A Review Article Regarding Temporal Phenomena Within Music Therapy

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Abstract
This article examines temporal phenomena within music therapy practice, research, and theory. In other words, this article examines phenomena of, or about, time within music therapy. This is approached through highlighting and investigating incidental and direct references to temporal phenomena within the literature. The purpose is to support my view that temporal phenomena, as emergent from the field of music therapy, is currently inadequately supported by research or theory within the field. Current theory, research, and clinical references about temporal phenomena will be provided. The reader will be invited to explore how temporal phenomena are applicable to his or her practice. Inconsistencies in the ways temporal phenomena are depicted across theory, research, and application will be highlighted, as will gaps within the literature. It is concluded that a better understanding of the experience of temporal phenomena within music therapy is required, hence research is encouraged. It is hoped that this paper will further understanding of music therapy temporal experience, involving aspects of memory, altered states of consciousness, and anxiety.

Keywords: temporality; time; practice; theory; research; memory; phenomena

Introduction

The relationship between music and time has been discussed in many fields related to music therapy, including music psychology and philosophy. Multi-dimensional and experiential aspects of time during music listening, composition, and performance have been theorised upon (Addis, 1999; Langer, 1953) and investigated (Epstein, 1995; Kramer, 1988). It has also been suggested in the field of music philosophy that time, states of consciousness, and music share properties that are unable to be shared by any other existing phenomena (Addis, 1999). Contrastingly, within music therapy, little theory and research into temporal phenomena...
exists. This is despite frequent incidental reference to temporal phenomena emergent from the field (Amir, 1992; Bruscia, 1998; Erdenmez Grocke, 1999; Hogan, 1997; O’Callaghan, 2001; Robbins & Forinash, 1991). Hence, it is suggested that even though temporal phenomena is integral to music therapy practice and experience, the multiple ways that time is conceptualised in music therapy reflects disparate understanding about the phenomena.

In this review article, I will highlight instances where authors have made reference to time experiences and process during music therapy applications and, less frequently, during research and theoretical development. It is through this descriptive process that the complex and sometimes inconsistent status of practice, research, and theory will be highlighted. I am not advocating for one way of understanding temporality within the field of music therapy; however, I am advocating for an improved, inclusive, and sophisticated understanding of temporality that embraces contradictions, inconsistencies, multiplicities, and personal and/or shared experiences within music therapy. I believe that this will enable us to begin to support these experiences with theory and research. I invite readers to begin to reflect upon different aspects of time within their own practice and experience.

**Presented Information**

**Literature Sample**

It is not possible to complete an exhaustive review of temporal phenomena within the confines of this article. This is due to mainly two reasons. Firstly, references to temporal phenomena within the field are numerous and outnumber the reference possibilities permissible in this article. Secondly, these depictions about time were usually made incidentally, that is in passing while examining another topic, or while describing a clinical application not directly related to temporality. Hence a selected sample of the literature will be presented to represent disparate information, experiences, and views regarding time within the field. These references have been gleaned from music therapy journals, dissertations, and texts that were studied as part of a review process completed for postgraduate research purposes. During this review three conceptualisations of time emerged and will be delineated.

In the first section current theories and time explanations found within the literature are presented. These have been derived from clinical experience and theoretical discussion by music therapy researchers, clinicians, and authors. Section two contains literature that uses time as a construct, for example as a measure, a condition, or as part of results of
research, and/or interventions. In the third section, personal accounts of client and therapist experiences and descriptions will be presented. Through this descriptive process, inconsistencies between theory, research, and clinical application will be highlighted, as will gaps within the literature.

Current Theories and Explanation of Time

Time Paradigm (Robbins & Forinash, 1991)

A music therapy model of time experience, known as the time paradigm, was discussed in 1962. It emerged during discussion between Dr Geuter (Director of Research at Sunfield Children’s Homes, England), Paul Nordoff, and Clive Robbins, (Robbins & Forinash, 1991) while working on a project Music Therapy Project for Psychotic Children under 7. The model involved the concept of time as multi-level phenomenon within music therapy. During this literature review, the model was found to be the most developed explanation or theory of time phenomena located within the field of music therapy.

The model consisted of four levels of time experience: physical, growth, emotional, and creative time (Robbins & Forinash, 1991). These were presented in relation to general human experience, the child in music therapy, and musical experience and performance. To illustrate the ways in which these levels of time can be conceptualised as existing within music therapy practice, the author has included the work of others, with an interpretation of how other practices can be framed through the use of the time paradigm.

