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Music therapy and spirituality; A transcendental understanding of suffering

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Abstract

There has an emerging interest in spirituality in music therapy. This paper offers some definitions of spirituality and religion as sometimes the two terms are confounded. My position is that if spirituality is about the individual, ineffable and implicit; religion is about the social, spoken and explicit. Such definitions are an attempt to explicate the practices whereby spirituality is achieved. Spirituality lends meaning and purpose to our lives, these purposes help us transcend what we are.

The ability to rise above suffering, to go beyond the present situation to a realm where life takes on another, perhaps deeper, significance is an important factor in palliative care. Music therapy facilitates the process of connecting to that which is spiritually significant for the patient, thereby transforming experiences of suffering into those of meaning. This has been traditionally termed transcendence – to rise above the immediate situation, and is the basis of hope.

While we may strive for the eradication of major diseases, the presence of suffering will be a part of the human narrative. So too, then, the relief of that suffering. Through music, in the setting of music therapy, then we can promote relief. While the management of pain is often a scientific and technical task, the relief of suffering is an existential task. It can also be a musical task and therefore approriate for music therapy.

There has indeed been an emerging interest in spirituality in the field of music therapy, particularly for those working in the ecology of palliative care (Aldridge 2000b; Aldridge 1995; Bailey 1997; Lowis and Hughes 1997; Magill 2002; Marr 1999; West 1994). In "Music therapy in palliative care: New voices" (Aldridge 1999), several authors reflect the need for spiritual considerations when working with the dying (Hartley 1999; Hogan 1999). Nigel Hartley has developed this work particularly in hospice settings (Hartley 2001) and with Gary Ansdell ensured that the theme was prominent at the last Music Therapy World Congress in Oxford. In the world of music therapy, the importance of spiritual considerations is evident in the early work of Helen Bonny as a central plank of her approach (Bonny and Pahnke 1972) and Susan Munro's pioneering work in palliative care (Munro and Mount 1978).

In the December issue of Music Therapy Today (link), we published Lucanne Magill's response to Michael Mayne at the World Congress in Oxford, July 26, 2002. She reflects on what she believes is really the heart of what we do, music therapy in spirituality. As she says, "So much of what we do is beyond words and it is really because of this transcendental nature of music that important healing in music therapy can and does occur". In her four themes in music therapy, she proposes that music

builds relationship, enhances remembrance, gives a voice to prayer and instills peace. In the presence of music, when transformations begin to occur and healing begins, that it is in the lived moments of music therapy that the essence of our work - music therapy, spirituality and healing- is experienced and known.

Her response was made from a long career of experiences with cancer sufferers and their families (Bailey 1983; Bailey 1984; Magill 1993; Magill 2001; Magill, Chung, and Kennedy 2000). Both of us emphasise the importance of the immediate family and the people working in the hospital ward. We refer to this as the “ecology of singing in an hospital setting” (Aldridge and Magill 2002) as this fits into both our career experiences in clinical practice and community work (Aldridge 1986). This ecology will also include the palliative care culture, as a broader team, but the ethos of the center as a whole. Anyone working with Lucanne will have seen that there are the possibilities to make music from the head physician to members of the ancillary staff. Music-making is not solely for the patients in this setting, healing lies in the whole culture (I am using culture here also as praxis- indeed culture is an activity that has to be performed).

The World Health Organisation has a comprehensive picture of what palliative care is emphasising a total care of patients where the disease is not responsive to curative treatment and acknowledges that both psychological and spiritual problems may occur (WHO 1990). The goal of palliative care being to achieve the best quality of life for patients and their families. From a wholistic perspective, palliative care “ affirms life and regards dying as a normal process; neither hastens nor postpones death; provides relief from pain and distressing symptoms; integrates the psy-

chological and spiritual aspects of patients care; offers a support system to help patients as actively as possible until death; offers a support system to help the family cope during the illness and in their own bereavement" (p11).

