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Beyond This Point There Be Dragons

Developing General Theory in Music Therapy

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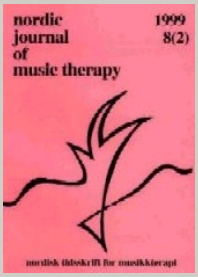

Introduction

There is a tale told about the old mapmakers. When they had reached the point beyond the map, the wise old captains would say: "Beyond this point there be dragons." Theories are like maps. With the complex and often mysterious regions of consciousness accessed through music, we need maps. Of course, it is good to remember that the territory is not the map. Though theories may guide us, our clinical experience is the territory.

As modern intellectuals, we engage in discursive practice. And in the present intellectual climate, if we are playing by the rules of discourse and if we are in the current "thought stream", we refer to ourselves as located, situated, embodied beings. This is context. This is how we identify who we are, where we are from and the details about our location, our situation, our bodies in time and space. Some of us struggle to find out what Bakhtin (1981) really means by "appropriation". Cultural studies also looms large. Presently, my reading group at the University is discussing Stuart Hall's (1997b) "The Local and the Global: Globalization and Ethnicity". And it's always a dilemma to decide whether to deconstruct or construct. An example is Philip Cushman's (1990) "Why the Self is Empty: Toward a Historically Situated Psychology". Surely these examples speak of our modern challenge.

This article attempts to address the topic of "general theory" in music therapy. If we look at the history of ideas which serve practice, we know that fields do not survive without substantive theories or maps, which represent unique features, characteristics, attributes of the specific practice. Creative ideas are born out of practice. And we come upon these creative ideas in the territory of discourse.

Theories are abstract.

For the last ten years, many music therapists have insisted on a phenomenological approach, which ethically requires us to focus on our "direct experience". This commitment to phenomenological engagement comes from a belief that one of the critical factors in music therapy, which enables it to be effective, is "immediacy". In order to maintain this sense of immediacy, we must focus on our direct experience.

My approach to the task at hand is reflective. My scholarship has informed me, but no more than my direct experience with clients. I have been influenced by powerful thoughts of eloquent scholars. I have attempted to finely tune my ability to discern categories. I have studied the major intellectual influences of our time and the historical contexts of movements of thought. I release them all. I surrender my thoughts to Debbie, Jack, Robyn, Maggie, Mable and many other patients and clients in my clinical work life. I travel back into my experience in music

therapy. Hopefully my journey back will find a return with some significant signposts to guide.

One of the most daunting challenges for music therapists in theory and concept formation is that we carry the burden of this task on our own. Clients, for the most part, do not care about which theory we use. They care about improving their quality of life. Clients choose a type of therapy based on recommendations from friends, their felt presence of the therapist, the availability of the approach, indications for a set of specific symptoms. Theory is too abstract to be a concern, in most cases, for our clients. Afterall, they are suffering. Perhaps they are in physical pain. Perhaps they cannot find meaning in life. Perhaps they are prisoners of psychological symptoms which inhibit them from leading a full and rich life. Maybe they are unhappy, depressed. Perhaps they are alone. So, therapists attempt to "interpret" words and actions of clients to obtain clues for their concepts. What does that music mean? What does it represent? These are questions germane to treatment. But our theoretical questions are one step removed, even if we concentrate on direct experience, because they are abstract. And in the case of general theory, our task becomes even more daunting because we must, by the mandate of the task, omit many specifics, many nuances which we hope are not critical. Yet, theory, by nature is reductionistic.

Another problem in the general theory-making process is the problem of power. We would be naive to avoid the dynamics of powerful groups and individuals who influence this discourse in our field. We assume that we can represent our clients. We assume that we can represent the field of music therapy as a whole. This field is full of talented therapists who will not be present during our conversations. We cannot claim intellectual territory which is fixed. We cannot be beguiled by interpretive acrobatics of eloquent wordsmiths. We cannot dominate or be dominated by seemingly entitled groups, holding claims to knowledge unless we intend to create a class structure in music therapy.

