# Festschrift on the occasion of David Aldridge's 60th birthday

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Editorial for the Festschrift on the occasion of David Aldridge's 60th birthday

Fachner, Jörg

Being honoured for having completed sixty years of life is not really a pleasure for somebody who still feels like 23, who sees numbers as indicators of material change only, but internally still feels absolutely unchanged.

When we made Jazz club music together for the audience of the European music therapy congress in Finland in 2004, this was certainly one of those very special moments that demonstrate inner timelessness. Not to mention the rehearsals prior to our performance. But unfortunately the external time, or chronos, progresses in not quite the same way as internal time ... And in addition to all those rather uncomfortable aspects of growing older, there is tradition - tradition coupled to the place where we have moved our ageing bodies from A to B for a period of time. In Germany it is a time-honoured academic tradition to celebrate a scientist on the occasion of his sixtieth birthday, for what he has presented to others to read and discuss in the course of his academic life. This ritual in recognition of achievements and competencies permits all those who accompanied the scientist in question for some part of the way to pay homage to him as friends and colleagues. Most of us find anything smacking of personality cult rather unpleasant - unless you are a rising young pop star, for example. Those to be honoured are more or less embarrassed, and those who want to pay their respects to David in the current context have the understandable fear what they say might sound like a funeral oration. But this is definitely not the intention nor tenor of this Festschrift, which deliberately has not been given the form of a printed book with publications of things often heard; this Festschrift is in electronic form and thereby illustrates what David has always suggested as a splendid opportunity for the documentation of art therapies, that is, the complexity of arts and therapeutic work expressed in multimedia forms of documentation.

This Festschrift is short and personal. As a research assistant at David's Chair of Qualitative Research in Medicine over many years, I am the only one to have made an attempt to summarize some of his earlier publications, articles that I found inspiring and intellectually stimulating. The number of persons who have sent their contributions is only a small part of all who could have contributed something if I had been able to contact them all.

May all readers enjoy this Festschrift, and to you, David: Happy Birthday!

Rust never sleeps ... may you stay forever young!

Jörg Fachner

Contribution to the Festschrift for David Aldridge in celebration of his 60th birthday

From Konrad Schily

Schily, Konrad

If David Aldridge had not found his way to Witten/Herdecke - it does not bear thinking about what we would have missed. First encounters between the university, the Institute of Music Therapy and David occurred almost 25 years ago.

Even in those early days David revealed a willingness to support something quite extraordinary, specifically his intention to secure recognition for arts and "art in therapy" within the reductionist world of academe, in other words, to establish them on a rational, i.e. scientific basis.

At that time David had completed a doctorate in philosophy and was active as a social scientist and social psychologist. Rachel Verney met him in connection with the Nordoff-Robbins Centre and invited him to Herdecke as a guest lecturer. The Herdecke team then asked David for active involvement in the training of music therapists and the creation of a research department.

During his first visits we spent occasional long and late hours in discussions, when David explained his ideas and visions for music therapy research as a form of qualitative research that proceeds not from large randomized populations but rather from the individual patient or basically from the physical or mental impairment itself. Incidentally he made plans how to shape the university, of which he had very clear ideas - even on details of architecture for a campus.
Nevertheless, a number of obstacles prevented an understanding between David and the university at that time. It was due to the persistent efforts of therapists, among them Lutz Neugebauer and Dagmar Gustorff, that David finally came to Witten /Herdecke.

Today, almost 25 years later, David may look back on impressive personal achievements. He was the mentor for many doctoral candidates and not only for graduates of music therapy. Witten/Herdecke has become the focus of music therapy research, and it is essentially due to David Aldridge that a database and website has been created that can be accessed worldwide.

David has taken those singular qualities of music therapy further. Paul Nordoff was the highly talented and extremely empathic artist. In cooperation with Clive Robbins he developed music therapy to a methodological system that could be taught. David Aldridge and the excellent therapists at the Institute have taken up and expanded this approach and ensured that the methods involved and the results are available to experts and interested individuals all over the world.

I wish to thank David for his original and truly pioneering work, and I am pleased to see that his life work will be honored in this Festschrift.

Dr. Konrad Schily

_The Wind of Change_

Neugebauer, Lutz

_A public letter to a valued colleague and close friend_

Dear David,

I have chosen the title from the lyrics of the world-famous Scorpions song. This song was about to climb the charts when we started our common endeavours, it accompanied us in the development of music therapy research, training and practice and it seems to be an everlasting motto of a way that we went for the past twenty years.

We were introduced to each other at the Hospital Herdecke in 1987. A colleague of ours, Rachel Verney, who was one of the co-founders of the German Nordoff-Robbins study programme, had got to know you in a project in London. St Marylebone church had converted its crypt into a treatment centre, desiring to bring together medical care and complementary methods of treatment. You were involved there, coming from your background of healing ministry and research methodology, to look at this project in terms of research development, already a recognized researcher in complementary medicine with a high reputation. Rachel Verney told you about the Herdecke community hospital - which at that time was the host of the Medical Faculty and thus the music therapy programme of the University Witten/Herdecke. In one of your first meetings with Konrad Schily he asked you to develop a research strategy for music therapy within the University. You developed this plan with the staff members of the music therapy department of the Hospital and the University to serve the purposes of a developing University and foremost those of music therapy.

You were employed as a research advisor to both University and Hospital department. You had to suffer through numerous theatre visits, concerts of rock and pop music as well as professional meetings, having virtually not a single word of German and being told that this is what you will need to develop. I can say that everybody’s language capacities have improved through the recent years. I am able to write in English, you are able to communicate in what you yourself modestly call `a sort of German', to tell the truth, your German is excellent.

You committed yourself to cooperate with us for five years, giving a clear guideline: Develop academic qualification in the staff as a first step. We were all trained musicians, had post-graduate training as music therapists but - in the eyes of a researcher - there was a lot of potential. Our problem was that we were overloaded with work, running a training course, setting up structures for our work to develop and keep on working as music therapists. So your first and wise advice was: Find time to read or rather: Take time to read.
Because it was clear to you that we live in an ecology of thoughts and knowledge that we would have to take into account for a professional development.

With a change of our dean you underwent the "wind of change" yourself. Although already qualified with a PhD you were 'kindly requested' to write another scientific work which would formally qualify you to become a Professor in a German University. Looking at this demand from today's point of view it seems a bit outdated not to recognize an academic qualification from another EU member - and certainly it was at that time. But: out of this work, which you completed quietly and with the rigor that you demanded in your first lecture of what you think a researcher needs, stems a book, "Music Therapy Research and Practice in Medicine" which I had the pleasure to translate later on. This book published in 1996 - it was not your first one - is a landmark of change in your work as it is entirely focussed on music therapy. It shows your dedication to the work of music therapists and may still serve as a map to unknown territory for those who want to learn about research as re-search or 'Wissenschaft' as 'Wissen schaffen' (create/produce knowledge).

Many of the ideas presented in this piece of work built the basis of what has developed up to now in our own place and elsewhere. In addition to this work you were one of the external reviewers to a EU programme on complementary medicine. A reputation that you gave to the University and the Music Therapy Department, without this being recognized in both organizations at that time.