In clinical practice, I am pursuing this work further with Lucanne Magill at Memorial Sloane Kettering Cancer Center. As a former community worker, promoting the arts with different people and their communities, then music therapy was no strange practice to me when I first came across it. From my work with the dying , and the suicidal, in the community I had understood that we must implement an ecological approach to understanding these phenomena (Aldridge 1987a; Aldridge 1987c; Aldridge 1991a; Aldridge 1991b; Aldridge and Magill 2002). Indeed, the reason why modern medicine is failing is because it often lacks such a perspective. Considerations of spirituality then are not unique to music therapy, there is, and has been, over the last two decades, an increasing vigorous debate over the need for spiritual considerations in health care delivery (Aldridge 1987a; Aldridge 1987c; Aldridge 1988; Aldridge 1996; Bailey 1997). There is an overlap between music therapy and several other integrative medicine approaches particularly in the use of breath and how this is applied in altering consciousness (Aldridge 2002). Based on this published work, Nigel Hartley asked me to speak at a series of symposia held at the hospice where he works in Oxford, and we have presented together at various venues. Our intention has been to sponsor the discussion of spirituality as a legitimate topic in music therapy, just as I have tried to do in the field of medicine (Aldridge 1987c; Aldridge 1991a; Aldridge 1991b). There is also a debate about spirituality in the online magazine Voices (http://www.voices.no) initiated by Dorit Amir as a response to what she heard in Oxford, and this article is an extended

reply to that debate and what I wrote in response to Dorit. However, the need for a consideration of spirituality in music therapy, and indeed in medicine, has been an argument that I have attempted to foster since the early 1980's (at least in print, see Aldridge 1986-1989 and finally 2000 in the references).

My doctoral thesis in 1985 was concerned with an ecosystemic approach to understanding suicidal behaviour. Taking a spiritual perspective did not remove from this ecological approach but added another dimension. For those of us involved in the Family Therapy movement, core texts were the books of Gregory Bateson (Bateson 1972; Bateson 1978). Everything became process, system and ecology with the intention of stamping out nouns. We see this perspective in Christopher Small's book "Musicking" (Small 1998) where he also references the same discourse as I have done in my earlier work. Indeed, I use culture as an ecological activity binding the meanings of individuals in relationships together, what Gregory Bateson refers to as an "ecology of mind" (Bateson 1972). What we do as individuals is understood in the setting of our social activities and those settings are informed by the individuals that comprise them. Here too, the body, and the presentation of symptoms, is seen as an important non-verbal communication that has meaning within specific personal relationships that are located themselves within a social context. Symptoms are interpreted within relationships.

Much of my thinking has been influenced by Sufi writings (Marsham 1990; Shah 1964; Shah 1968; Shah 1983; Tweedie 1995). One of the authors often cited in relation to music therapy and spirituality is Hazrat Inayat Khan (Khan 1974; Khan 1983; Khan 1996). What has to be remembered is that Inayat Khan gave up his music to concentrate on his

spiritual teaching. Giving up music was seen as an important step in his spiritual life of detachment from the world. Similarly, Irina Tweedie also refers to music as being a worldly attachment (Tweedie 1995). Indeed, music is prohibited in some spiritual traditions and only allowed on special places at special times. The Afghan mystic and teacher, Rumi, who is also becoming eminently quotable, is often seen as the prime example of a teacher who uses music and dance to inspire his disciples and promote their spiritual development. Shah (Shah 1983) reminds us that this may only have been so because Rumis' disciples, at that time and in that place were so fixed in thinking as an activity, and so physically lethargic, it was necessary to get them moving and thereby into activity. For those who developed a musical tradition from Rumi's teaching, then the musicians and dancers were part of a ritual of healing but it did not necessarily mean that the identified patient participate in the music making. There were specific musicians for the job in hand and such traditions involved the whole community. Some recent writers have used Sufi movements as part of their own attempts to break from their own rigidity of thinking but this has been accompanied by a teacher as part of a particular guided activity at a particular time on their spiritual journey, not as a regular and fixed activity.

