

PHRASING AS EXPRESSION OF TIME AND TIMING IN IMPROVISED MUSIC THERAPY

Peter Hoffmann

Institut für Musiktherapie, Universität Witten/Herdecke, Germany

ABSTRACT

Background. In active music therapy the improvised music indicates important dimensions of a client's performing and being in the world. Against this background a close look at the musical material provides insight into diagnostic understanding and therapeutic development. The musical component *phrasing* seems to be a meaningful aspect for these areas.

Aims. A doctoral study at the Institute of Music Therapy, Witten/Herdecke University, investigates the concept and significance of phrasing in improvisations by psychiatric patients.

Method. The investigation follows a hermeneutic phenomenological methodology focussing on the improvised music. Tape recordings of individual therapy episodes are analysed for creative styles and qualities of their structured meanings in the temporal-musical process. The study also includes two investigations among music therapists to prove the qualitative findings.

Results. Findings suggest that the concept of phrasing allows to describe individual aspects of formative creation, orientation within time and in dealing with time and the development of creative intentions within the musical play. From a musical point of view the study underlines that psychiatric illnesses can be viewed as disorders of time. The findings of the study underline the significance of the musical material in music therapy improvisations for diagnostic understanding and clinical work.

Conclusions. To support phrasing within the process of music therapy may help to regain ability to experience and create qualities of time and timing and may lead to improved orientation, growing autonomy, growing intention in action and the way to relate to others. In correspondence with research findings in physiology, neurobiology, psychology and social studies the concept of phrasing in music therapy is an important and meaningful diagnostic and therapeutic tool.

1. BACKGROUND

In *active music therapy* the improvised music indicates important dimensions of a client's performing and being in the world. How a client acts, relates and expresses himself can be experienced in the music within the mutual musical contact. Against this background a close look at the musical material provides insight into diagnostic understanding and therapeutic development. The specific form and character of the music which is created by the individual personality of a patient, his individual potential and his limitations, can be characterized again by musical aspects, by components like tempo, dynamics, rhythm, melody, harmony. In my clinical work with different groups of clients I experienced

that the aspect of *musical phrasing* also is a meaningful component, although a literature review shows that only few colleagues remark on this special musical component (see e.g. Aldridge 1999; Ansdell 1995; Bruscia 1987). In *musicology* phrasing means to form units or segments, to group, to articulate musical structure and to elucidate the coherence of a musical structure (Hoke 1962; Kreutz 1998; Sadie 1980). Phrasing is a musical activity of structuring musical time. Although there is not only one definition in music history two aspects are significant over different periods from a general perspective: Phrasing means to segment musical activity and/or to create coherence within these segments. Phrasing usually is applied to the subdivision of a melodic line but can also be applied to other components. It is important in at least two ways: 1. It supports the structure of a (composed or improvised) music. In a bad case it blurs it or makes it unclear. 2. Phrasing is an important element by which a musician expresses his individual interpretation. He conveys meaning by dividing and forming the musical material. Individual interpretation is very closely linked with the component of phrasing the music (compare e.g. Behne und Wetekam 1993; Bruhn 1993; Kreutz 1998; Palmer 1997; Sloboda 2000). From a musical perspective phrasing supports the understanding of musical coherence and indicates the personal intention of a musician.

2. AIMS

This study aims to investigate the relevance and the meaning of phrasing in music therapeutic contexts (a doctoral study supervised by Prof. Dr. David Aldridge, Chair of Qualitative Research at the Medical Faculty of the University of Witten/Herdecke). By doing so I intended to clarify and to examine the basis of my therapeutic decisions and to contribute to my own clinical insight and work.

3. METHOD

To investigate the significance of phrasing from a *music therapeutic* perspective a hermeneutic phenomenological methodology was chosen focusing on the improvised music in therapy sessions. Tape recordings of individual therapy episodes with adult patients in psychiatry are analysed for creative styles and qualities of their structured meanings in the temporal-musical process (based on the clinical work of the author in the psychiatric department of a General Hospital in Herdecke, Germany). Around 120 representative tape episodes from different clients with a duration of 1-3 minutes were collected. This collection should represent the range of possible activities and should cover contrasting examples of different modes of playing and structuring the music. In the first part of the study the episodes were analysed following three stages: 1. Description

of the *music* or the *musical material* concerning the mode of playing. 2. Description of the therapists' *experience* related to the specific mode of playing. 3. Conclusive *evaluation*.