Presently in the discourse on music therapy theory, certain key concepts are emerging and may point the way to a productive discourse on such a general theory. Many discussions on music therapy theory, thus far, have been found in models which represent one method of practice, or a set of methods used with one population. However, in general theory, we would like to see general principles which could help us to understand different methods, different populations, different models. We are seeking coherence and subsequent foundational ideas. Nevertheless, this coherence would need to be flexible, if it is to embrace the complexity and difference necessary to be relevant and useful to a large group of music therapists.

The first steps in the theory-building process involve the stating of assumptions, the defining of concepts, the formulation of principles. Then the theory-building can follow. In this article I'll be focusing on key concepts. They are presented here for your consideration and they emerge from my own experience as a music therapist.

Aesthetics

Because of the nature of music and music-making, aesthetics is a critical concept for music therapists. In my own work, aesthetics is so important that I define the human person as a form of beauty, an aesthetic. This aesthetic is composed of all of the qualities, attributes, values, beliefs, behaviors and various aspects which come together to make the human person. Through grounding my perception of the human person aesthetically, I am in a good position to be in relationship with the person in the music. This aesthetic world encompasses the aesthetic preferences, the expressions of pain and sorrow and joy, subtle qualities, the focus on sensation. When therapist and client are perceived as forms of beauty, it sets the stage for the evolution of music therapy as art. An entire set of principles are assumed. These principles are yet to be articulated and will vary with each approach, each music therapist. However, if we are responding in the territory of beauty, we behave in certain ways. We view the world in certain ways. There is an intuitive vision or sensibility guiding us in particular directions. We are striving for something.

The problems of aesthetic engagement are permeated with a necessary ambiguity while this search progresses. Consider musical improvisation and the progression from cacophony to coherence. Or you might even consider the intervention of the music therapist who strives for cacophony and consistently interferes with early coherence because of the influence of her theories about the construction of the human person, the need for anxiety in human change processes.

Still, the basic functions of an aesthetic approach in music therapy include the creation of coherence. An aesthetic approach reminds us that we can make sense out of our lives, even

when they seem fragmented or chaotic. This coherence comes through authentic expressions in the music. Something settles. Something reassures. Something works when music brings our lives into an aesthetic form. The music therapist, of course, is both participant and witness in this process.

The concept of aesthetics is so important in music therapy that it would be at the core of any general theory of music therapy.

Intersubjectivity

We tend to think of intersubjectivity as a problem. It is so difficult to come to terms with our subjective experience that we like to wrap it in caveats and qualify it, to protect it, to control it, to temper it. In the music therapy experience, we are engaged in a deep intersubjective space with clients. In fact, as long as we are using music, we could say that subjectivity must be primary in our experience. The subjective space that exists between clients and therapists is a sacred territory in which there are no rules. Expression is the territory. Many therapists consider themselves as non-expressive beings in this space because they view themselves only as reactive to patients expressions, never spontaneously offering expressions of their own. Rather their expressions are constructed based on the client's need. Even if they play a spontaneous expression, this is often interpreted as an intuitive representation of some aspect of the patient's process, or an abstract theoretical process. The therapist is a facilitator. Yet therapists must ask themselves who and what they represent in the intersubjective space. If we do not ask these questions, we run the risk of merely controlling the patient, of fitting the patient into a mold, which we as therapists consider ideal, or which we as citizens of a society consider responsible.

We have come to understand the act of creation as a subject/object experience. Allow me some liberty to say that both therapist and patient are subjects because they are alive. They are expressing spontaneous sentiments from an inner space of some kind. Some would call this space subconscious, some preconscious.

As therapists we understand that the act of creating music is an attempt to express this inner space in the form of an outer world. This expression, by nature, is complex. Reflecting something from an unseen world is problematic. Nevertheless, we must work with whatever we are given. The therapist and client share the creation of this object, perhaps a musical improvisation. In the GIM experience, the therapist and client also share the creation of the image/object. The therapist is not a passive witness, but is highly active. We establish that the creation in music therapy of an external sense source for the inner life is intersubjective in that both participants act from an inner space.