Health as performed: a praxis aesthetic in an immanent context

My thesis is that health, like music (Aldridge 2002), is performed. Indeed, the process of "healthing" can be understood as a dynamic improvised process like that of Small's "musicking" (Small 1998). How health is performed depends upon a variety of negotiated meanings, and how those meanings are transcended. As human beings we continue to

develop. Body and self are narrative constructions, stories that are related to intimates at chosen moments. These meanings are concerned with body, mind and spirit. My intention is to set about the task of reviving a set of meanings given to the understanding of human behaviour that is termed spiritual. It is legitimate to talk about spirituality in a culture of health care delivery. Human beings perform their lives together in meaningful contexts of significant others that are nested within broader social contexts. The difference contexts of performance are related to an ecological understanding of what it is to be a human being amongst other human beings and will argue for a return to a sacred understanding of human beings and nature. In these instances, “God”, “the divine”, “the cosmos” or “nature” may be the name given to a meaningful immanent context in which life is performed.

Spiritual meanings are linked to actions, and those actions have consequences that are performed as prayer, meditation, worship, healing and in our approaches, music healing. What patients think about the causes of their illnesses influences what they do in terms of health care treatment and to whom they turn for the resolution of distress. For some people, rather than consider illness alone, they relate their personal identities to being healthy, one factor of which is spirituality. The maintenance and promotion of health, or becoming healthy, is an activity. As such it will be expressed bodily, a praxis aesthetic. Thus we would expect to see people not only having sets of beliefs about health but also actions related to those beliefs. Some of these may be dietary, some involve exercise and some prayer or meditation. Some will be musical. In more formal terms they may wish to engage in spiritual healing and contact a spiritual healer amongst the health care practitioners that they consult. Indeed, some medical practitioners refer patients to spiritual healers (Aldridge 1986;

Aldridge 1987b) or develop holistic concepts of health care (Aldridge 1988).

RELIGION AND SPIRITUALITY

There is a link between religion and spirituality, that I argue extensively in my book “Spirituality, healing and medicine (Aldridge 2000b)” although the two are often confused. The same difficulty has prevailed in the medical and nursing literature where spirituality and religion are confounded.

All major religions recognise a spiritual dimension and that is the relationship between the human being and the divine. We see this reflected in the Yin and Yang symbol of Traditional Chinese Medicine that emphasises the vertical relationship between the human and the divine, each in their manifestation containing a seed of the other and uniting together to form a whole. Similarly, the Christian cross reflects both the realms of horizontal earthly existence and vertical divine relationship. The difficulty lies in the explanations that are used for understanding when either a sacred ecology or the divine relationship is used, one is assumed to supersede the other according to the interpreter of events. Both are partial. Indeed, what many spiritual authors seek is to take us beyond the dualisms of material and spiritual, beyond body and mind, to realise that in understanding the relations between the two then we leap to another realm of knowledge. Indeed, the Buddhist concept of the “Middle way” is not to find some mid-point between the two, but to transcend the two ideas unifying them in a balanced understanding. This leap that goes beyond dualism is the process of transcendence. In its simplest form, there is a change of consciousness to another level of knowledge; in short, the purpose of spirituality is achieved.

Spirituality in a late modern sense is used consistently throughout the literature related to medical practice as an ineffable dimension that is separate from religion itself. A person may regard herself as having a spiritual dimension but this may not be explored in any religious practice. Central to these arguments is the concept that spirituality lends a unity and purpose to life (see Table 1).

My position is that if spirituality is about the individual, ineffable and implicit, religion is about the social, spoken and explicit. Such definitions are an attempt to explicate the practices whereby spirituality is achieved. Spirituality lends meaning and purpose to our lives, these purposes help us transcend what we are. We are processes of individual development in relational contexts, that are embedded within a cultural matrix. We are also developing understandings of truth, indeed, each one of us is an aspect of truth. These understandings are predicated on changes in consciousness achieved through transcending one state of consciousness to another. This dynamic process of transcendence is animated by forces or subtle energies, and music is a primary example, in some contexts, of such subtlety.