In the second part of the study the findings were substantiated by inquiries among 10 colleagues in the field of music therapy.

4. RESULTS

4.1. First part of the study

In the analysis and description of the episodes different *modes of phrasing* in the activities of the clients could be described. Within all the episodes four different groups of similar modes could be identified: 1. unphrased playing, 2. indications of phrasing, 3. beginning of phrasing, 4. phrased playing.

In this paper I will only focus on the contrast between phrased and unphrased playing. Looking at the musical material or the musical organization the episodes with unphrased or phrased playing were characterized as follows:

1. unphrased playing
description of the mode of playing
In the playing there is no obvious structure, division or shape. The playing activity either remains repetitive, uniform, monotonous or chaotic, random, „indifferent“, in the way, that there is no order or structure in the playing. <i>The quality of the playing can be either rigid or unstable.</i>
4. phrased playing
description of the mode of playing
In the playing there is a clear segmentation of units. The segments are characterized by a development of tension within. They are indicated by components like dynamics, tempo, sound, caesuras, beginning-ending, tension and dissolution of tension, by melodic development. Mostly several components support the segmentation.

Table 1: Modes of phrasing

The formal aspect of different modes of phrasing is combined with qualities of expression, perception and activity in the clients' playing. These qualities can be experienced in the music, in the musical co-movement with the playing of the patient. Within these qualities two aspects have to be considered: 1. the quality of the musical contact and 2. the quality of the musical structuring as experienced.

In the second step of the investigation my experience – as accompanying therapist - of the special musical quality was described for every musical episode. In comparing the different modes of playing and combining them with the related experience I came to categories again. For the group of unphrased and phrased episodes my specification was as follows:

1. unphrased playing

<i>..mode of playing in the musical contact</i>	<i>experience of the therapist... musical structuring, grouping</i>
The therapist experiences in the patient's activity a clear limitation to get into contact and to create mutual contact. The therapist himself will experience that he can hardly reach the patient. The patient does not relate to the structure in the music of the therapist. Possibly he is able to relate to the structure of alternate movements of the arms or to relate to a musical structure, which is orientated to the formal organization of the instrument.	In the musical activity of the patient the therapist experiences a lack of coherence and organization. He can't follow an intention in the playing. The therapist experiences a tendency to a static or disintegrated temporal quality in the patient's playing, clear temporal perspectives can hardly be experienced in the music. In the activity the therapist feels qualities like: disorientation, non-directedness, instability, emptiness, poor communication, limitation in physical activity.

4. phrased playing

<i>..mode of playing in the musical contact</i>	<i>experience of the therapist... musical structuring, grouping</i>
The therapist experiences the client as partner, who is able to (inter-)act with an autonomous quality. There is a connectedness with the personal activity or the mutual activity. He can either relate to or distance himself from the therapist's music. The therapist might be able to follow the structures of the client and to relate to the patient's music.	The therapist experiences a quality of presence and temporal directed activity in the musical activity. He perceives clear intentions in the patient's music and may be able to meet and support them. In case this is not possible he experiences a significance and meaning within the activity for the patient himself. In the temporal quality of the patient's music the therapist experiences flow, form and dynamics. An interest in the personal activity or in the shared music is perceptible.

Table 2: Modes of phrasing in the experience of the therapist

The resulting valuation of the two modes within the clinical context is as follows:

1. unphrased playing

Valuation of the mode of playing
The nonphrased playing expresses a limitation in the potential to relate and communicate and to direct activity. The way of playing indicates that the patient is disconnected to himself, the music or the therapist. He can not direct and lead activities (they just <i>happen</i>). The playing expresses that the patient is not able to develop intentional possibilities. Presence or acting with a direction into the future is not or is hardly possible. There is a loss/limitation of temporal flexibility and synchronising capacity, there is a lack of temporal synchronization with the surroundings.