All your endeavours throughout the years were - to my recognition - guided from basic convictions that were congruent to those of a holistic medical approach and founding ideals of the University that were alive in the 80s and 90s. Those are:

- Medical care should incorporate the whole person and take the potentials of healing into account.
- The patient is to your conviction not defined by his illness but by his potential. (This can be read at length in your book "Spirituality, Healing and Medicine")
- You are convinced that one of the most powerful accesses to this wholeness of a person is art and aesthetics. Within the seemingly opposing paradigms of natural sciences and spirituality as an approach to life arts, aesthetics build a bridge between both (Out of this conviction stems a book sub-titled "Revisiting the Aesthetic of health care").
- You regard arts and sciences as equal
- You are convinced that both are only valuable if they are freely available to the community

Bringing together arts and science I am proud that you have taken me as a model for a music therapist from time to time. You wrote lots of articles and I still wonder how one person writes faster that another person can read - but still, this ratio between my reading and your writing made you aware that music therapists would need books with contextualising illustrations in them. You created a book series "KAIROS" which brought together your own aesthetic approach, your knowledge that people - even scientists - would like books that are attractive to read, and that science needs to serve the purpose of people.

Knowledge needs to be spread. And since we found out that music therapy is easier understood when it is heard than when it is written about, you developed - alongside with this book series - a publication platform using new media. The CD ROM series which published Data base material as well as written articles and case study material was distributed on international conferences and made the University Institute known world-wide. In an early publication about the potential of new media in medical education your CD ROM was used as an example of best practice. Nevertheless the charity withdrew after the pilot phase and your work underwent another change. "The wind of change blows straight into the face of time" sings Klaus Meine. The University was not able to fund your excellent and widely recognised ideas and you had to bring it back to a level that you could handle yourself with the staff available. Supported by the Nordoff/Robbins Charity we were able to keep things going till we found another donator. Supported by the Stiftung Software AG you were able to take this pioneering work a step further. Along with further book and article publications you were able to develop the multimedia publications further into the website "Music Therapy World" (when you were planning this I didn't even know what an e-mail is...) which, to present state, contains a database with thousands of references, PDF versions of music therapy articles from journals which cannot be found in medical databases, and case study material from all over the world.

Even if I describe this as your work, it shows one of the most prominent character traits of yours. You are able to bring people together to share their work and trust into the good will of another person.

Apart from the website which also developed into an international online journal "Music Therapy Today", further there were a series of practice and research symposia, your involvement with the organizing committees of national and international music therapy conferences as well as numerous invitations to medical, anthropological and research conferences tell this same story. Although you obviously have a very fine reputation you never kept...
this to yourself. You used it to develop our profession, to support your doctoral students and to build bridges between music therapy and other disciplines. Your wide background was a mind opener to many colleagues of my generation and it still is. You are never shy to tell me if you think that a brilliant idea of mine is cramped or even worse - if you hand out an article that you have read ten or twenty years ago, with exactly these ideas. Or even an article that you have written giving an overview over the last fifty years of publications on the same subject.

This leads me to the second basic character trait that you recommended for a scientist (apart from rigour which I referred to earlier on). In your first lecture you advised us to be humble with our own ideas. They never are only our ideas and it is not us who make us brilliant but a person who recognizes what we do, and this can be another colleague, another scientist, a donor, a child or a patient who responds to what we offer.

You have been strong in developing your ideas, rigorous enough to stick to your conviction. Time has proved you right more than once. Ideas do not always stick to the person who has them. They have to go out to become true and in the end they abandon their origin. Thus it happened with some of your ideas and I have learned an important lesson from you: ideas are only good, if reality proves them right. Sometimes we have to give them away, actively let them go and give up what we think is important to let ideas blossom. We cannot keep what we think is ours. This is - as I think - a great gift, especially in times of change.

We are in a continuous process of personal, professional, and institutional challenge. Our work has been part of this process, with changes in professional bodies, institutions that we work in, the scientific community, approaches to what is seen to be needed. There is only one continuity in that I take myself through all these changes - I hope in a learning and developing manner. To keep one's identity in these winds of change - sometimes called storms of life - stick to an idea that I am convinced to be right, seems from your example a good explanation for the word Professor. To profess what you stand for even though it makes times tough.

It is this attitude that helped you to develop what I have outlined. I am more than thankful to be able to say that I have been working with you through all these years and it would be untrue to hide that you (and we) have often been criticised, sometimes for not being cooperative, for not being flexible or adaptable to change, for not being compatible with strategies of other people or of institutions. On the other side of this we can see your membership in e.g. the Royal Society of Medicine, in many scientific boards and in various editing boards of journals, we can see an enormous number of books not only published but also read and articles quoted.

I am convinced that all this is partly due to your rigor, partly to your humbleness but as I experienced it, it is foremost due to the fact that you enjoy your work. And if you do not do so, you have a good recipe: either you change it or you look for the enjoyable parts. I know that you enjoy working with people, and if work doesn't work you still enjoy people. And as all people continuously change, you must enjoy change. Sometimes we have had a little too much of it but we are still going - looking back at twenty years of working with you I am looking forward to our future work. I know that we will have a lot of fun, laugh a lot, cook together, go out with people we like and support each other in our individual and professional times of change.

An Open Letter to David on his 60th Birthday - from Gary Ansdell

Ansdell, Gary

Dear David

Congratulations! Happy Birthday!

My contribution to this wonderful collection has turned out a rather strange hybrid: part letter, part essay, part reminiscence. I hope this is permitted for an e-Festschrift! I guess so. Forgive too the fact that it starts out more about me, then gradually gets around to you (‘what’s new’, you’ll say!). Again, this was how my thoughts unfolded about what I wanted to say to you. It also reminded me of that bit in Bateson that I remember you quoting with such relish: his version of the Turing Test, where you type into a computer ‘Are you conscious?’ and eventually it chugs a read-out which says ‘That reminds me of a story...’
The story I want to tell this time begins in Greenwich in 1985. I was living in a lovely old house with a view of the Cutty Sark from the bathroom window. On the corner of the street was a lovely second-hand bookshop, and during that year I bought three books that changed my life: a small blue book by Nordoff and Robbins called Therapy in Music for Handicapped Children; Oliver Sacks' The Man Who Mistook His Wife for a Hat; and a biography of Gregory Bateson (who I'd never heard of, but he seemed interesting - I underlined the sentence "the pattern which connects"). These three books were like golden pieces of a jigsaw: in their separate ways they began the journey of connecting together my thinking (and more) about music, people, art and science. They also connected strangely to our future relationship.

Just six months later I found myself on the Nordoff-Robbins Diploma training course in London, and not much later out on the coal-face doing the job (a few days of which were at the St. Marylebone Healing & Counselling Centre, where your name was still mentioned, though you'd recently left). On the training course there was a small library, consisting of only about fifteen books on music therapy itself. None had much intellectual weight, or much connection to current thinking in other disciplines - I was sadly concluding at that point that music therapy was simply something you did, and you had to go elsewhere for thinking about it (or thinking from it). In a way this proved true - but as things worked out I didn't need to go too far away (either physically or symbolically).