In theory, problems begin when we begin to interpret and assign value and meaning. We attempt to control limits through superimposing mechanisms. These mechanisms and interpretations are representational in and of themselves, placing another level onto our experience, and one which does not seem to represent itself. Yet, in its essence it does represent something, perhaps many things beyond the music therapy experience, which it attempts to interpret. We have learned this so clearly from the principles of social and cultural constructivism. The instant we begin to objectify and interpret the expressions in the music therapy space, we have removed ourselves from the intersubjectivity, from the depth experience in art. We have moved into an individual, intellectual space.

This removal is critical because we begin to move away from something unique in our experience as music therapists. We move away from an aesthetic engagement which cannot be described, only experienced directly with our clients. We move away because the mind needs to understand the mysterious regions of human encounters.

We face another problem if the expressions in the music therapy experience are authentic and truly alive. In this case we must question even the fundamental principle in arts expression that we create objects from our subjective experience. Some cultures believe that even objects are alive and that if we have a relationship with elements of the earth, or creative expressions, they too are subjects. They too, are participants in our stories.

Empathy

Empathy is an occasion for discernment. Empathy might be the most or even the only civilized thing we can do as human beings. A music therapist has many opportunities for empathic

experience. Empathy indicates resonance. Perhaps we will never know or understand the set of complicated indicators for empathic response. However, this does not keep us from being empathetic. Yet, empathy is a natural response. And at its best, it is spontaneous, free. An empathic response which is free is the one which can respond to the greatest number of conditions in any given field.

When we participate in musical experiences with our clients, we prime our empathic sensibilities. Music has an important feature when it comes to empathy. Music is fluid. Because of this fluidity, we are, by nature of the experience, in a resonant field. Some say that this field is emotional, in the primary sense. I would offer an alternative view--that the field is holistic, that all aspects of our lives can be moved in this experience--emotional, physical, cognitive, spiritual, cultural, social. Because our empathic experience, our empathic sensibilities, our empathic responses are so important in music therapy encounters, empathy deserves a great deal of attention in our general theory making process.

Sometimes we assume that we have empathy for others only when we have had similar experiences. This view of empathy is based on a view of the person as a solitary self. Is it possible that empathy embodies aspects of our collective identities? This question can only be answered by a yes, if we believe that "collective identities" are a possibility. As music therapists, who are attempting to form a consensus, a small group of principles, we have no choice but to believe that an aspect of our identity is collective. This belief is critical if we are to do our work. It follows that the same possibility must apply to our experience in the clinical work, in research and in other endeavors.

If we place the mirror in front of ourselves, what do we see? We see people with different colors of skin, with different physical features, with different languages, with different styles. If we look even deeper, at the inner spaces of our collective belief, we can imagine differences in values and beliefs. We can imagine exceedingly different stories in our individual lives, even if we share a color of skin, or an aesthetic preference for Brahms. We realize that our empathic sensibilities can and must take into account "difference". In order for this to be the case, we cannot imagine ourselves as isolated individuals and we must come to terms with radical differences. This will be another challenge in music therapy general theory.

Uniqueness

Uniqueness, in a sense, keeps us growing and alive. We rely on the uniqueness of others to keep the creative spirit active. Sometimes this dynamic activity brings challenge and conflict. For much of our waking times, we focus on sameness. Sameness is less threatening and tends toward universals. The very task of general theory making determines that we must standardize some of our categories. We must identify a small set of universals which represent a beginning for concept formation, for creation of principles. Any attempt to standardize must come to terms with exclusionary possibilities. Again, we remember the limits of the discourse, when we are committed to consider others not within the discursive group, such as clients who cannot speak, or colleagues who do not speak English, people in far away lands.

We cannot say that general theory is formulated only by those who come to the table. Our discourse must include imaginative discovery, a commitment to the gathering of feedback from music therapy colleagues who are underrepresented, a serious component of futures studies. Of course, interdisciplinary engagement is essential as well. Sometimes the comments of others outside our field are the greatest help in realizing our uniqueness. This interdisciplinary feedback breaks down when we accept the constructs of other disciplines as theory instead of discovering our own.

In the music therapy experience we spend a great deal of time focusing on uniqueness. Many of our clients need to discover their identities, their attributes, aspects of their characters, not only as individuals, but also as social and cultural beings. They need to identify resources which they are willing to accept from within and from without. In the music, these are revealed.