4. phrased playing

Valuation of the mode of playing
The phrased activity indicates an ability to develop individual intention within the activity, the use of individual possibilities for meaningful and connected activity and a clear orientation within, an ability to experience, relate and create temporal coherence, the ability to form and express. The musical activity indicates presence und directedness to the future.

Table 3: Evaluation

At least three aspects in regard of the categorizations have to be considered: 1. A repetitive and monotonous playing as I described it for example with the mode of an unphrased playing doesn't necessarily express a limited or limited directed activity. This way of playing has to be seen as one of many possible modes of musical expression. But it does express a limitation if it is the only modality of expression because of an intrapersonal inflexibility. The differentiation as I put it has to be understood against that background. 2. I do not intend to evaluate the sense of a mode of playing by categorizing. Against the background of an individual biography and of a psychopathological development a chaotic or stereotype playing can be seen as a meaningful coping with a personal situation and an adequate expression of a state of being. The therapeutic handling with these characteristics has to respect and cover that. 3. There also exists a „formal“ way of phrasing, by structuring in segments, practised in a very mechanic and stereotype way, with a quality as I described it for the unphrased activity. This way of playing is similar to phrase mongering in speech. I evaluate that as a sort of „unphrased phrasing“.

4.1.2. Conclusions

The findings suggest that the concept of phrasing allows to describe individual aspects of formative creation. Beyond that it allows to describe the potential of structuring activity, the temporal directedness and temporal orientation in the activity, the connectedness with an activity, flexibility and freedom in the activity, intention and self-determination, synchronization of mutual activity. The relevance of these findings is supported by research findings and clinical observations which show that psychiatric illnesses manifest themselves as temporal disturbance or disorder of time in many ways (Emrich 1994; Jost 2000; Mundt, Richter, Hees und Stumpf 1998; Münzel 1993; Theunissen 1997). This can be seen for example in a

limitation of the quality of performing and structuring time, the individual experience in time, the direction of perspective in time, the temporal synchronization with the environment, the autonomy in personal control of time. The concept of phrasing meets those temporal dimensions in a musical context. Comparing different episodes within the therapeutic process of one patient illustrates different modes of phrasing and underlines the development of different qualities in the process of therapy. By comparing different modes of playing in the process of one patient it is obvious that a growing ability to phrase is combined with a growing interest in one's own activity, growing intention and orientation, growing presence, growing directedness in the activity, growing confidence. I draw the conclusion that supporting the potential of phrasing within the process of therapy may help to regain the ability to experience and create qualities of time and timing, to lead to improved orientation, to support a presence and connectedness, to support growing intention in action, to support the availability of temporal dimensions, to support temporal synchronization in social context, to support the experience that it is possible to develop understandings, to actively shape one's own life, to encourage personal autonomy and thus to avoid becoming dominated by time.

4.2. Second part of the Study

In the second part ten music therapists were asked to categorize 12 episodes which were presented to them as audio-extracts. They were asked to use the categories of unphrased and phrased playing as shown before. The intention was to see whether music therapy colleagues in the psychiatric field could follow the differentiation and the valuation of different modes of phrasing. The categories of unphrased playing (called mode A) and phrased playing (mode B) were presented to them and they were asked to mark the episodes accordingly. Episodes which do not fit to A and B should be marked with a C. After a second listening the C examples should be marked with a tendency to the mode A (as CA) or to B (as CB). The first table shows that in most of the episodes two thirds of the colleagues shared my classification (indicated by dark background):

Episode No.	mode of play			
	A	CA	CB	B
1	10			
2				10
3	5	2	2	1
4	1		3	6
5		1	3	6
6	6	3	1	
7	1		7	2
8	1	1		8
9	8		2	
10	8	1	1	
11	5	2	3	
12	1		4	5

Table 4: Inquiry 1 – classification of different modes of phrasing (description of the modes)

The results illustrate a tendency towards a similar classification among the questioned persons and in comparison to mine. In a second inquiry I intended to substantiate my evaluation of the modes. The results are similar to inquiry 1. Those examples I categorized as unphrased or phrased were similarly marked in the inquiry. There were diverging estimations in the modes I categorized as CA or CB.