Help arrived in the form of Rachel Verney, who challenged both my doing of music therapy and my thinking about it in her characteristically transformative way. Through her I then met you. I remember sitting in the courtyard of Rachel's home, Piggotts, planning with her and Lutz how I'd do the second year of the Herdecke music therapy training programme: I'd be supervised by Rachel on clinical work in London and be supervised by you in Herdecke on the academic work and dissertation. This worked out, and in the next year I came over to Germany to work with you about four times I think. I vividly remember the first of these meetings. I'd had a big build-up to you from various people, and finally we met over coffee and cake (with Dagmar & Lutz) in the old Institut fur Musiktherapie, which was (reassuringly) in an old shack on the grounds of the Herdecke hospital. You were younger than I'd expected, ruder and more fun! Your office looked over the 'horse therapy' building and was often plagued by horse-flies! We did a few unkind impersonations of Sybil, and then talked about music therapy, the Nordoff-Robbins tradition and its relationship to the anthroposophical tradition of the Herdecke hospital and university, and of the plans for music therapy research you were currently developing.

One is seldom aware when an influence on another person, in a particular hour, is crucial. But David, this was one of those hours for me (cemented subsequently by your work with me during the next year, and your inspiration and help in the years that followed). On that first visit you gave me a bound copy of drafts of recent articles you'd written on music therapy (I forget the exact ones, but they were 'thinking out' of your work with Rachel - on music therapy assessment, work with cancer patients in relation to ideas about pathology and form). I hardly slept that night after speed-reading these. What I saw in your work was exactly what I feared simply wasn't in music therapy: here was thinking both from and about grounded music therapy work; here was linking to other discourses and disciplines which could help such thinking about music therapy work; here was also evidence of a person who could listen, look and wait for phenomena and connections to reveal themselves - not a quick attempt to force things into a box of received theory. In short, this first initiation into your thinking was a revelation to me of the possibilities of attending-to, thinking-about and re-searching music therapy in serious ways. This attitude has inspired, guided and sustained my own work in the last 15 years.

As I've got to know you better David, it's been interesting to see where this originality came from: your varied training and experience across the arts and sciences; your blend of artistic and scientific sensibility, your inspired links between bodies of knowledge, or between the simple facts in front of you in a research situation. I'm just reading a rather quirky book on Goethe (John Armstrong's Love, Life, Goethe: How to be Happy in an Imperfect World), where Goethe is described as having "a connectivist style of attention". I think this true of you too David. Not 'what?' but 'So what?'.

Between 1989 and 1994 you taught me much. I spent a very formative period during 1993-4 working as a music therapist at the hospital in Herdecke, doing music therapy with a wide variety of patients, having conversations with you and your colleagues at the Institut (newly moved to the new university site), and writing my first book, Music for Life. I can remember my excitement at what you were creating there then: a vision of music therapy research that was a broad and imaginative one - happy to link music therapy to medicine, complementary medicine, spirituality and the developing forms of qualitative research. Undergirding this was a respect for the phenomenological tradition that was (then!) the value system of the hospital and university - derived through the anthroposophical heritage of Goethe's so-called 'qualitative science'. Within our conversations we linked this to (what I can see now) are my original preoccupations contained within my three 'Greenwich books': Nordoff and Robbins' gentle empiricism and pragmatism - seeing how music, people and spirit connect; Oliver Sack's existential vision of pathology and potential; Bateson's ecological vision of the 'pattern which connects'. There were of course frustrations in this anthroposophical milieu: but despite occasional weirdness and dogmatism, here was being modelled in everyday work a parallel track to the mainstream European scientific tradition - a 'road not taken' (Goethe's instead of Newton's); here was a tradition we both innately believed was crucial - a 'delicate empiricism' that looked and listened and waited for the phenomenon to reveal itself, but also...
saw the need to link out of pure description to the 'pattern which connects' to other forms and traditions of knowledge. This was a very different 'ethic' of theory-building and research than I'd come across previously (and since!) - one that takes the time to explore and understand, rather than simply accepting the phenomenon 'as given', and then just test it out in order to provide 'the evidence'. In all of this, David, you have been a model for others to learn from. You have overall, I think, a discerning intellectual 'nose' for what will be interesting to look into, and then for the sometimes tangential connections within and across disciplines that can weave the shape of the whole.

You have been generous, David, not only with your many, many ideas, but in your time, for those of us over the years who have needed dialogue of the right level to help shape our ideas and practice - to hear in the echo of conversation with you whether a current idea is made of tin or a better metal. 'Mentor' is an over-used (and mis-used!) word these days, but I believe that you have offered valuable mentoring to many of us. Mentoring doesn't mean (as in business-speak today) just helping someone, but it should describe the spiritual dimension of being able to see in a person what they themselves can't (yet) see; to see (and help you to see) what you can be, can do. I feel that you, David, and your ideas, have mentored me at crucial times in my career - and for that I shall always be so grateful.

I'm sure I'll be one of many in this Festschrift to want to tell you how your influence within music therapy has allowed a thousand professional flowers to bloom - practically and intellectually. You may not like or approve of all of these, but that's the down-side of genuine mentoring - you don't get to choose how your influence propagates!

When I think of you, David, I think of that Bateson story about a story - "that reminds me of a story". I think of the rants I've heard you make over the years to people who say that the best evidence in music therapy is "just anecdotal". All good knowledge is a story I hear you say. And what I think, overall, is your real gift to the profession, and to the personal development of the hundreds of people you've influenced across many vocations, is your unique discernment in regard to which stories need to be told. When I think of you, David, I think of a man who trusts stories - and reminds me to trust them too. Thank you!

For David Aldridge on his 60th birthday. - from Denize Grocke

Grocke, Denize

My first memory of you David was back in 1992-1993. You were the Keynote Speaker at the Phenomenological Inquiry seminar organised by Warren Lett at LaTrobe University in Melbourne. I remember clearly that my first impression of you was an auditory one - your distinctive accent! There is something very engaging about your voice that reminds me of England’s green and pleasant lands and, I must admit, the odd television series. Along with the engaging voice, I also recall the distinctive stroking-the-beard phenomenon which of course was in perfect accord with the wisdom being spoken by the voice. I recall you speaking about music therapy research back then and feeling quite proud, being a music therapist myself amongst a crowd of nurses, psychologists, and art and dance therapists.

My next recollection of you was at the Norfa conference in Denmark. It was just before "Out of Silence" was published, and it came at the very best time for me as a PhD student myself, struggling with qualitative research methodology. Since that time you have set a Guiness record in publications - your books and your articles covering diverse areas of music therapy practice have been a God-send to the profession.

I recall the music therapy conference in 1995 (maybe 1996) when you were Keynote Speaker at the Australian Music Therapy Association conference in Melbourne. The Conference Dinner featured a Samoan dance troupe, and the leading lady sauntered up to you and managed to coerce you on to the dance floor. What a moment!

Then there are the personal moments and experiences of being with you: I recall walking through Rickett’s Sanctuary in Melbourne with Gudrun and yourself, and the beautiful photographs you took of the sculptures. And I recall lunch at Miss Marples and hours of scintillating conversation.

This may be the time to mention other attributes David! First, you have been an advocate of all the creative arts, not only music therapy, evident in your editorship of the Arts in Psychotherapy and the wide range of PhD candidates you supervise at Herdecke. Second, you have created a web site that enables people throughout the world to access material that is inaccessible via other means. This is such an important contribution to music therapy for those people around the world who otherwise do not have direct access to information. MusicTherapyWorld is a fantastic site and is a wonderful contribution to music therapy.
Congratulations to you on reaching this significant milestone in your life. And grateful thanks for all that you continue to do for music therapy, and for the wonderful memories, personal and academic, that I associate with you.