TABLE 1. Definitions of spirituality from journal articles

Definition	Source
"Spirituality is defined in terms of personal views and behaviors that express a sense of relatedness to a transcendent dimension or to something greater than the self...Spirituality is a broader concept than religion or religiosity...Indicators of spirituality include prayer, sense of meaning in life, reading and contemplation, sense of closeness to a higher being, interactions with others and other experiences which reflect spiritual interaction or awareness. Spirituality may vary according to developmental level and life events" (p336).	(Reed 1987)
"Spiritual elements are those capacities that enable a human being to rise above or transcend any experience at hand. They are characterized by the capacity to seek meaning and purpose, to have faith, to love, to forgive, to pray, to meditate, to worship, and to seek beyond present circumstances" (p91).	(Kuhn 1988)
"The spiritual dimension of persons can be uniquely be defined as the human capacity to transcend self, which is phenomenologically reflected in three basic spiritual needs: (a) the need for self-acceptance, a trusting relationship with self based on a sense of meaning and purpose in life; (b) the need for relationship with others and/or a supreme other (e.g.., God) characterized by nonconditional love, trust, and forgiveness; and (c) the need for hope, which is the need to imagine and participate in the enhancement of a positive future. All persons experience these spiritual needs, whether or not they are part of a formal religious organization" (p3).	(Highfield 1992)
"Spiritual: pertaining to the innate capacity to, and tendency to seek to, transcend one's current locus of centricity, which transcendence involves increased love and knowledge" (p169).	(Chandler, Holden, and Kolander 1992)
"Six clear factors ....appear to be fundamental aspects of spirituality....those of the journey, transcendence, community, religion, "the mystery of creation," and transformation" (p154).	(Lapierre 1994)
"Spirituality...pertains to one's relationship with others, with oneself and with one's higher power, which is defined by the individual and need not be associated with a formal religion	(Borman and Dixon 1998)

TABLE 1. Definitions of spirituality from journal articles

"....spirituality refers to the degree of involvement or state of awareness or devotion to a higher being or life philosophy. Not always related to conventional beliefs."(p65).	(Lukoff, Provenzano, Lu et al. 1999)
"Spirituality is rooted in an awareness which is part of the biological make-up of the human species. Spirituality is present in all individuals and it may manifest as inner peace and strength derived from perceived relationship with a transcendent God or an ultimate reality or whatever an individual values as supreme (p124)	(Narayanasamy 1999)

To remain authentic to both traditional sacred texts and to the earlier part of this commentary, I would suggest the use of "truthing" rather than truth, in the way that I have used "healthing" rather than health. Truth(ing) being a cosmic activity related to the breathing out and breathing in of the creator, thus my previous remarks about life being analogous to music; "living as jazz" where we are constantly being performed as living beings (Aldridge 2000b). Thus, truth is an activity; truthing constantly being performed, and we are its examples. This separates us from the objective – subjective truth argument where either there is an objective universal truth "out there", or an individualised truth "in here" and places into an interactive truthing that we live with others, of which we are part as we perform.

"Religious" is used as an operationalization, or outward manifestation of "spirituality" (see Table 2). There are spiritual practices that people engage in, these often take place in groups and are guided by culture. As a cultural system, religion is a meaning-seeking activity that offers the individual and others both purpose and an ability to perceive meaning. We have not only a set of offered meanings but also the resources and practices by which meanings can be realised. However, as Idries Shah

reminds us that we must be wary of confusing “spirituality” with what is manifested outwardly.

“The poetry and the teaching to which you have referred is an outward manifestation. You feed on outward manifestation. Do not, please, give that the name of spirituality” quoted in the story of “The Cook’s Assistant” Idries Shah (Shah 1969)p115.