Episode No.	mode of play				
	A	CA	C	CB	B
1	10				
2					10
3	3	2	1	1	4
4		1	4	4	5
5		1	1	1	8
6	6	2	2	2	
7	1	1	3	3	5
8		1	1	2	6
9	6	2	1	1	1
10	7	3			
11	5	4	1	1	
12			3	3	7

Table 5: Inquiry 2 – classification of different modes of phrasing (valuation of the modes)

5. CONCLUSION

The findings suggest that the concept of phrasing allows to describe individual aspects of formative creation, orientation within time and in dealing with time and the development of creative intentions within the musical play. To support phrasing within the process of therapy may help to regain the ability to experience and create qualities of time and timing and may lead to improved orientation, growing autonomy, growing intention in action and the way to relate to others. It seems that colleagues can follow the categorization and evaluation of different modes of phrasing in this study. The findings of the study also underline the significance of the musical material in music therapy improvisations for diagnostic understanding and clinical work. The concept of phrasing corresponds with physiological, neurobiological, psychological and social processes. Research findings in related professional fields illustrate a human disposition to phrase, to articulate or group, as in the physical activity of breathing, in the neurophysiological activity of grouping or segmenting in the activities perceiving or thinking activity, in the rhythmic process of all physical activities. There is also a correspondence to temporal processes. The phenomenon of time is of relevance because a successful use and availability of time and temporal dimensions seems to belong to succeeding life. In most of the psychiatric illnesses the availability of time and temporal dimensions is limited. This background underlines the importance and relevance of the concept of phrasing.

6. REFERENCES

1. Aldridge, D. (1999). *Musiktherapie in der Medizin. Forschungsstrategien und praktische Erfahrungen*. Hans Huber: Bern.
2. Ansdell, G. (1995). *Music for Life*. Jessica Kingsley: London.
3. Behne, K.-E., & Wetekam, B. (1993). Musikpsychologische Interpretationsforschung: Individualität und Intention. *Musikpsychologie. Jahrbuch der Deutschen Gesellschaft für Musikpsychologie*. (pp. 24-37).
4. Bruhn, H. (1993). Reproduktion und Interpretation. In H. Bruhn, R. Oerter & H. Rösing (eds), *Musikpsychologie* (pp. 529-538). Rowohlt: Reinbek.
5. Bruscia, K. E. (1987). *Improvisational Models of Music Therapy*. Charles C. Thomas: Springfield, Illinois.
6. Emrich, H. M. (1994): Depression und "Herrschaft der Zeit". Erklärungsmodelle aus der Sicht des Psychiaters. *Aus Forschung und Medizin*, 9, 39-52.
7. Hoke, H. G. (1962). Phrasierung. In F. Blume (ed): *Die Musik in Geschichte und Gegenwart. Allgemeine Enzyklopädie der Musik. Band 10* S. (pp. 1213-1222). Bärenreiter: Basel, London, New York.
8. Jost, A. (2000). *Zeitstörungen. Vom Umgang mit Zeit in Psychiatrie und Alltag*. Psychiatrie-Verlag: Bonn.
9. Kreutz, G. (1998): *Musikalische Phrasierung aus historischer und kognitionspsychologischer Sicht*. Peter Lang: Frankfurt a. M., Berlin, Bern, New York, Paris.
10. Mundt, C., Richter, P., Hees, H. v., & Stumpf, T. (1998). Zeiterleben und Zeitschätzung depressiver Patienten. *Nervenarzt*, pp. 38-45.
11. Münzel, K. (Hrsg.) (1993). *Depression und Erleben von Dauer. Zeitpsychologische Grundlagen und Ergebnisse klinischer Studien*. Springer: Berlin.
12. Palmer, C. (1997). Music performance. *Annu Rev Psychol*, 48, pp. 115-138.
13. Sadie, S. (Hrsg.) (1980). *The New Grove Dictionary of Music and Musicians*. Macmillan: London.
14. Sloboda, J. A. (2000). Individual differences in music performance. *Trends Cogn Sci*, 4, pp. 397-403.
15. Theunissen, M. (1997). *Negative Theologie der Zeit*. Suhrkamp: Frankfurt a. M.