Best wishes

Denise Grocke

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Tony Wigram - an appreciation of David Aldridge

Wigram, Tony

Looking back over the years, I can see how my path has crossed many times with David Aldridge, and that he has been a quite significant influence on me, particularly as a researcher, and also more specifically as a research supervisor. First I must say how many enjoyable and often humorous times I have spent with David, and his down to earth. Midlands humour is a delight!!

My first encounter was when David as working together with Rachel Verney, and together with her visited me in my department at Harperbury Hospital in England. This was in the early 1980’s, and David was exploring potential areas of research and was very knowledgeable about improvisational music therapy and the Nordoff-Robbins approach. I was certainly not well informed about research at that stage in my career progression as my primary focus was on clinical work and clinical responsibilities. I remember being very impressed with David’s knowledge and enthusiasm.

Perhaps it was because of that I felt David would be a high quality ‘judge’ when I presented my thesis in psychology for examination to St. Georges Medical School, London University. David posed the first question when I walked through the door to my defence of a thesis on Vibroacoustic treatment. He looked at me and said "What I want to know is... how does it work"!!! Well, this left me completely nonplussed - as I thought how could this person have read my thesis and NOT understood how it worked. But David was both very perceptive, and also able to cut straight to the point. He was right - I had explained a lot of research results, but the underlying explanation for the physiological effect was still quite speculative. He had put his finger right on the point, and I remembered this some years later when I was working to build up the PhD programme at Aalborg University in Denmark.

David worked with us in Aalborg for several years during the late 1990’s and the early years of this millennium. He could be quite direct, provocative, and challenging - but he could also be very supportive, understanding and helpful. So many doctoral researchers in the Aalborg programme at this time benefited from his insightful thinking. He supervised Trygve Aasgaard and Hanne Mette Ochsner Ridder - both of whom produced excellent theses, and really contributed a lot. I will always remember him fixing a rather muddled and questioning researcher with his penetrating gaze and saying "I condemn you to 1 year in a library"!!!.

David and I worked for two years on the development of the European Congress in Naples, together with Even Ruud and our great colleague from Italy, Gianluigi Di Framco. These were wonderful years - when so much was being achieved. David was collecting many resources, and seemed to be endlessly publishing. He still is!!

I have a great admiration for David Aldridge. He writes with a clear and understandable language, and has made such an outstanding contribution as a researcher. His publications over the years have really supported the development of qualitative research, and he has a deep understanding of the field, of evidence based approaches, and of music therapy enquiry. We have all benefited from his knowledge and his enthusiasm.

TONY WIGRAM - 3RD MAY 2007
Happy Birthday David!: A short message that has been a long time in the making - from Simon Gilbertson

As I thought about writing a short birthday message to you it started getting longer and longer and longer. I had set out to write an impressive and eloquent text of congratulation and celebration of your 60th Birthday. As I started, I began to think about listing all of your books, the articles, the CD's, the internet presence, your teaching, your role in music therapy at a global level, the conferences, the presentations and the advice and support you have given to students of music therapy and other professions. I was finding myself wandering through the fields of music therapy, research, philosophy, medicine, music, art, ethnology, anthropology, photography, sociology...and your most recent project, My Top Ten. It was becoming almost impossible to keep track of all the references to your publications and I realised that my birthday greeting was beginning to look something like an archive catalogue at the British Library!

What I realised was, that I had become diverted from the real birthday message that I wanted to convey. I just want to say thank you for what you have done for me and to wish you all the best on your birthday, to enjoy the things that are important and to rest from the things that are insignificant.

I am sure you know, without having told you explicitly, that you belong to three men who have been of significant importance in my development, alongside my Dad.

John Wilbraham was a world-class trumpeter, recording a wide range of repertoire including Bach's 2nd Brandenburg Concerto and the Filmscore for Citizen Cane. Years of solo and orchestral playing gave him an extraordinary range of experience for his teaching.

Albert Alan Owen (Alan to his friends) is a composer, pianist and teacher. Alan studied with the great artists and teachers, Nadia Boulanger in Paris, and Harold Craxton (piano) and Patrick Savill (composition) in London and is a truly marvellous musician. He has composed, recorded and released leading contemporary music for over 30 years.

Together with yourself, it is a privilege to have such great mentors, people who have led by example and, to use your phrase, by 'doing'. Like my Dad told me recently, 'They have shared their great knowledge like a father would do!'

To celebrate your birthday, the gift I have for you is my gratitude for the time you have shared with me. You have been my mentor during my process as a doctoral research student, you have been my boss during my time as a research assistant on the Structured Literature Review Project at your Chair for Qualitative Research in Medicine, University Witten/Herdecke and most recently you have given me the great opportunity to work as a music therapist in the new and exciting Nordoff Robbins Centre in Witten, Germany together with yourself, Lutz Neugebauer and Sibylle Kreuzner-Triple. And during all these years you have helped me to find my path on the long winding road. Thank you so much.

As you can imagine, it has taken me absolutely ages to decide what to write in these few lines. I have taken time, and the text has become shorter. Of all the things I am looking forward to doing on your birthday is to share some jokes and talk about the important things in life with each other, like we do, with a decent cup of tea on the big red sofa in the Villa.

I, and my whole family, celebrate with you and wish you all the best on your Birthday.

Simon
To David Aldridge 60th birthday - from Gerhard Tucek

Tucek, Gerhard

There are essential encounters to which we look back with gratitude. Such a moment in my life was when I met David Aldridge. This was at the Herbert von Karajan Centre in Vienna. When I mentioned our activities in the context of the Institute of Ethno Music Therapy, he said: 'Clive and Carol Robbins visited you and then passed on your present to me.' I was quite confused and had no idea what this present for David could have been; many years had passed since then. He must have read my embarrassment from my expression because he helped me: 'A Sufi jacket, a symbol of a strong connection between us.'

This story is typical of David as I have come to know and appreciate him. He has a marvellous way of integrating the most diverse aspects of human life: academic teaching and research at the highest possible level - he has the reputation of a demanding mentor - combined with profound humanity and clarity of thought.

David supported the process of establishing Traditional Oriental Music Therapy at a time when this approach was still highly controversial in the music therapy community. He did not hesitate to visit us at our clinic in order to get a personal impression of our work in practice.

I had the privilege of many encounters and discussions with him where I became acquainted with multiple aspects of his personality: his affectionate way of joking with his wife Gudrun, his academic originality and imagination, and also his artistic sensibility provide much stimulation. He is very clear in his outlook and never leaves any doubt about his opinions and attitude - a character trait I appreciate very much.

In his academic work he demonstrates a deep understanding of individuals in difficult situations. His research addresses individuals with their personal histories, worries and needs, and not 'test subjects'. In recent years he made essential contributions to academic progress of arts therapies; his database of music therapy constitutes an invaluable service to students and professionals of many therapeutic disciplines.

I wish him many further years of health and inspired work. Personally I feel that my story with David and his wife is an impressive example of a professional relationship turning into sincere friendship, and this makes me grateful.