Physical time. Physical time related to aspects of time that were measurable, quantifiable, predictable, objective, dependable, regular, and able to be scheduled (Robbins & Forinash, 1991). Physical time was the framework and structure provided to clients that enabled participation and development within music therapy.

Physical time has been referenced in a number of different settings. Examples include: (a) experienced time limitations while working within the short-term paediatric setting (Jacobowitz, 1992); (b) limited available time rendering certain methods, namely Guided Imagery and Music (GIM), unsuitable for use with residents who were described as physically disabled and elderly (Short, 1992); (c) reports, as based on statistical data derived from palliative care work, that direct contact time with patients in the home was more than double the amount of time spent with patients residing in hospital (Horne-Thompson, 2003); and (d) the length of the duration of a program, and the scheduled time of a session (Murphy, 1992).
**Growth time.** Growth time occurred over a period of time and “perceived in the process of growth or development of any living organism” (Robbins & Forinash, 1991, p. 51); it was the time in which ideas were claimed to have developed. Growth time involved the time it took a therapist and/or child in therapy to adjust and develop. It involved an emphasis on intra-development that occurred over the period of physical time. While it was unclear to the author whether this aspect of time involved domains of growth other than those related to emotional development, it was cited in the article that this growth also involved the ways in which one adjusted to his or her environment. Therefore, I suggest that social development and relatedness to one’s environment is also encapsulated within growth time.

Examples of how growth time can be conceptualised in music therapy include: (a) an observation that particular clients took longer periods of time to return from an altered state of consciousness, as evoked during GIM (Short, 1992); and (b) the assertion that one of the major tasks involved in music therapy termination involved the provision of ample time for clients to grieve the loss of the therapeutic relationship (McGuire & Smeltzko, 1994). The length of time required for effective termination remained unspecified, therefore, I suggest that this task was, in part, determined by the response of the client and therapist.

**Emotional time.** Emotional time “is immediately related to intensity in our feeling life.... (it includes the) ... quickness of time in excitement ... the slowness of time in boredom” (Robbins & Forinash, 1991, p. 54). It is the essence of the quality of the time experience that simultaneously involves growth time, as experienced over physical time. For a child receiving therapy, emotional time was described as experienced within the music; it impacted upon perception, concentration, feeling awareness, and emotional tendencies.

Interestingly, Robbins and Forinash (1991) maintained that for children receiving therapy, emotional time was experienced during the music. It has been reported, however, that this level of time might also be experienced after the music has ceased. An enduring aspect of emotional time, for example, was identified during a phenomenological study with adult patients described as terminally ill (Hogan, 1997). It was highlighted that participants’ experiences, as elicited by music therapy, may either be instantaneous or they may endure after the music has stopped. It is suggested that Robbins and Forinash’s (1991) emphasis on music-specific emotional time may be better appreciated when it is considered alongside the ontology of Creative Music Therapy, the model of music therapy pioneered by Nordoff and Robbins (Bruscia, 1987).

One of the primary premises of this model is that therapy occurs through co-active music making (Bruscia, 1987). This would therefore
account for their music-specific emphasis on emotional time. I wonder whether this ontological framework resulted in limited applications of the paradigm within the breadth of music therapy experience. Should the theoretical notion of emotional time be expanded to encompass reactions during and following music?

Creative or now time. Creative time or now time was defined as instantaneous, as a state of action, and as “the moment of intuition, of perception, of sudden insight or understanding” (Robbins & Forinash, 1991, p. 55). Within music it is the time where the musician integrates all levels of time, resulting in authentic expression of musical individuality, while realising form and expressing the music’s emotional content.

I had difficulty understanding creative time as it was described in the article. For example, Robbins and Forinash (1991) wrote “this fourth level of time process both balances and fulfils the multitime nature of human experience” (p. 53) though did not define the “multitime nature of human experience”.

Despite ambiguity it was noted that these four levels of time were viewed on a continuum, with physical time at one end, and creative time at the other. As referenced by Robbins and Forinash (1991), growth and emotional time also appeared to co-interact and simultaneously support and impact upon each other. Furthermore, growth time appeared to provide a sense of permanence for development to occur, while emotional time involved the qualitative impetus for this development. This co-existing relationship appeared to occur over physical time, while occasionally involving a creative time experience that comprised a significant occurrence during therapeutic exchange.

A highlight of the paradigm was its focus on music experience as a way of conceptualising therapeutic exchange and impetus during music therapy as related to time. Robbins and Forinash’s (1991) paradigm involved a dynamic way of conceptualising time phenomena within music therapy. A weakness of the paradigm though was that beliefs and assumptions that informed the development of the paradigm were not always referenced. It is suggested that this presentation would have been strengthened through the referencing of the ontological framework which underpinned and informed the development of the work.