The social is what is common to all religions, it offers forms for experiencing nature and the divine; for transforming the self that is the goal of human development. Consciousness, achieving truth, is a social activity dependent upon its embodiment in individuals. Culture is the specific manifestation of such social forms in symbols, language and ritual localised for temporal and geographical contexts, thus specific cults and cultures. In globalization, we have the dissemination of culture but without social forms related to human contact. Therefore we may spread the idea of spirituality but offer no forms for the achievement of spiritual understandings, which is the traditional role of religious forms in everyday life. The same goes for the idea of music therapy, the idea of musicking as a performative health practice is useless unless we find cultural forms (as in perFORMance) such that healthing may be achieved.

TABLE 2. Definitions of religion from journal articles

Definition	Source
“The term religiousness has been used in operationalizing spirituality” (p336).	(Reed 1987)
“By religious we mean practices carried out by those who profess a faith” (p303).	(Doyle 1992)
“the term religious will be used to denote the part of the process when spiritual impulses are formally organized into a social/political structure designed to facilitate and interpret the spiritual search” (p34).	(Decker 1993)

TABLE 2. Definitions of religion from journal articles

"Religion has a beneficial effect on human social life and individual well-being because it regulates behavior and integrates individuals in caring social circles" p684).	(Idler 1995)
"Religion is considered by some to be of divine origin with a set of revealed truths and a form of worship" (p500).	(Long 1997)
" .. religion is or has been a response to socially induced vulnerability, it is and always has been a response to the physical vulnerability of the body that has been the human condition" (p648).	(Walter and Davie 1998)
"Religion will not be defined in strict terms, but will be used to denote experiences, cognitions and actions seen (by the individual or the community) as significant in relation to the sacred" (p260).	(Ganzevoort 1998)
"Religiosity is associated with religious organizations and religious personnel" Religion involves subscribing to a set of beliefs or doctrines that are institutionalized". "People......can be religious without being spiritual by perfunctorily performing the necessary rituals. However, in many cases, spiritual experiences do accompany religious practices" (p65).	(Lukoff et al. 1999)
"Religion is the outward practice of a spiritual system of beliefs, values, codes of conduct and rituals" (p1259).	(King and Dein 1998)
"Religion encompasses that which is designated by the social group as nonroutine and uncontrollable and that which inspires fear, awe, and reverence, that is, the sacred. Through ritual, one gains carefully prescribed access to the sacred, which is carefully protected from the mundane, routine, instrumentally oriented beliefs and actions of the profane realm. Because sacredness is socially confirmed, stemming from the attitude of believers...political ideologies, value systems and even leisure activities such as sports and art (are viewed) as sacred activities" (p407).	(Park 1998)
" In fact, re-ligio, from its roots, implies that 'foundation wall' to which one is bound for one's survival, the basis of one's being (p444).	(Sims 1994)

TABLE 2. Definitions of religion from journal articles

"...religious life is an expressive, world-building activity through which we get ourselves together and find a kind of posthumous, or retrospective, happiness" (pxiv).	(Cupitt 1997)
"A religion is a shared view into the heart of the world, a perspective into the truth, but a perspective that is always also a veil. It is, moreover, not just a view or a perspective; it is a perspective that faces up to the fundamental mystery of the world more or less well" (p550).	(Gillespie 1998)
"Religion is a comprehensive picturing and ordering of human existence in nature and the cosmos" (p220).	(Joseph 1998)
"Religion = any symbolic system which influences human action by providing possibilities for ritually maintaining contact between the everyday world and a more general met-empirical framework" (p147).	(Hanegraaff 1999)
"...religion refers to faith, beliefs , and practices that nurture a relationship with a superior being, force or power" (p43).	(Emblen 1992)
"One definition...regards religion as a source of shared norms and values. This approach stresses the motive of belonging and the role of integrating the community system. Another definition...regards religion as the relationship between human beings and a postulated supranatural sphere of power. This approach stresses the motive of empowerment and the role of religion in legitimating societal authority. Religion may be part of the political system or a resource of power for the social agents" (p250).	(Riis 1998)