With best wishes

Gerhard Tucek

Ode to David

Magill, Lucanne & Ricciarelli, Alessandro

Ode to David

With love from
Lucanne and Alessandro

David, look at your life
Sixty years and so much more
So many lives you have touched
There'll be so many more
Love found, forever long
Givin' things that don't get lost
Like a coin that won't get tossed
Rollin' home to you

David, look at your life
There's no one like you
So many people who love you
The whole life through
Ah, one look in your eyes
And you can tell its true

Living in the German woods
Painting pictures, buying goods
Cooking meals and playing guitar, Gudrun at your side
You've been first and last
Singing songs as time goes past
But we're all together at last
Rolling home to you

A common language for therapy processes - A retrospective of David Aldridge's early studies
Fachner, Jörg

Introduction
This article explores the theoretical background of therapeutic processes in music therapy on the basis of David Aldridge's early studies from the years 1989 to 1993. David Aldridge came to the Institute of Music Therapy of the University Witten/Herdecke in 1987. At that time a specific understanding of therapy and research had emerged at the anthroposophical community hospital in Herdecke, influenced and stimulated by the theories of the founder of the community hospital and the university, Gerhard Kienle, the research methodologist R. Burkhardt, the neurologist and later university president Konrad Schily, and the psychiatrist Peter Matthiessen. David Aldridge described these developments in the first chapters of his book Music therapy and research in medicine - from out of the silence that was published in 1996.

His criticism of a mechanic understanding of individuals and their biologies addressed the de-individualization of illness and its significance for our lives. Every illness poses a very personal question to the patient and his or her potential. The “Herdecke approaches” to health, illness and therapy reveal an orientation that perceives the individual as an artist of his or her own biography.

One of his objectives was to create a common language to describe the effects of music therapy, to be used by the professional groups of physicians, nursing staff, art and music therapists, eurhythmics and speech therapists at the community hospital who all had their own terminologies.

**A common language ...**

"The overall expectation is that the recreational, emotional and physical health of the patient is improved", as Aldridge summed up in an article on music therapy in clinical settings (Aldridge 1993b, 19). He concluded that a definite explanation of the effects is hardly possible: "it is only our hubris that attempts to say that we know what the process of healing in therapy is" (Aldridge 1990a, 193/4). With regard to problems involved in how we perceive illness and health and specifically in decisions on prevention, he demands an "ecology of ideas" and points out that there is not only one reality "from which we can determine our understandings, only varying ways of fitting behaving and thinking together" (Aldridge 1990d, 720).

Aldridge offers a semantic structure that facilitates a definition and (self)evaluation of one's own experiences, perceptions and interpretations of phenomena, whereby he underlines the linguistic definition and interpretation problems of the experience dimension of art, psyche and therapy in the sense of a "return to phenomena"; “…talking about therapy is always at several steps removed from the actual activity in which we partake" (Aldridge 1990a, 193).

Fundamental linguistic differences become apparent between an (academic) understanding of a world "out there" that is described on the basis of relations between subject, predicate and object on the one hand, and verbal forms on the other ("The arts are based on verbs and doing is all important" (ibid.) in the creative/artistic process that stresses action.

However, "what the arts offer is a common grammatical structure based on performance where space and time are lived and experienced directly often out of verbal realm" (ibid.). He describes the common grammatical structure of these "different expressive faculties" (ibid. 189) in arts therapies as an "underlying commonality of form and pattern" (ibid.).

**Levels of reporting**

For a (clinical and academic) processing of experiences, their descriptions and the interpretation of events in therapy Aldridge offers three different levels of reporting:

1. "Level 1: Experience. Here we have the phenomenon as it is experienced. This is what transpires in the therapy session. It lives and exists in the moment, and is only partially understood. It cannot be wholly reported. We can see, feel, smell, taste, and hear what is happening. These are the individual expressive acts and known in modern linguistics as parole (Burgin 1989).

2. Level 2: Description. We can talk about what happens in the therapeutic situation in the particular terms of our artistic disciplines. These descriptions are relatively objective and accessible to verification. For example, we can talk about the particular notes and rhythms in music therapy and the particular colors
and patterns in art. We can play our recorded tapes or show our pictures. This is the shared element of language, usage, which (...) is part of our common everyday discourse.

3. Level 3: Interpretation. When we come to explain what happens in terms of another system (i.e., to transpose the musical changes into terms of academic psychology, psychotherapy, or a system of medicine) or to say what the relationship between the activity is and the process of healing, then we are involved in interpretation and have strayed to yet another stage remover from what has happened. This is the underlying abstract ground within language, langue." (Aldridge 1990a, 193/4).

On these three levels, we can handle and negotiate

1. the phenomenon as it is,
2. how we perceive it and describe it with our (artistic) means,
3. and how we abstract and interpret it (depending on the theory involved). These levels of reporting may be helpful in discussion, in discourse, in formulating ideas and understanding others (therapists, colleagues etc.). Aldridge demonstrates the growing need for this in a different context as part of a science-theoretic understanding:

"However, the continuing problems of chronic illness and human suffering urge us to go beyond our partisan beliefs and look again at how we know as well as what we know. This is literally the art of re-search." (Aldridge 1990b, 64).

For a better understanding of the patient as a whole being, Aldridge demands not only "scientific skills" of medicine and psychology but "a descriptive science of the human behaviour which can be based on the aesthetic" (Aldridge 1991d, 149) and "(a) search for reconciliation of a difference within the framework of the scientific, which is Truth, and the aesthetic, which is Beauty" (ibid. 150). In the creative act "our inner lives in all their depth and richness are given coherence and presented externally as created form. In this way we help our patients to articulate their inner realities as beautiful. This is the manifestation of the aesthetic" (ibid. 1990a, 195). Aldridge writes this against the background of the "creation of an ethic the fundamental act of which is creative in nature" (ibid. 1991a, 66).

**On the therapy process**

Aldridge expands the classical Nordoff/Robbins concept of the "Music child" (Nordoff/Robbins 1986) to the existential perspective of a "music as identity" that covers development and growth perspectives of the "Music child" as well as the ability to understand the music audible in the therapy process as an expression of identity in the bio-psycho-social sense and thus to open up diagnostic perspectives. Analyses of the continuous form, of the "how" of musical and extramusical communication processes, evaluate specific methods of the therapist and reactions/behaviours of the child/the patient with a view to their isomorphic elements. The rhythmic context of elements and the attention mode of the individual are very important.

**Music as identity - identity as a creative act**

Aldridge has a basic belief in the uniqueness of individual qualities and development history of the individual. Individuals have developed and continue to develop. "This tension between what we have become, and what we are becoming, can be reconciled within the context of the aesthetic as a created form" (Aldridge 1990b, 70).

Human beings are "composers" of their own identities which - seen as musical form - are composed continuously in the world. Aldridge states a correlation, or better, an isomorphy of musical form and biological form. Isomorphy in this context is the event when two complex structure may be projected over each other in such a way that each part in one structure has a corresponding element in the other structure (compare Bateson 1973). Aldridge prefers to see humans as "symphonic" and not as "mechanic" beings (Aldridge 1991a, 97ff). Accordingly, the patient expresses himself as a composer of his symphonic identity in music therapy and makes this identity audible. In the music therapy process the temporal-dynamic "coming into being" is made audible as creative potential in the "aesthetic context" (Aldridge, 1990b, 70) of creative musical improvisation. Limitations of the individual will also become apparent.