Paradoxically, this music focus also resulted in limitations being imposed on the experiences that Robbins and Forinash (1991) proposed as possible during music therapy. For example, the belief that emotional time is only experienced during the music, even though possibly beginning during music experience, limits the option that this type of time may endure after the music has ceased. This belief is questioned when considering documented accounts from music therapy research that suggested that experiences, as elicited by music therapy, might have
enduring or lasting effects over time (Hogan, 1997). Therefore, a discrepancy is highlighted between this theory (that maintains that emotional time is only experienced during music with client experience) and research, as findings from Hogan’s research illustrated emotional time’s sustaining potential following music.

The time paradigm (Robbins & Forinash, 1991) provides a useful introduction to a descriptive way of conceptualising time experiences during music and music therapy. It could be described as incomplete, however, as other authors have alluded to a time phenomenon, time transportation (Forinash, 1992; Hogan, 1997; Volkman, 1993), that was absent in the paradigm. Additionally I could only find one instance (Amir, 1992) where the time paradigm was used to explain music therapy experience, which may suggest its limited application within music therapy practice.

Finally it was unclear whether some of Robbins and Forinash’s (1991) statements were projected experiences of the therapist onto the client, or statements based on other supporting evidence not included in the article, for example it was unclear what the authors meant when writing that in creative time “we feel most alive and personally ‘whole’” (Robbins & Forinash, 1991, p. 53).

Aldridge’s Description of Time Experience in Music Therapy

Aldridge (1996) provided a different description of time experience in music therapy that has infrequently been referred to within the music therapy literature. Aldridge outlined three levels of time experience. **Chronos** time, a time that could be equated with physical time (Robbins & Forinash, 1991), was proposed as being artificially constructed and developed predominantly from the need of a modern industrialised society. **Kairos** time, the second type of time, was a personal, polychronic type of time, in part determined by biology and physiology. Kairos time was defined as self-emergent, and could be characterised as comprising elements of growth and emotional time. A third type of time, qualitatively different from chronos and kairos time was primarily defined through experience. It was described as being evident only during certain circumstances, including ritual, sex, dancing, prayer, and contemplation (Aldridge, 1996). This third type of time, as understood by the author, lacked specificity – nevertheless, similarities between this type of time and creative time were noted. Similarly to Robbins and Forinash’s (1991) time paradigm, Aldridge’s conceptions of time, remains a theory unsubstantiated by research or synthesis with clinical representations.
Time as a Construct

This section includes a sample of empirical studies and behavioural focussed articles that use time as a construct, as part of an operational definition, as a measure, as a condition, and/or part of research findings and clinical interventions. It includes work by clinicians, authors, and researchers that were published mainly in refereed journals, published over many decades. Articles from the 1960s onwards were selected to demonstrate the long-standing use of time as a construct within the field of music therapy.

Time as a construct within music therapy practice and research has been used in a myriad of discreet and quantifiable ways. For example, in research, time has been used as a variable (Becker, 1983; Caine, 1991; Cotter & Toombs, 1966; Darrow, 1991; Furman, 1978; Madsen & Mears, 1965; Steele, 1967) and as a measure (Ayres, 1987; Cripe, 1986; Davis & Thaut, 1989; Hibben, 1992; Thaut, Schleiffers, & Davis, 1991). In a behavioural repeated-measures design, for example, clock time was used as a measure of a dependent variable to measure, along with other items, the reinforcement value of a music instrument for beginning instrumentalists (Dorrow & Greer, 1977). Durational recording was used to measure the amount of time each subject spent playing the recorder or watching television. Stopwatches were used for recording purposes in this study (Dorrow & Greer, 1977).

A second example of time being used in research as a dependent variable and measure was completed with newborns. Seconds of listening time, plus other dependent measures, were used to measure preference for mother’s voice, versus another female voice, versus music. In this study, the use of a mercury switch attached to the newborn’s foot was used to assist with the measurement of time (Standley & Madsen, 1990).

Another example of a research study that used durational recording, or a time measure, was a multiple baseline-across-situations designed study, aimed to determine music’s effects on rumination and out-of-seat behaviour with subjects described as “profoundly retarded” (Davis, Wiseler, & Hanzel, 1983). Specifically, the effect of contingent removal of music plus a verbal cue on the frequency of rumination was researched, alongside the effect of contingent removal of music on the duration of out-of-seat behaviour.