The process of truthing behind the spirit of music therapy will be expressed socially in its religious forms and the names that they are given. These forms will be inevitably corrupted, like all religions, as they appear at specific times, in specific places for particular peoples (even though the time may be centuries, the places inter-continental and the peoples varied). Only spirit remains. We have the same situation about the naming of music therapy currently and inevitably where forms have to be recognised (literally re-cognised) (Aldridge 2000a). Forms have to come into being; the process of forming is at the heart of perFORM ance.

This process, calling a religion by a name, and its associated divinity, is a political activity. So too is the naming of the performance of therapy.

Beyond meaning – Transcendence and suffering

Medicine, from the Latin root medicus is the measure of illness and injury, and shares the Latin metiri, to measure. Yet this measurement was based on natural cycles and measures. To attend medically, Latin mederi, also supports the Latin word meditari from which we have the modern meditation, which is the measuring of an idea in thought. The task of the healer in this sense is to direct the attention of the patient through the value of suffering to a solution which is beyond the problem itself. In this sense, the healer encourages a change in the sign of the patient's suffering from negative to positive. We are encouraged to see the benefit of suffering in bringing us beyond our present understandings, which is also an understanding of the transcendental. This, I argue, is what happens in music therapy, particularly in the context of palliative care.

Transcendence is a "going beyond" a current awareness to another level of understanding. This does not necessarily imply a conventional set of beliefs, it is based upon an innate capacity that we have as human beings to rise above the situation. Boyd (Boyd 1995) makes his argument for a consideration of the term "soul" as separate from "spirit". "Soul" is the subjective or inner person as a whole in the natural state, including the body as an inseparable part, and relates to the word "psyche" (p151). "Spirit" however refers to that which could be both inside and outside a person. Soul focuses on the secular self, spirit refers to that which brings the soul to transcend itself, from without or within.

The process of spiritual development can be seen as a "quest" or a journey, In medieval times, the quest for the Holy Grail was not for a material chalice but symbolised the search for knowledge as a vessel in which the divine may be contained. However, what confounds this issue today is that we equate questioning as an activity rather like the chatter of infants. Many spiritual traditions emphasise the importance of silence and non-activity where the appropriate question may be framed, an as importantly, the answer may be heard. Meditation, prayer and music have both been used to fulfil these functions. Silence is the core of music and was the reason that I gave my first music therapy book the subtitle "From out of the silence" (Aldridge 1996).

Techniques of questioning, as embarking upon a quest, are a the heart of both science and spirituality in the search for knowledge. However, both demand a discipline if answers are to be found. These appropriate methods of questioning have to be learned and the approaches taught. The answers however cannot be learned as prescriptions for they appear new to each generation and to the appropriate contexts.

RELIGIOUS PRACTICE

While the spiritual dimension may be separate from the religious, religious practices are said to provide a bridge to the spiritual, thus assuming that the spiritual is a realm beyond the religious (Lukoff et al. 1999). This spiritual dimension is seen as a relationship with a higher power experienced as internal and intensely personal that need not be associated with the formal external aspects of religion; transcending sense phenomena, rationality and feelings leading to a heightened state of consciousness or awareness. The danger is that what may be seen as "spiritual illuminations" in the raw condition of altered states of consciousness are imagined to be spiritual experiences. These can become addictive (Shah 1983;

Shah 1990) preventing any developmental change. Thus the need for a spiritual guide, emphasised in the great traditions, and reflected too in secular psychotherapy as a wise counsellor, to prevent the interpretation of emotions as spirituality. The same confounding of emotion and spirituality may also occur in the use of music, hence the prohibition of musical experiences in some religions and at some stages of spiritual teaching.