"This context permits the expression of tendencies that have potential for the states called health and illness" (Aldridge 1991a, 107).
Since music as a temporal art reveals itself as emerging and developing, Aldridge compares the therapy process as a process of joint musical improvisation to the "coming into being" of the individual. "What may be heard is the individual in the world" (Aldridge 1991a, 107). He underlines the audible congruity between musical form and the self in this process (compare Aldridge 1990a, 189). The mode of rhythmic play (not only on the drum) of an individual reveals that person's temporal "entrainment", his or her internal psycho-psychical synchronization with him- or herself and the world. We may interpret this individual synchronization as the musical self, as the individual's musical and symphonic identity (compare Aldridge 1990b, 66/67). Entrainment means the rhythmic interaction of body systems. Instead of a mechanistic view of individual that looks for a main clockwork that drives all other rhythms, he favours a non-material, a "musical analogy for the coordination of rhythm" (Aldridge 1991a, 103) in the sense of symphonic identity. As a hypothesis for a somatic regulative centre to coordinate the rhythmic context, he proposes the suprachiasmatic nucleus in the hypothalamus in another publication (compare 1991b, 743). The music that emerges in joint improvisation is therefore not only music as therapy but in the sense of "music as identity" (Aldridge 1990b, 66) is also an illustration of the person's identity.

The question arises what happens to the therapist's identity. Is not his identity in joint improvisation of equal importance, or is he nothing but an empty vessel and catalyst for the patient's music and identity?

Combining the mode of musical perception with an individual's identity

"The phenomenon of total perception is revealed" in music (ibid.) where the phenomenon of music is intuitively understood as one entity. In addition, "the phenomenon becomes its own explanation while listening to music" (Aldridge 1991a, 99).

The perception of music, which according to Aldridge's understanding as a "holistic strategy" also comprises the element of participation in performance (compare ibid. 98), also means "to imbue meaning to what has been heard" and is therefore an "act of identity generation" (ibid. 99). It must be pointed out that Aldridge is not only concerned with listening to music; his particular interest is the perception of music in active music-making. There is a continuous interaction between the physical character of the musical stimulus and the effects on human physiology (compare Aldridge 1989b; 1991a; 1993a+b). Referring to the "integrative process underlying the perception of music as well as physiological coherence", Aldridge declares rhythm as the "key to the music-immanent process, to its physiological context and personal identity" (Aldridge 1990b, 66).

Significance of (personal) time in health, illness and therapy

"Personality constitutes its individual health again and again in every moment as a creative act" (Neugebauer 1992, 7). Accordingly, human beings are active producers of their own health (compare v. Weizsäcker 1930, 94) in an individual and social-temporal continuum.

Time as chronos, with a linear development, exists among other things as a socially binding convention in the regulation of activities within organisational forms, specifically in relation to mechanistic forms of production and organization (\(\rightarrow\) 1). We may have difficulties with this kind of time when we have a "shortage of time" or "there is not enough time". In contrasts, there is the personal, inner time of the individual, or "kairos". (\(\rightarrow\) 2) This time emerges "from the self" and is "personal rather than social" (Aldridge, 1990b, 67). It is the time of individual (\(\rightarrow\) 3) rhythm in action. These actions refer to the world or to the individual himself.

An individual may be caught in the contradictions and tensions of personal demands (private, kairotic time) and in social demands (social, chronological time).

From this perspective, illness may also be a contextual attempt "to maintain identity in view of enforced external limitations or handicaps" (ibid).

"Tension between individual and social time may be perceived in musical improvisation" (Aldridge 1992, 178).

A global rhythmic strategy as a basis of existence, of identity and its form, and the patient's music

Referring to the periodicities of body rhythms, Aldridge develops an understanding of human nature, the temporal, psycho-physical "existential basis" of which (Aldridge 1991a, 104) may be described in musical terms and becomes audible in the music therapy process. As "patterned frequencies in a matric of time" (Aldridge 1989a, 96), individuals and their bodies constitute a unique network of rhythmic couplings of body systems. Illness becomes audible since these interfering frequency patterns (compare Aldridge 1991a, 103) within their own rhythmic synchronization in their "global rhythmic strategy" (ibid.106) get "out of rhythm" (ibid.) and are restricted in their musical reactions and activities.
"An interruption of this overriding global strategy affects a person's ability to detect new or changed non-temporal information ..." (ibid.).

In illustration of unconscious, intrapersonal and interpersonal communication patterns, Aldridge refers to studies by Concon, among others, who performed frame by frame analyses of interaction scenes among family members in the 1960s. Condon demonstrated that the bodies of the listeners "dance" in rhythm with that of the speaker and that the speaker's own body "dances" in time with his own speech. As a social dimension of the physical, this revealed the interaction of such rhythmic frequency patterns in intrapersonal and interpersonal relations and the way in which they control and affect communication processes out of the range of conscious awareness (compare Aldridge 1989b, 743/4; 1991b).

**Illness (symptoms) as habituated iconic forms of communication**

The exchange of verbal and nonverbal information is a mutual and simultaneous process of intrapersonal and interpersonal communication (compare Aldridge 1989b). Information may also be a specific nonverbal "energy form" that exists in the social sphere, whereby Bateson prefers the term "information" (compare Aldridge 1990c, 180). Bateson understands illness as an iconic, prelingual form of communication that is oriented towards archaic communicative elements. Symptoms (of illness) may also be seen as "metaphorical analogical symbolical communication" (ibid. 182) that is transported into a socially accepted "case of illness". Aldridge gives examples (e.g. "headache" as a reason to avoid unpleasant business meetings) that reveal the symbolic character of illness. A person's habitus is also expressed in basic "typical" forms and figures of attitude and movement. The signitive character of somebody's bent posture and shuffling walk may symbolize the "burden" of an illness. From this perspective illness becomes a form of habituation that the individual has internalized or that comes from the "inner subconscious". Certain forms of habituation remain conservative, are difficult to change or to express verbally and form part of the central system-stabilizing factors of the inner, mental-spiritual and physical life. Such habituations also become modes of information on pathological transformation processes.

Such habituations may be addressed and rendered audible in the therapeutic process, in joint creative activity (compare ibid. 180/1).

**Art as expression of the unknown**

Illness is also a "journey into the unknown" (Aldridge 1990c, 178) that contains a patient's continuous fear of loss of reality, whereby symptoms signify the struggle for expression of the unknown, inner reality; art has the mission to "confront us with something we have not realized before" (ibid) and therefore becomes an indicative means of objectification of subjective reality (compare ibd. 179/182). Music or art in general does not only stimulate feelings but facilitates expression of the unknown.

Joint improvisation produces audible information on the unknown. But what may be heard in the music therapy process is not a "message from the subconscious" (compare ibid. 181). Art becomes a form of behaviour which perfects the communication about how to handle unconscious material (compare ibid. 180).

**A patient's framework of fundamentals**

Meaning is created when we relate observation, statements or behaviour to an individual and continually developing "framework of fundamentals" (ibid. 179). In the therapy process, a patient's framework of fundamentals is addressed and updated when his internal unknown elements are made known through the objectivation of a jointly produced "work of art" (compare ibid. 180). The patient reveals his "ecology of ideas", his fundamental elements of knowledge. In an artistically oriented therapy process, the act of creation transforms the negative sign of the illness (in the sense of iconic communication) into a socially positive sign (compare ibid. 184) as a potential. The patient thus experiences a change in meaning through therapy. This change in meaning - specifically if such meanings symbolize something personal or social - appears to be a basic element of healing processes and rituals (-> 4).