In additional behavioural research published in music therapy journals, time was used to assist with operationalising constructs, including music attitude, attention span, and preference for music activities. Music attitude, for example, was operationalised and measured via the use of a like-dislike rating scale plus measurement of the undergraduate’s listening time. In this study an event recorder was used to record the amount of time...
subjects listened to each selection of music (Kuhn, Sims, & Shehan, 1982). Moreover, attention span has been operationalised as the length of time attending to one task (Cripe, 1986) and preference for music activities with people living with Alzheimer’s disease was determined by the proportion of time actively participating in each activity (Brotons & Pickett-Cooper, 1994).

While effective in providing quantifiable data, it is unclear whether the ways in which these constructs were operationalised actually measured what they claimed to measure. For example, in the music attitude study (Cripe, 1986), inconsistent correlations between listening time and the like-dislike ratings were found. Accordingly, the researcher suggested that in subsequent studies assessment of behavioural intentions would assist in strengthening the research (Cripe, 1986). Furthermore, in the activity (Brotons & Pickett-Cooper, 1994) and newborn (Standley & Madsen, 1990) preference studies, subjects were unable to confirm whether this construct represented their preference.

It could also be argued that it was unclear whether these studies actually examined the true effects of music therapy as perceived by the client. In Standley’s (1992) study, which aimed to research clinical applications of music and chemotherapy (specifically music therapy’s effect on nausea and emesis through the use of multiple data collection procedures), it was acknowledged that patients identified an aspect involving experiential time as one of the self-perceived greatest benefits of music therapy for them. These patients were also measured for peripheral finger temperature, verbal interaction, movement and skin pallor, alongside their attitudes about cancer and its treatment. Results indicated that generally the greatest benefit that was self-identified was “chemotherapy time passing faster and anxiety being reduced” (p. 34). This study led me to wonder about the effects of music therapy on temporality and how this aspect of experience may be incorporated into music therapy efficacy studies that have traditionally relied on a measurement-of-effects approach. I wonder whether there have been other instances where clients have experienced changes in their perception of time, and yet, music therapy researchers have not captured this self-perceived benefit in their measures.

Time has also been incorporated and acknowledged as part of treatment interventions (Krout, Burnham, & Moorman, 1993), treatment targets, and behaviour modification techniques (Becker, 1983). For example, Gfeller (1990), while assisting hearing-impaired preschoolers with language rehabilitation, described a treatment intervention and target that involved the belief that period of times have beginnings and endings. Gfeller reported that this can be partly conveyed to children by asking certain questions during music therapy, for example, “Who is first?” and “Who is next?” (Gfeller, 1990, p. 49). When researching the acquisition of
eye contact with institutionalised individuals who were described as severely retarded, Becker (1983) measured the frequency of times eye contact was made, the number of times the music was played, plus the length of time the music was played. Becker's study illustrated the use of time limited samples of distorted and undistorted music for the purposes of behavioural conditioning.

In summary, within behavioural music therapy and empirical inquiry, time has been used as a variable in research (Dorrow & Greer, 1977; Geringer, 1977; Madsen & Mears, 1965; Standley & Madsen, 1990), as a condition or parameter of experimental design (Boldt, 1996; Clair, 1996; Taylor, 1973), and as a measure (Davis & Thaut, 1989; Wylie, 1996), with durational measurement often being used as the procedure to complete this task. Time has been used when describing music perception and processing (Tyson, 1982), featured in the results of music therapy research, and been used in operational definitions for this research (Broton & Pickett-Cooper, 1994; Cripe, 1986; Kuhn, Sims, & Shehan, 1981).

Frequency of incidences (or number of times) a specific behaviour was observed was also used to inform music therapy program developments (Becker, 1983; Goldberg et al., 1988).

The ways in which time was used within this body of literature suggests an understanding of time that is linear, finite, unidirectional, measurable, quantifiable, controlled, and axiomatic, as it is believed to lie outside of one's experience. In contrast, other literature acknowledges differing aspects of time that is multi-directional, infinite, expansive, personal, and multi-dimensional.

**Client and Therapist Time Experiences and Descriptions**

This section includes music therapy literature which documents personal accounts of client and therapist experiences and descriptions, alongside therapist's interpretations (Clare O'Callaghan, personal communication, August, 14, 2003) of client temporal experience. These accounts provide insight into multi-faceted time experience within music therapy.