The ability to rise above suffering, to go beyond the present situation to a realm where life takes on another, perhaps deeper, significance is an important factor in palliative care, in the long term management of chronic illness and as central plank of psychotherapy. In the treatment of alcoholism, it is the recognition of personal suffering and the need to transcend the limitations of the self, to understand that we are "Not-God"(Kurtz 1979), as a process of spiritual awakening that brings about one of the vital steps in recovery. Deborah Salmon (Salmon 2001) refers to music therapy as a containing or sacred space that facilitates the process of connecting to that which is psychologically and spiritually significant for the patient, thereby transforming experiences of suffering into those of meaning.

TRANSCENDING THE CURRENT SITUATION

From the literature it is possible to piece together a process of spiritual change that emphasises the need to transcend the current situation. To achieve this there has to be a change both in thought and feeling accompanied by appropriate actions. This is expressed as a process of questioning, as a search for meaning. Such meanings take the searcher beyond what she is to a higher consciousness, or state of awareness, that is connected to the truth, which people refer to as "god", "the divine", "the supreme power", or simply "that". This is a spiralling process of development based on revealed personal understandings achieved through tran-

scendence, which lead to other understandings. Idries Shah refers to this process as a removal of veils to the Truth (Shah 1978). These veils that obscure the truth are formed either through indoctrination, that blinds us, or through the base aspirations of our subjective selves preventing subtle perceptions and higher visions. Religion itself may be a veil that hides the truth, although it claims to offer a public perspective into the truth. The task we face is how to make those veils transparent, or remove them. A further task is how to cope with the truth thus revealed.

The whole concept of pluralism, often invoked for justifying differing positions within the world of music therapy, is itself a term borrowed from theology. The basis of the understanding is that no one of us as human beings can begin to claim a full understanding of the divine (or what ever you may choose to call him or her), thus in all modest we have to recognise that we have only parts of the picture. A challenge is for us all to come together and merge those various understandings. This is recognised in the Christian perspective of “Though we are many, we are one body” (Aldridge 1987b).

SUFFERING AND THE LOSS OF A COHERENT SELF

We suffer when we fail to make sense of our experience. One of the difficulties faced by people in the advanced stages of cancer, or the neurodegenerative disease, is that they lose their sense of dignity. Pullman argues that this is an aesthetic perspective on suffering (Pullman 2002) and proposes that maintaining a meaningful life is an aesthetic project.

The spiritual elements of experience help us to rise above the matters at hand such that in the face of suffering we can find purpose, meaning and hope. It is in the understanding of suffering, the universality of suffering and the need for deliverance from it that varying traditions of music ther-

apy and religion meet. Suffering is embodied as pain. While we may temporarily relieve pain with analgesics, our task is also to understand, and thereby relieve, suffering. In this way the ecology of ideas, that some call knowledge, is explicated within the body as a correspondence between mental representations and the material world.

While we may strive for the eradication of major diseases, the presence of suffering will be a part of the human narrative. So too, then, the relief of that suffering. How that relief is achieved will not be dependent solely upon a medical narrative but, as the major religions have offered throughout the ages, also upon spiritual understanding. We are all asked the ultimate question of what meaning and purpose our lives would have had if we were to die now. Most of our activities cut us off from this brutal confrontation, or are an attempt to shield us from this realisation. While the management of pain is often a scientific and technical task, the relief of suffering is an existential task. In the major spiritual traditions suffering has always had the potential to transform the individual. As Tournier (1981) reminds us, it is love that has the power to change the sign of suffering from negative to positive.

Coda: Therapist heal thyself

There are different methods to approach truth. If we accept that in a modern vibrant culture there is a pluralism of truth claims, then a major task will be for us to reconcile what may appear to be disparate ideas. The argument here is not for some kind of homogeneity of thought but for an acceptance of the tension between ideas as a creative arena that pushes us beyond what we know. Thomas Merton (Merton 1996) writes in his journal for the 28th of April 1957

"If I can unite in myself, in my own spiritual life, the thought of the East and West of the Greek and Latin fathers, I will create in myself a reunion of the divided Church and from that unity in myself can come the exterior and visible unity of the Church. For if we want to bring together East and West we cannot do it by imposing one upon the other. We must contain both within ourselves and transcend both..." (p87).

