adults seem to intuitively fine-tune to infants with nuances of rhythm, tempo, and intonation, in what has been identified as Infant Directed speech in contrast to Adult Directed speech (Trehub & Trainor, 1993; Unyk, Trehub, Trainor, & Schellenberg, 1992). They show an innate capacity for enabling and inviting the infant to enter into interactional synchrony with them. Mother and infant synchronize themselves, initiate with, and respond to one another. This direct intimate emotional knowing of one another is crucial for the infant's biological, social, and cognitive survival, and in order for the infant to access a communicative and expressive vocabulary for engaging reciprocally with the world.

Not unlike mother and infant, therapist and client in improvisational music therapy present themselves through spontaneous soundform, whose constant shifts of tempo, dynamic level, intonation, phrasing, rhythm, and melody suggest a constant negotiating of themselves in relation to one another—nonverbally. Although this improvisation may be heard as musical—and indeed, may be aesthetically pleasing and musically engaging—the primary agenda is for the therapist to elicit and directly experience the client's emotional experience of the world. This emerges through the musical relationship that is developed by both therapist and client (Aigen, 1998; Nordoff & Robbins, 1971, 1977).

Although the therapeutic relationship may well be heard as a musical event, the therapist's skill is not a musical one, as has been assumed (Schögler, 1998). Rather, it is suggested that music therapists' skill lies in their capacity to interface emotion and music in MT improvisation; to "read" MT improvisation not as a "purely" musical event but as an interpersonal one (in the way that mothers and babies read one another's acts not as musical or temporal, but as emotionally expressive and communicative); and to support, develop, and extend the jointly created improvisation according to personal/therapeutic—rather than musical—needs and dictates.

Thus, MT improvisation is human communication in sound: it is a direct communicating and experiencing of oneself through the elements of tempo, rhythm, contour, shape, motion, and texture of

music, speech, vocalizing, gestures, and facial expressions (Pavlicevic, 1990, 1997; Stern, 1985). We experience these elements in MT improvisation not only musical, but also as personal, and relational. Thus, the tempo of the client's musical utterances will elicit a response from the therapist that relates to the client's tempo—*not* because this is musically appropriate, but rather, because it is personally and relationally appropriate. Neither client nor therapist improvises in an interactive void: each takes the other into account *as persons.*

The theoretical concept of Dynamic Form clarifies the interface between music and emotional form in MT improvisation, whilst at the same time, not denying the *musical* basis of the therapeutic event in music therapy. Dynamic Form is an extension, into MT improvisation, of Daniel Stern's (1985) "Vitality Affects": those dynamic, kinetic qualities that are found in our expressive acts (be these vocal, gestural, or in our acts) as well as in the world. Thus, a bursting water pipe, bursting into laughter, and bursting with fury may have similar qualities, and the "bursting" may be abstracted from any of these, and held in our minds, amodally. The same quality of bursting may also be reproduced in music. In MT improvisation, these very expressive/communicative qualities (e.g., the smooth/rough, light/heavy, fading/surging of how we realize joy, anger, anxiety, etc.) that underpin how we express and communicate ourselves with one another, are sounded within the context of a musical relationship. Dynamic Form is the interfacing of these basic emotional qualities and spontaneous music in MT improvisation. Dynamic Form is elicited *within* and as part of the clinical-musical *relationship,* and needs *both* therapist and client to be engaged with one another through jointly created sound form (Pavlicevic, 1990, 1997). Thus, the music therapist generates Dynamic Form jointly with the client (rather than play music with the client). This means receiving the client's musical utterances as a direct presentation of the client-in-the-world; and listening to the improvisation with a therapeutic mind—that is, not allowing (conventional) musical dictates to interfere with, or override, interpersonal ones.

It would seem, then, that there is a strong link between MT improvisation and this intimate "musical" knowing by mother and infant of one another. Like mother and infant, therapist and client know one another directly, fine-tuning to one another's rhythmic, melodic, textural, and temporal nuances. Like mother and infant there is a disparity of skills between therapist and client—and, potentially, a direct knowing of one another. There are also, however,

critical distinctions between the two scenarios (Aldridge, 1996; Ansdell, 1995; Pavlicevic, 1997), so that merely substituting one scenario for another is not entirely appropriate. Thus, whereas mother and infant have no choice about being nonverbal, therapist and (high-functioning) adult generally do, and in music therapy opt to relate to one another through nonwords. Also, the music therapist and (adult) client may well be two autonomous individuated persons who choose to engage in a relationship which may generate dependency and vulnerability, and recreate aspects of earlier relationships in the client's life. Nevertheless, like MT improvisation, mother-infant interaction is not a "musical" event, in the sense that free jazz improvisation is. Rather, it is a communicative event that has a musical basis.