Because of the intersubjectivity of the music therapy experience, the isolation of these unique features is tenuous. Music therapists sense aspects of our clients through qualities in their music and likewise clients sense therapists in their qualities.

Representation

In music therapy our acts are representational. The nature of our representations determine that

we are once removed from our experience. A representation is an expression of something other than itself. This singular issue informs us that interpretation is a complex necessity for the music therapist. We must constantly refer back to our direct experience in the music therapy. Because we do not have the direct experience of the client, we rely on their representations and interpret them in order to make sense of their expressions. In a sense, we can only interpret. Of course in consultation with group members and colleagues, we can accumulate multiple interpretations. Within multiple interpretations, theories can be useful. Again, they can help us in a map of understanding and take us into the territory of the client in a symbolic way.

As we carefully lay the groundwork for general theory, we have the difficult task of placing certain universals on the map. "Representation", in all of its forms, is another one of the signposts we hope to include. Yet, what assumptions are we making about the definitions, meanings and use of forms of representation? This may be left with each specific approach. Representation therefore becomes a fluid concept. There are even paradoxes. For example, in an intellectual climate of deconstruction, some would say that the arts are non-representational. They are random and do not represent subconscious, preconscious or intentional phenomenon. Or we might even look at the postmodern discourse, which offers a critique of modern arts as representing nothing more than a lack of representation of human life. Then there are the regional narratives, which through long traditions springing from strong historical contexts, limit representation to one category, for example, the personality, or cognition.

Nevertheless, assuming that we accept the forms of representation on our map, how do we deal with them, given our differences individually and collectively? Here we must refer not only to the map, but also the territory of our clinical experiences -- the context, the approaches in the music therapy itself, the people participating in the experience, the instrumentation, the musical expressions themselves.

Often the representations of our patients are rich with a sense of place. The sounds, smells, colors and shapes textures of the land, which people inhabit, find their way into the therapy room to assist patients in representing themselves and their human dilemmas. It is critical that we, as therapists, appreciate the fact that, though representations do not represent themselves, they do represent phenomenon which are real unto themselves. Therefore, when clients improvise a tree on a drum, or hum the wind, they are "in relationship" with more than a representation. They are in direct relationship with a place, their places and spaces as inner space. This is an interplay between interior and exterior worlds which brings a dynamic energy into the music therapy. When clients present rich images of the land or concrete objects, there is a possibility that these images will enrich the inner space with vital sources of energy and renewal.

Some therapists use representation only as a tool to reach the psyche and aspects of the personality and subsequently interpret the representations according to a set of theoretical principles and/or assumptions which eliminate this primary "relationship", a relationship which offers a person a sense of place, a place to be, to exist. If we, as therapists believe that clients can only be in relationship in an intrapersonal or interpersonal way, the theories, maps, and interpretations become disembodied. The representations are not directly related to experience, which in the music therapy is essentially sensory and aesthetic. If our representations remain sensory and aesthetic, they will be able to perform the function of coherence, so necessary for healing.

In music therapy, representations are made in the sound and silence of the music. The music can be symbol, metaphor, analogy, all concepts to be considered in a general theory of music therapy as types of representation.

Symbol as Representation

Some imagine that leading a symbolic life mythologizes our lives, brings depth of experience, poetry of character. Perhaps. Yet many of our patients and clients only want to lead a happier life. Literary archives are full of stories about lives that are meaningful and miserable. As music therapists, it is critical that we suspend our judgments about what a life should be. We locate ourselves inside a musical space which can create new possibilities.

We can imagine symbols as discrete aspects of musical expression. Symbols capture some quality or qualities of an aspect of our experience. A symbol is a specific type of representation. It represents the shape of our experience in the forms of silence and sound. This is the function of symbol which allows us to be inside an expression, but also outside of

the expression. Symbol permits a kind of aesthetic distance or even aesthetic arrest. Symbol is not necessarily rich with sensory elaboration. It can be minimal--a shape, a form, a suggestion --it is outside, yet reflected within. And symbol can provide an opportunity for relationship between subject and object, an art object -- music. It can create a permeable boundary, a fluid space.