"It is the change in an individual's meaning of life which appears to characterize many healing rituals" (Aldridge 1991c, 426).

This change in meaning may then become an initial moment of change in an episode of illness. If for example a patient suffering from spasticity discovers and experiences that his body movements which he himself defined as uncontrollable can make rhythmic sense in musical improvisation, and that in this specific context he is able to change and shape the music with his own ideas and intentions, then this might provide relief from frustration. The improvisation brings a positive body experience and a changed perception of the self which he may wish to transfer to other areas. Consciousness is and becomes a creative act, an expression of "I am able" as an
important part of intentionality which cannot be measured but made audible in therapy (compare ibid. 1990c, 180). If illness in general is accompanied by loss of individual performance then it is a reflexive limitation of consciousness that leads to limitations of individual perspective of possible action patterns. This suggests that consciousness is a creative act in itself and depends on action, intention, reflection and experience of the conscious individual.

**On elements of continuous form in communication processes**

In the context of communication processes Aldridge explores the "how", i.e. the mode that organizes coherence and maintenance of personal and social identity. On identity which he believes to be a musical, a symphonic identity, he finds isomorphic elements between musical forms and forms of communication.

**Basic elements of communication**

"The basic preverbal fundamentals of human communication are called suprasegmentals - these are time, phrasing, rhythm, pitch and voice tone (which would more accurately be called timbre). It is these qualities that are considered by music therapists when they assess tape-recorded sessions of improvised music therapy." (ibid. 1991b, 59).

If we consider speech in terms of phrasing, rhythm, pitch and melody independent from the "primate of the spoken word", then we have "a different range of logic from the predicator logic" (ibid. 1991a, 101). In such a different range individuals may adapt to the system of "dynamics, movement, interval and time" (ibid.) and "become all right". In this way identity is composed "with regard to relational patterns, rhythms and melodic contours" (ibid. 101/2).

The fundamental elements in communication are therefore of a musical nature and are regulated rhythmically in a matrix of time which is not static. The temporal matrix offers an element of predictability of actions and a structure for events, in biological processes, in social interaction processes and also in musical improvisation. Rhythm is "the musical aspect of communication fundamental to the way in which we relate to ourselves and to others". Aldridge concludes that music in its continuous form is isomorphic to the process of life (compare Aldridge 1989b, 743).

**Intrapersonal and interpersonal synchronization**

A core concept in the analysis of the continuous form of communicative processes is the term "synchronization". Aldridge differentiates between:

1) intrapersonal "self-synchronization" and

2) interpersonal "interactional synchronization".

1. Communication takes place on a molecular level within our bodies. Outside conscious perception, there is interaction between endocrine system, immunosystem and nervous system. Intrapersonal "self-synchronization" with the individual, personal time of "kairos" is maintained through the process of entrainment, through the harmonization and "taking along" of body rhythms and systems. In moments of stress, for example, the periodicity of body rhythms is disturbed, and psychosomatic reactions may occur (compare ibid. 1989b, 743). In communication, the aspect of interpersonal "self-synchronization" in the nonverbal field is expressed e.g. in timbre, gesture, habitus forms or movements. Overwhelming information triggers corresponding motor reactions that are nonverbal and have commentative or signitive meaning for interaction, like "surprised mimics" or "convulsive movement" of the entire body. This direct bodily transfer of tangential information may be made audible and communicable in music therapy in rhythmic drumming. Self-synchronization generally means the rhythmically organized regulation of form and relation of movement and language behaviours and might reflect the neuronal "timing" of kaiological processes (compare 744).

2. In interactional synchronization, speaker and listener influence each other as active participants in communication. The speaker moves while speaking, as does the listener. When we are listening we move in synchronization with the articulatory structure of speech. In an ordered communicative context there is no separation between what is "transmitted" and what is "received". Similarly, music therapists report that therapist and patient are "united in music" (compare ibid. 744).
Phrasing is another means to illustrate biological and musical processes and the mutually known synchronization context. Talking to others we generally recognize from rhythmic and melodic accentuation when our partner has ended a phrase, and we give a “feedback” through short vocalizations, gestures and small body movements.

The communicative situation thus shows a continuous reception and transmission on of order in a mutually constructed emerging rhythmic structure, in a rhythmic context “known” to both participants. The “knowledge” of speaker and listener of this specific synchronization context is determined by physiology (in case of similar physiology) and also culture (compare ibid.)

This synchronization context of interaction has been learned and constitutes an interdependent process between mother (parent) and child in infant speech development. Both partners learn each other’s rhythmic structures.

The child in his or her own kairological time and self-synchronization assumes the parent’s rhythmic synchronization structure (not only of language) and is thus introduced into chronological time structures.

Aldridge detects parallels between this mutual learning of synchronization contexts and music therapy. The therapist discovers a patient’s rhythmic structure, and the patient is met within that rhythmic structure (Aldridge 1989b, 744). Therapist and patient experience their partner’s rhythmical structure in music.

**Co-action and alternation**

Aldridge points out two other similarities between communication and music therapy that may be observed in joint improvisation. Referring to Stern’s studies of nonverbal behaviour of mother and infant, Aldridge explains differences of co-action and alternation (in the sense of mutual interaction).

Co-action occurs in interaction between mother and infant in joint vocalizations. This early behaviour mode resembles mutual eye contact, similar body positions and joint rhythm in structure and function. This mode is an indicator of emotional state and occurs in adults in situations of interpersonal excitation. Co-action underlines the event of communication itself and provides information on inner connectedness and the quality of the relation.

The contrasting form, that of alternation, may be detected as a dialogical pattern in interactions where one partner speaks, the other listens and where symbolic information is exchanged. This mode is significant for language acquisition.

Both forms become audible in joint improvisation. A restriction of musical elements of communication, like pitch, accent, timbre and fluency, appears to be indicative of psychopathological aspects.

**Similarities in descriptions of pathological speech behaviour and elements of musical form**

The following characteristics for the evaluation of global behaviour of type A might - with slight moderations - also be an excerpt from the table of descriptions of music therapy sessions (compare ibid. 180):

<table>
<thead>
<tr>
<th>Type A Behavior</th>
<th>Type B Behavior</th>
<th>Musical Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>increased voice volume</td>
<td>voice quieter</td>
<td>volume</td>
</tr>
<tr>
<td>fast speech rate</td>
<td>slower speech rate</td>
<td>tempo</td>
</tr>
<tr>
<td>short response latency</td>
<td>longer response latency</td>
<td></td>
</tr>
<tr>
<td>empathic voice</td>
<td>less emphasis</td>
<td>articulation</td>
</tr>
<tr>
<td>hard metallic voice</td>
<td>melodic voice</td>
<td>timbre</td>
</tr>
<tr>
<td>less mutuality</td>
<td>increased mutuality</td>
<td>musical relationship</td>
</tr>
<tr>
<td>trying to keep control</td>
<td>less need for control</td>
<td>musical relationship</td>
</tr>
<tr>
<td>increased reactivity</td>
<td>moderate reactivity</td>
<td>responsive</td>
</tr>
<tr>
<td>increased heart rate</td>
<td>decreased heart rate</td>
<td>tempo</td>
</tr>
</tbody>
</table>
higher cardiovascular arousal  cardiovascular arousal  dynamic
maintained  returns to lower level

(Aldridge 1992, 176/7; 1993b, 21)