We might posit that mother-infant communication is pre or quasimusical, in the sense that the very foundations of the act are the (unformed and unsynthesised) ingredients of music: those of tempo, rhythm, contours of voice, gesture and act, volume, timbre. Does this mean that MT improvisation, too, by its emotional, interactive emphasis, is pre or quasimusical (and can music therapists cope with this idea)?

Finally, MT improvisation aims to bring the client as fully as possible into an inter-subjective emotional relationship with the therapist, through a highly spontaneous, idiosyncratic musical act. This is possible because it seems that expressing and communicating ourselves through music is a natural facility. Music therapy clients do it intuitively, and, as we shall see, children do it long before they have learned music.

Singing, Vocalizing and Emotional Expression

Song (in the formal, Western precomposed sense) may be described as the interaction between a verbal text, musical rules or convention, and the singer's gestures and acts—vocal and nonvocal. Formal song conveys emotional form in a stylized way, sculpted through textual and musical convention and, hopefully, injected with feeling by the singer (Sparshott, 1997). Vocalizing, in contrast, may be described as a spontaneous verbal or nonverbal event that may or may not be subject to musical convention. Vocalizing allows for the personal sounding of spontaneous, idiosyncratic (rather than stylized) emotional form.

Singing and vocalizing can be conceptualized in three interpersonal scenarios: (a) as a private, introspective act, where, for exam-

ple, a child in solitary play vocalizes or sings, apparently in an interpersonal void; (b) with communicative intention, where, even in solitary play, the child may hold another person in mind and sing/vocalize to them, imagining a response[1]; and (c) between children at play, singing or vocalizing with communicative and relational intent. Here, the vocalizing or singing is more likely to be socially coded by what the children have in common, that is, a combination of cultural/musical convention (Bjørkvold, 1987). But why do children sing or vocalize—even after learning to speak? Why not just talk instead, with all of talking's prosodic nuances? Could it be that they retain a close memory of the powerful emotional/communicative content of vocal sounds from their (preverbal) infancy—which, as they become more entrenched in the verbal dominance of Western culture, becomes a more distant and perhaps less communicatively useful, memory? At the very least, we know that singing and vocalizing are significant, not only as personal expression and human communication, but they are also considered to be of particular significance in music therapy (Zharinova, 1998).

Results of a study by psychologists Mayumi Adachi and Sandra Trehub (1998) shows that children (aged 4–12 yrs) with minimal or no musical training, have the capacity to recognize, portray and convey the emotional content of a precomposed song. In other words, children "know" that songs are about "more than" just songs—songs have emotional significance. When asked to sing various songs in a way that portrays the songs' emotional contents, as well as in a way that elicits and invites an emotional state in a listener, the children did this through the flexible use of vocal timbre, pitch register, gestures, movements, and manipulation of the songs' tempo, rhythm, dynamic level, and melody. In other words, the children spontaneously used the mechanisms of nonverbal communication, which they seemed able to "attach to" formally structured music, whilst apparently distinguishing the purpose of

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[1] I once witnessed an extraordinary example of this in the wilderness in East Zimbabwe. In the night's silence we heard singing and I moved away from the light of our campsite and walked towards the road where, hidden by the darkness, I listened to someone walking alone in the night and singing in a peculiar way. I eventually realized that he was singing both to and from himself and another person, using different voices in a highly flexible and free-flowing way, to portray an intense interaction—highly subjectively, and, to some extent, also intersubjectively.

these mechanisms (i.e., to portray, convey, or elicit emotion in a listener, rather than to sing "musically") from the song itself. Interestingly, the preschoolers tended to rely more on vocal affect and spontaneous body movement in order to portray, convey, and elicit emotion than did the older, school-age children, who relied more on the verbal content of song. The authors suggest that the older children are more socialized and have become familiar with culturally conventional signals: their rendering of songs are more stylized and emotionally conventional than that of younger children.