For example, a client might say: *"The music you are playing is a symbol of the life which is waiting for me after I die. I can feel the music reassuring me, drawing me. It stands alone. But I'm reaching out for that sound -- that beautiful sound which holds me."* Music therapists who are working with dying patients often hear these words. The music can function as the symbol of another possible existence, one which is unknown, but suggested or implied.

The symbolic aspects of our music are very important in music therapy. They do offer "another world", but one which is connected to our own present life.

Analogy as Representation

In analogy, we have an opportunity to compare and contrast. For example, how many times have we, as music therapists, heard this type of comment after a session: "My musical improvisation is like my relationship with John. It's constant, reliable, repetitive. But it's also different. In my musical improvisation, I feel that I have room to explore things that are unpredictable, challenging, new. There are these extra sounds in the music that don't quite fit into the pattern of my relationship with John. But they intrigue me. I'm curious. I like the newness, the variety of these sounds. It's safe to play them in the music. But I don't feel that it's safe to try new things in my relationship yet."

A musical expression is like something else. This option can offer critical dimensions of the music therapy experience because we have a chance to determine how our expressions are alike and different from the life we lead. In this way, the music therapy can offer an opportunity for experimentation and play. The music can serve as an analogous experience. We bring our patterns into the music. Because music can function as an analog to our life experience, it is a safer territory, especially in the presence of a competent therapist. Because of the frequency of the use of analogy in the music therapy experience, it is also a concept which we might consider in the set of concepts in our general theory.

Metaphor as Representation

In metaphor, we have an opportunity to elaborate the sensory dimensions of our expressions, to paint musical pictures and meanings which connote the feelings or ideas expressed in a therapy session. Metaphor can bring something hidden to life because it can embody some aspect of our experience which is difficult to name or describe on its own terms. With metaphor, we hope for a referential totality. The metaphor may not be a total representation. However, it has a "sense" of the totality of our expression.

"The name of my musical improvisation is "Rain Forest". The forest represents my journey through life. It is my life. I walk through the forest and I can feel the soft ground under my feet. I can hear the birds, other creatures. I'm not alone. I can touch the rich moss, reminding me that life can sustain itself. The triangle is the soft rain which replenishes me constantly." In this way the qualities of the music can represent the qualities of our possible lives. Metaphor offers an opportunity to dwell on the sensory components of these qualities, to elaborate our musical images. A music therapist might take a metaphor and ask a client to explore several different ways of expressing it. This is a creative act which makes the possibilities even more touchable, more real and encourages the client to become more receptive to change.

So symbol, analogy and metaphor are all representations, which are necessary when we work in a framework of the arts. As music therapists, we have all used these means to develop, elaborate and understand our experience with clients. Representations are fluid in the music therapy experience. Sometimes it is difficult to distinguish the types of representations. Metaphors can easily become symbols. Analogies also can serve as metaphors. And we could even say that both analogies and metaphors are symbols, in some sense. Yet, undoubtedly, they are all representations and as such they are important aspects of the music therapy experience and in our general theory.

Considerations

Is it even possible to construct general theories of music therapy? In this paper, I explore some

of the relevant themes, concepts, the possibilities. It is a small beginning. Theories are only useful if they have meaningful applications. In music therapy, these general maps can help us to understand features of the territory to be explored in music therapy practice. Theories are also significant in research. In music therapy we are now engaged in a discourse about types of research. And this is where our considerations of theory could become most challenging. Any general theory must hold the possibility of being useful for diverse approaches in research. At the center of our conversations about research we often find the arguments about types of research centered around the "quantitative vs. qualitative" approach. And prior to this argument, we must ask the question: Can we even agree on phenomenology?

Phenomenology, of course, is adaptable to a degree. And we can see from such texts as Don Idhe's *Experimental Phenomenology* (Idhe, 1986) that the experimental method can be incorporated into a phenomenological approach. After having worked in the quantitative research culture myself, I felt the serious limitations of quantitative methods in answering the questions which I posed. So now, I focus on qualitative research because I can discover the type of knowledge which makes sense to me, which helps to elaborate my work, and which is meaningful. I am interested in descriptions, in stories. However, if we are to develop a "general theory", we must have a more comprehensive map, one which will include our individual preferences for research methodologies.