My hope is that we can go some way to uniting the "East" and "West" of thinking in music therapy such that there is a reunion of thought about healing and the possibility of transcendence. This perhaps is the basis of healing and the core of hope. As Merton suggests, one cannot be imposed upon the other, it is the containment within ourselves that brings the change. This is simply an argument for diversity in the culture of music therapy that includes the many facets of its performance. In the same vein, I am not arguing against modern health care delivery, nor scientific methods, but for the development of an applied knowledge that relieves suffering and promotes tolerance and includes the creative arts therapies.

If each one of us is a living performed truth in itself, then other truths are made possible through relationship as encounter. Through this encounter with a living universe, we expand into an ecology of knowledge. Through music we have the possibility of peforming this encounter; we literally bring truth into a temporal, albeit ephemeral, form. This is the unity of consciousness, becoming whole and the basis of the healing endeavour. As each person progresses, wholeness is achieved at a different level of understanding. These understandings may be horizontal in a natural ecology, vertical in a divine ecology, or both. Spirituality enables the transcendence from one level to the next incorporating new perspectives and reconciling contradictions. Thus we become whole as a person;

realising that our relationships have to be healed, we become reconciled as a community; realising that there is strife and discord, we search for political accord; realising that there is imbalance and a lack of harmony, we search for a reconciliation with nature; realising that we are alone we reach out to the cosmos.

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In this interview, English music therapist Gary Ansdell shares his thoughts on collaborative work and reciprocity between the sociology of music and music therapy.Â After being resettled in the United States, they continue to suffer from the experience of loss, need to adapt and change, and struggle with trauma and negative emotions. Music is their method of healing trauma and facilitating integration.Â Music and Health in Kenya: Sound, spirituality and altered consciousness juxtaposed with emotions. Save to Library. Download.Â However, there is limited understanding of by what means music modulates pain perception and how the brain responds to nociceptive inputs while listening to music, more. Background: Music is sometimes used as an adjunct to pain management. Interactive forms of music therapy use musical experiences â€“ to positive effect â€“ to address some of these core impairments and improve social interactions, verbal and nonverbal communications, initiating behaviors, and socialâ€emotional reciprocity. The use of improvisational â€˜hands-onâ€™ music therapies such as singing, composing, and exploring sound through playing musical instruments is effective as a non-verbal means of communication for adults with autism. After an eight week program consisting of 90 minute weekly music sessions, post-therapy measures showed a significant increase in self-e Transcendental meditation. Practicing the art of transcendental meditation can lower blood pressure, improve blood sugar and insulin levels, and ease stress. Other calming strategies, such as yoga or the relaxation response, can do the same. Massage.Â Music in play. Today, music therapy is most commonly used for people undergoing a cardiac procedure and for those recovering from a heart attack or learning to cope with heart failure or other cardiovascular condition. At the Mayo Clinic, for example, the Healing Enhancement Program offers music (along with massage and relaxation therapies) for people having heart surgery. music therapy - Free ebook download as PDF File (.pdf), Text File (.txt) or read book online for free.Â â€¢ Aldridge, D. (2003 February) Music therapy and spirituality; A. transcendental understanding of suffering. MusicTherapyToday Vol. IV, Issue 1 February. Retrieved (insert the day you had first access to the cited article like â€œNovember 24, 2004â€) from http:/ /www.musictherapyworld.net/modules/mmmagazine/showarti- cle.php?articletoshow=45&language=en. or you might like to type. v â€¢ Retrieved (insert the day you had first access to the cited article like â€œNovember 24, 2004â€) from http://www.musictherapyto- day.com. ARTICLE (PDF).