<table>
<thead>
<tr>
<th>Speech</th>
<th>Music</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume of voice</td>
<td>Volume of music</td>
</tr>
<tr>
<td>Tempo of speech</td>
<td>Tempo of play</td>
</tr>
<tr>
<td>Accelerated speech at the end of statements</td>
<td>Accelerated play at the end of phrases</td>
</tr>
<tr>
<td>Duration of intervals without speech</td>
<td>Duration of intervals without play</td>
</tr>
<tr>
<td>Length of patient's response</td>
<td>Length of patient's musical reactions/actions</td>
</tr>
<tr>
<td>Interrupting and not interrupting simultaneous speech</td>
<td>Interrupting and not interrupting simultaneous play</td>
</tr>
<tr>
<td>Response latency (length of time between posing a question and the test person's answer)</td>
<td>This would be similar in a musical game of question and answer</td>
</tr>
<tr>
<td>Timbre of voice</td>
<td>Timbre of singing voice</td>
</tr>
</tbody>
</table>

(Aldridge 1992, 180)

Music therapy permits in addition to observe the "linguistic movements", that is, the nonverbal communicative elements like movement, gesture, mimics, or vocal behaviour and to listen how the patient communicates nonverbally. The musical-kinetic behaviour is assessed through the "almost intangible quality of intentionality" (Aldridge 1992, 181) in body movements, in the mode of "direction" towards therapist and music. Here we can also observe and hear indicators of a disturbed self-synchronization (see above), for example a disturbed bilateral synchronization between right and left hand in drumming. Improvisation reveals the relation between therapist and patient and their interactional synchronization (see above) and also a patient's ability to relate.

- Type B is able of musical creation and open for mutual and simultaneous intentions in musical play.
- Type A mainly listenes to himself and is incapable of musical dialogue.

This may also be illustrated in the connection between attention style and physiological responses.

**Field dependent and field independent attention style**

Sandman examined test persons to discover connections between physiological responses and individually tangential stimuli that had either stress producing, neutral or pleasant qualities. Autonomic nervous system, heart, musculoskeletal system and endocrine system send peripheral information to the brain and thus make a context available in which perceptions become significant. The relation between attention and emotion was obviously influenced by two different attention styles:

1. field independent: type B may be associated with this attention style,
2. field dependent: type A might be associated with this style.

1. Field independent test persons showed the following behaviours:
   - Willing use of information from their own body
   - Accurate perception of environment (also despite distraction)
Differentiated physiological response repertoire to stimuli
Concordance of statement on emotions and physiological responses

2. Field dependent test persons had more restricted behaviours, as may be seen from the following aspects:
   - Tendency to attend to distracting and external information
   - Use of external information to assess own state
   - Low emotional complexity in responses to stimuli
   - No response range, only a differentiated excitation range

Such field dependent or field independent characteristics become audible in patients' improvisations in music therapy:

Field independent persons

- show a comprehensive repertoire of styles
- are able to play rhythmically and melodically
- hear themselves and the therapist play in the entire musical context.

Field dependent persons

- show a limited repertoire of styles
- react to musical stimuli only with changes in specific musical parameters.

Based on Sandman's studies Aldridge reaches the preliminary conclusion "that repertoires of coping responses may be heard from a musical perspective and that these reflect quantitative, differentiated physiological reactions" (Aldridge 1992, 183).

It is interesting to note that field independent test persons showed decreasing heartrates in stress situations. This permits increased blood flow to the brain and - as was shown in experiments - improved attention to the environment. These findings cast doubts upon the belief that the brain exclusively controls intellectual abilities.

"With increasing heart rate this is indicative of cognitive processing and resistance against the environment; in decreasing heart rate there occurs a switch over to environment-directed attention. The cardiovascular system reflects a person's intention to absorb information" (ibid.). This suggests that intellectual abilities are not only associated with the brain but are also phenomena connected with the entire body, that our body also "knows something" and may react accordingly.

"If human survival is concerned with a repertoire of flexible coping responses to external as well as internal demands, then we may hear in improvised musical play the creative way in which a person meets such demands" (Aldridge 1992, 184).

If we promote creative coping strategies in joint improvisation we might successfully initiate autonomy, creativity and a catalysis of self-healing properties for health and well-being.

Summary

If we assume that we all continuously compose our identities throughout our lives, then identity is a creative act where everybody unfolds his individual potential. A restriction of the ability to perform and give perspective to life, of autonomy and self-determination is seen as an illness. An individual's potentials and limitations, autonomy and artistic abilities become audible in musical improvisation.

Joint musical improvisation permits the generation of that very specific music out of the moment that emerges from individuals' musical identities. The music that is created in music therapy sessions is shaped by the patient/the child through his style, his reactions to the therapist's music and through the way he handles the musical material. What a patient plays in therapy is considered as isomorphic to his identity. According to Aldridge, individuals are "patterned frequencies in a matrix of time". The concept of time is differentiated here as an inner, personal time as Kairos and an external, social time as chronos. The mode of perception is closely related to a person's identity and is determined by a global rhythmic strategy as a basis of identity and behaviour. These preconscious identity consolidating areas that are unknown to the individual may find expression in the art
of music as therapy. Various elements of fundamental habituation and fundamental communicative elements and forms are addressed in the method of joint improvisation, are transferred to a different context, and rendered audible. The assumption is that the continuous form of joint improvisation is isomorphic to the continuous form of interaction processes. The intrapersonal self-synchronization of body systems becomes audible in rhythmic drumming. Interpersonal synchronization occurs in the contextual synchronization of speech behaviours, as for example accompanying gesture, mimics and haptics in interactive situations. These two forms of synchronization are audible in the context of improvisation. In verbal communications the bodies of the interacting individuals "dance" in time to the rhythm of speech. We can see two fundamentally different styles of interaction: co-action and alternation, which may also be detected in joint improvisation as musical form in a simultaneous and interwoven play or on the other hand in an alternating game of question and answer.

The suprasegmentals as preverbal elements of human communication are musical in nature. These elements (time, phrasing, pitch and timbre of voice) become evaluation parameters in analysis after therapy. Descriptions of pathological speech behaviours are analogous to descriptions of pathological modes of play. A comparison of type A and type B behaviours of heart patients reveals behavioral modes that reveal among other things attention as a contextual behaviour where perception and open emotional participation demonstrate an open, alert connection to the field of perception or where distracting information produces a perceptive behaviour inappropriate to the situation and insufficient forms of emotional processing. Accordingly, therapy has the potential to make an emotional repertoire of creative coping strategies and reactions audible.

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1. This raises a culture-critical question pointing to the uniqueness of western society that favours a blending of mechanical, external time and the physiology of the individual, his outlook and feeling of identity in the sense of an embodiment of values and time of this western society (compare Aldridge 1992, 177).

2. In Greek mythology, Kairos is the god of the favourable moment, i.e., the historically significant, unrepeatable appropriate moment (for productive decisions); the fertile moment in the process of generation.

3. Personal time also is described as personal tempo and "is reflected as a functional muscular reflex" (Aldridge 1991a, 104).

4. In a literature research on spirituality, healing and medicine Aldridge found that in healing processes it is of utmost importance to consider individual health beliefs. Individual opinions on the symbolic significance of illness contribute to the cognitive management of illness and therapy. Symbolic meanings are the loci of power whereby illness is explained and controlled (compare Aldridge 1991c, 426).