There may be potential for an inclusive approach. In my work, which I call *the Field of Play*, I incorporate the idea of "conditions" into my theoretical ideas. The concept of conditions was posed by William Sears in the early 1960's. And it is a concept with which I can easily identify in my ecological ideas about theory. Some music therapy researchers object to experimental studies claiming that it is not possible to control conditions or variables. We cannot know or see or hear every aspect of our experience in the music therapy. Therefore, we cannot assume direct cause and effect though we can explore causal relationship -- a fine distinction. However, if we took the concept of conditions and developed its applications to research, we could, conceivable find the overlap between quantitative and qualitative methodologies. Some work in research is more concerned with physical aspects of music therapy. For example, in studies to measure changes in the composition of blood samples, quantitative research is required. And the type of science used is exact because there is physical evidence. Studies which measure changes in heart rate, brain waves and other physical phenomenon need quantitative measures. Some of the questions we might ask are:

> Is there a condition in the clinical setting which requires quantitative methodologies?
> Is the need to prove results an essential condition in a particular clinical setting?
> Is the style of quantitative research an essential condition for the researcher?

These are some of the tougher questions. And as all tough questions, they suggest an engagement in ethical considerations particularly issues of authenticity. However, all conditions in the field are important and must be discussed. It is the way we describe these conditions that becomes so important when attempting to identify any general assumptions, concepts, principles, or theories. These conversations require acute listening and reflection in conversations amongst music therapy researchers from diverse methodological schools of thought. In order for us to discuss general theory, we must consider this possibility of fluid categories. How will we describe our categories? In linguistics, a similar discussion has occurred over time. And Holiman and Lauver (1987) suggest a problem, called "the hardening of the categories". In music therapy it could be the same dilemma. Categories are not always discrete. If our categories are softer and more permeable, more fluid, the idea of general theory is a real possibility.

The question of research is as important as questions about clinical practice. And there are others.

The construction of general theory will take an honest engagement, one which is constantly monitored by both the acute listening and finely-tuned articulation of each music therapist. How do different music therapists interpret the grand narratives of their region? How can we include music therapists who are not represented in our conversations? How can we gather and interpret data from patient experience with an eye for general theory? Beyond this Point There Be Dragons, as the saying goes. But then again, uncharted territory is always an intriguing challenge and in this case, perhaps a useful endeavour.

List of Readings

Abrams, David (1997): *The spell of the sensuous.* Vintage Books, New York.

Aigen, Kenneth (1991): *The roots of music therapy: Towards an indigenous research paradigm*. Doctoral thesis, New York University. New York.

Bakhtin, M.M. (1981): *The dialogic imagination.* University of Texas Press, Austin.

Berleant, Arnold (1970): *The aesthetic field: A phenomenology of aesthetic experience.* Charles C. Thomas Publ., Springfield, IL.

Bruscia, Kenneth (1996): "Authenticity issues in qualitative research", in Langenberg, (et. al.): *Qualitative music therapy research: Beginning dialogues.* Barcelona Press, Phoenixville, PA.

Crosley, Nick(1996): *Intersubjectivity: The fabric of social becoming.* Sage Publications, Thousand Oaks.

Cushman, Philip (1990): "Why the self is empty: Toward a historically situated psychology". *American Psychologist, Vol. 45,* No. 5, 599-611.

Denzin, Norman K. (1992): *Symbolic interactionism and cultural studies: The politics of interpretation.* Blackwell's, Oxford, UK.

Dissanayake, Ellen (1992): *Homo aestheticus: Where art comes from and why.* The Free Press, New York.

Eagleton, Terry (1990): *The significance of theory.* Basil Blackwell, Inc., Cambridge, MA.

Featherstone, Mike (1995): *Undoing culture: Globalization, postmodernism and identity.* Sage Publications, Thousand Oaks.

Feuerstein, Georg (1987): *Structures of consciousness: The genius of Jean Gebser*. Integral Publications, Lower Lake, CA.

Finley, Susan and J. Gary Knowles (1995): "Researcher as artist/artist as researcher". *Qualitative Inquiry. Vol 1*, #1.