All of this suggests several things, of interest to music therapists. Young children appear to have an intuitive, natural capacity for creating music spontaneously, through vocalizing. Vocalizing has communicative—or at least personally expressive—import, rather than being "purely" a musical event. Children continue to vocalize idiosyncratically after they have learnt verbal language, and this appears to be a continuing use of the musical mechanisms of nonverbal communication by children, from preverbal infancy. These communicative elements of sound, however, also seem to be used to express and communicate emotion in children's cultural-musical lives: they can become attached, so to speak, to songs (and, of course, to verbal language). Here we might posit that there is a bifurcation in the use of the musically based communicative mechanisms of infancy. One "branch" possibly becoming transformed to conventional social music as children become members of a musical/social community, learning nursery rhymes, children's songs, pop songs, and so on, and music is experienced as portraying emotion in a socially coded manner. The other "branch" continuing as mechanisms of nonverbal communication, remaining personal and idiosyncratic, as part of their emotional and relational acts, and of their free vocalizations. Perhaps, as Adachi and Trehub (1998) have shown, at an older age, cultural convention (and verbal dominance) becomes the more significant branch, in the sense that the older children seemed to assume that the song itself said it all. They allowed the song's (conventional) *contents* to convey its emotional import in what we might understand as a socially-conventional manner, rather than themselves portraying its import, as did the younger children. These younger children seemed to remain on the "nonverbal communication" branch, continuing to use highly individualistic mechanisms even within the context of a culturally defined song.

It is perhaps, *these* pre or quasi musical/emotional ingredients—the mechanisms of nonverbal communication, the one branch of the "bifurcation"—that MT improvisation taps, rather than the cultural-musical "branch" of socially coded music-making. MT improvisation draws from our pre/quasi musical/emotional ingredients—those that feature in children's spontaneous vocalizations—which continue to be part of our communicative acts. Our retention and use of these communicative mechanisms, that is, the premusical elements of communication in our daily verbal and nonverbal acts of communication as adults, explains our capacity to be music therapy clients. We do not "learn" to be music therapy clients, nor do we need to be musical (in the conventional/cultural sense) to generate and experience Dynamic Form in MT improvisation.

Music therapy clients seem to intuitively know the difference between music-as-music, and music-as-communication. Clients sense that MT improvisation is not about playing music that they know, or even about improvising for music's sake. "What can you tell about me?" is a question I was regularly asked in my work in adult mental health. It was this intuitive knowing that MT improvisation is different from music improvisation, that resulted in some patients experiencing great anxiety about playing music in music therapy sessions. It would seem, then, that even though the two branches grow from the same root, their distinction is clear—at least to those who have engaged in MT improvisation, or who have been cued as to how to listen to it.

Whereas MT improvisation is perhaps more akin to the spontaneous idiosyncratic vocalizing of children, with the emphasis on expressing oneself rather than on "singing a song," music improvisation might be closer to "singing a song," even with all the individualistic and idiosyncratic expressive features of the singer. It is the song itself that dictates the singer's emotional portrayal, just as music improvisation is about "making music" rather than about playing (and communicating) oneself.

Conclusion: Towards Inclusive and Exclusive Meanings

Music improvisation invites spontaneity from improvising musicians. It demands a high degree of musical skill from players, as well as acute personal sensitivity and responsiveness. The basis for music improvisation, though, is musical: this is its primary agenda,

although it may also generate intense interpersonal intimacy (Ansdell, 1995; Lee, 1996). At a musical/structural level, MT improvisation may well sound like music improvisation. Certainly, Colin Lee's detailed (and cross-disciplinary) use of Shenkerian analysis for MT improvisation (Lee, 1995), suggests that a musical perspective is appropriate. However, Lee himself describes the act as being not only musical, but as having personal significance. Moreover, if we understand MT improvisation not as a musical act, but as Dynamic Form—that is, as neither "just musical" nor "just psychological"—and as the sum of therapist and client engaged in a personal/musical relationship, then an analysis that is "just musical" cannot suffice. Similarly then, "Music Therapist's dilemma" needs to be seen in an altered focus: if MT improvisation is not purely musical but more than musical—and perhaps not even musical at all—then the dilemma is not simply one of finding words to explain music in music therapy. Rather, it is of finding the words to fit this most paradoxical and complex personal-musical act.