Geertz, Clifford (1973): *The interpretation of cultures.* Basic Books, New York.

Giroux, Henry A. and Patrick Shannon (1997): *Education and cultural studies: Toward a performative practice.* Routledge, New York and London.

Hall, Stuart (1997a): *Representation: Cultural representations and signifying practices.* Sage Publications, Thousand Oaks.

Hall, Stuart (1997b): "The Local and the Global: Globalization and Ethnicity", in: McClintock, A., et. al. (Eds.) *Dangerous liaisons: Gender, nation and postcolonial perspectives.* University of Minnesota Press, Minneapolis.

Holiman, M. and P.J. Lauver (1987): The counselor culture and client-centered practice. *Counselor Education and Supervision, 26,* 184-191.

Idhe, Don (1986): *Experimental phenomenology: An introduction.* State University of New York Press, New York.

Kenny, Carolyn (1999): *The sense of art: A rainforest of strength.* Plenary session, World Congress of Music Therapy, Washington, D.C..

Kenny, Carolyn (1999): *The sense of art: Honey don't forget your Indian ears*. Paper presented for conference, The Revitalization of Aboriginal Societies: Land, Language, Philosophy,Art, Vancouver, British Columbia.

Kenny, Carolyn (1999): *Music, imagination, the sense of art.* Keynote speech, Canadian Music Therapy Association conference, Vancouver.

Kenny, Carolyn and Henk Smeijsters (1998): *Developing concepts for a general theory of music therapy*. Proceedings, Fourth European Music Therapy Congress (CD-ROM), Leuven, Belgium.

Kenny, Carolyn (1998): "The sense of art: A First Nations view", *Canadian Journal of Native Education,* (in press).

Kenny, Carolyn(1996): "The dilemma of uniqueness: An essay on qualities and consciousness." *Nordic Journal of Music Therapy, 5(2),* 87-96.

Kenny, Carolyn (1989): *The field of play: A guide for the theory and practice of music therapy.* Ridgeview Publ., Atascadero, CA.

Langenberg, Mechtild, et. al. (1996): *Qualitative music therapy research: Beginning dialogues.* Barcelona Press, Phoenixville.

Langenberg, Mechtild and Jorg Frommer (1993): "A qualitative research approach to analytical music therapy." *Music Therapy, Vol. 12,* # 3, 59-84.

Lawrence-Lighfoot, Sara and Jessica Hoffmann Davis (1997): *The art and science of portraiture.* Jossey-Bass Publishers, San Francisco.

Lingus, Alphonso (1994): *The community of those who have nothing in common.* Indiana University Press, Bloominton.

Lawrence-Lightfoot, Sara and Jessica Hoffman Davis (1997): *The art and science of portraiture.* Jossey-Bass Publisher, San Francisco.

Maffesoli, Michel (1996):*The time of the tribes: The decline of individualism in mass society.* Sage Publications, Thousand Oaks.

Mellor, Phillip A. and Chris Shilling (1997): *Reforming the body.* Sage Publications, Thousand Oaks.

Merleau-Ponty, Maurice (1973): *The prose of the world.* Northwestern University Press, Evanston.

Robbins, Arthur (ed.) (1997): *Therapeutic presence: Bridging expression and form.* Jessica Kingsley Publishers, Philadephia.

Ruud, Even (1998): *Music therapy: Improvisation, communication, and culture.* Barcelona Publ., Gilsum, NH.

Schon, Donald A. (1983): *The reflective practitioner.* Basic Books, New York.

Sears, William W. (1968): "Processes in music therapy" in: E. Thayer Gaston (Ed), *Music in therapy.* The Macmillan Company, New York.

Stoller, Paul (1997): *Sensuous scholarship.* University of Pennsylvania Press, Philadelphia.

Strauss, Anselm (1995): "Notes on the nature and development of general theories". *Qualitative Inquiry, Vol. 1,* #1, 7-18, 110-142.

Wheeler, Barbara (ed.) (1995): *Music Therapy Research: Quantitative and Qualitative Perspectives.*: Barcelona Publ., Phoenixville, PA.

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