However, we do need to pause and address the *musical* in MT improvisation. Perhaps, here, Nordoff and Robbins' (1977) view, that we need to make the best possible music with clients, needs elaborating: as music therapists need to make the best possible *interpersonal* music. The MT improvisation draws from the personal and the musical—it is the synthesis, the interface of the two, that is clarified by the concept of Dynamic Form. Music, as cultural convention, is a resource used by therapist and client, rather than dominating the event—in the same way that verbal based therapies draw from language but do not seek to create beautiful literary or oral texts. Indeed, some of Nordoff and Robbin's MT Improvisations (Aigen, 1998) are hardly "lovely" or "beautiful" in the conventional sense. Rather, they are intensely personal: authentic and uncluttered by the "purely" musical or artistic. The *therapeutic* aspect of MT improvisation is the authenticity of the two persons—therapist and client—*being* music with, and in relation to, one another. Or, to put this another way, the aesthetic is the *presence* of the persons in the act (Ruud, 1998). The personal and interpersonal authenticity of the therapist and client with one another elicit 'meaningful moments' that are inter-personally—as well as musically (or intermusically)—significant (Amir, 1992). And perhaps *this* is the beautiful in music therapy—the meaningful moments—rather than 'the music'. In this sense, to draw from the literature of aesthetics (musical

and artistic) may not be quite appropriate—a point already made by Ken Aigen (Aigen, 1995).

MT improvisation taps a natural communicative resource: the mechanisms of nonverbal communication. These have a musical basis, and continue to do so irrespective of whether we are "musical" or not, and of whether we develop musical skills. In any case, the concept of "being musical" has been shown to be a peculiarity of Western social norms (Davidson, Howe, & Sloboda, 1997). We do not need to learn to be music therapy clients. MT improvisation has the potential to generate a powerful emotional intimacy between therapist and client, and the literature on mother-infant nonverbal communication clarifies the expressive, communicative and relational agenda of MT improvisation. Like mother-infant intimacy, intimacy in MT improvisation is pre or quasimusical. The focus of that very act that generates this intimacy—the musical act—is, paradoxically, not musical in the formal or cultural sense. Most confusingly, though, it may well draw from aspects of musical style and convention—which is why musicians who are not music therapists may well hear MT improvisation as a "musical" event. Music therapists, as we have seen, recognize the act as being therapeutic and relational. Theoretical concepts from the literature on mother-infant communication are highly appropriate, since MT improvisation appears to have strong conceptual parallels with the musical mechanisms of nonverbal communication. Here again, as has already been stated, to draw from this literature alone is insufficient, and moreover, too close a comparison has some pitfalls (Pavlicevic, 1997).

In conclusion, it would seem that to remain only in music therapy thinking, that is, to generate meaning that is exclusively music therapy meaning—if such a thing were possible—is clearly not an option. In fact, it is this that might well be the "easy" option. The cross-disciplinary areas explored in this paper—those of music improvisation, nonverbal communication, vocalization, and MT improvisation—potentially yield rich, inclusive, and complex meaning to music therapy. These areas were selected on the basis that they have in common what we might very broadly call "music" and "communication". However, as we have seen, these two words have different nuances in each of these fields, so that to simply "import" or "borrow" concepts from them, because they happen to have music and communication in common, is facile and highly unsatisfac-

tory: it would be akin to making a leap of faith from one discipline to another, and assuming convergence of meaning (let alone of vocabulary). This does no justice to music therapy, or, in this instance, to the complexity of MT improvisation.

This paper, based only on the act of MT improvisation and focusing only on three areas of thinking, has hopefully shown that cross-disciplinary forays are complex, and require tough filtering of, and 'playing' with, ideas. Music therapy literature (including my own contributions) does not always do this convincingly. Cross-disciplinary thinking needs to be highly selective, critical, cautious and adventurous. Only then can it truly enhance music therapy thinking. This paper has focused on the complex meaning of improvisation in music therapy in order to address the richness and risk of cross-disciplinary thinking. I hope that this has also contributed towards our understandings of improvisation in music therapy.

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