**Time-Altering Experiences**

*Time warp, time distortion, time suspension, and timelessness.* A number of researchers have published accounts of time experiences that involved time-alteration. During phenomenological inquiry into pivotal moments in GIM, for example, Erdonmez Grocke (1999) recalled experiences that involved her perceptions related to time while conducting a session. One example of this is when she wrote:
Sometimes these pivotal moments continue over several minutes, and I may sympathetically feel the intensity of the client’s experience in my own body.... I might become concerned for the client.... I felt a time warp, wanting this experience to end for the client.... Tears sprang to my eyes as I realised how profound an experience this was for the client.... she had discovered a new face for herself.... It was a very powerful moment and subsequently was identified by the client as a pivotal session in what was a long search for healing from the abuse and a renewed sense of her identity. (p. 55)

When reflecting further upon her experience Erdonmez Grocke wrote that she “experienced a distortion in the time that lapsed.... (feeling as if).... time was suspended” (p. 129).

Erdonmez Grocke (1999) also documented a client’s perception of the duration of the length of one session.

Suzanne commented that this pivotal session was remembered clearly because it was a longer session than usual, and a lot of time was spent in negative emotions. The length of the music selections in total was 41 minutes, and this is the typical length of the GIM music programs. Suzanne remembered it as a lengthy session but in fact the length of the music program was no longer than the transitions program or Emotional Expression.... (p. 94)

Erdonmez Grocke wondered why the session’s duration was perceived this way by the client. She questioned whether it was due to the experience of negative images or whether it was the amount of physical and emotional energy required to engage with the negative feelings. Unfortunately, the musical features that underpinned these pivotal moments could not be specified. It was noted, however, that there was a sense from one client that “the music enabled (one client) to stay in the image for a longer period of time” (p. 120).

Erdonmez Grocke’s (1999) research highlighted the possibility of time altering experiences, for the client and therapist within music therapy. She also identified a procedural question relating to the interplay of time perception and therapeutic content as emergent from the client. Interestingly, Erdonmez Grocke also wrote that one reason why it may be difficult to verbally express one’s musical experiences is because “the experience of music is temporal” (p. 239). Furthermore, she suggested that a pivotal moment in GIM may “be the one which is recalled quickest, or the one which stands out more strongly because of its intensity” (p. 97).

O’Callaghan (2001) documented other accounts of time-altering experiences in her research, including that music therapy “helped time to go more quickly” (p. 232) or “that music therapy took them ... to another
time” (p. 232). Another participant patient reported that music therapy gave her a “feeling of timelessness” (p. 232).

Accordingly, it is suggested that these accounts (Erdonmez Grocke, 1999; O’Callaghan, 2001) provide insight into time perception, experience, and description that involves time-alteration within music therapy.

Location and Purposes of Temporal Experience: Temporal Holding Environment, Temporal Pathway and Time Travel, and Time Transportation

Temporal holding environment. Authors have also directly and indirectly explored the purpose/s of music in relation to time within music therapy. For example Bruscia (1998) referenced temporality and spatial location when exploring different modes of consciousness as experienced during therapeutic exchange during GIM. Similarly to Erdonmez Grocke (1999), Bruscia (1998) highlighted that during GIM, the therapist, as well as the participant, may enter into altered states of consciousness. Furthermore, Bruscia suggested that this could lead one to enter a different space and time as, through moving into different modes of consciousness, one is able to be in more than one place at one time, hence transcending the distinction of spatial location. Bruscia highlighted that timing was integral in this process of changing modes of consciousness. Music was an important indicator of timing and it provided a temporal holding environment during GIM (Bruscia, 1998, p. 519).

Bruscia (1998) highlighted a dimension that lacked spatial location, yet involved music and time. His framework charted therapeutic process with special reference to time, location, and modes of consciousness within music therapy. His work, similarly to Erdonmez Grocke’s (1999), provided new insight into time experiences for the therapist, while also providing a purpose for music, in relation to time within music therapy.

Temporal pathway and time travel. Volkman (1993) provided another purpose for music in relation to time within music therapy practice, highlighting time travel in a clinically focussed and descriptive article concerning a 42-year old woman with a history of severe physical and sexual abuse. Volkman’s description could be described as therapist interpretation of client temporal experience.

Time travel entailed a process whereby the participant returned to the past to explore aspects of trauma while remaining connected to the present (Volkman, 1993). Volkman explained that with dissociative disorders that involved traumatic experiences, a participant’s “sense of time and the continuity of process” (p. 245) might be distorted. She described that it was not uncommon for the past to enter into the present leading to a disturbance in the passage of time (p. 245). Volkman proposed that music acted as a “bridge for time travel, containing past, present, and
future simultaneously while still exemplifying the flow of process” (p. 250).

Therefore, while Bruscia (1998) described a temporal environment, Volkman (1993) described a temporal pathway, namely that “music can act as a bridge between times” (p. 245).

The process or pathway of time travel, as described by Volkman (1993), involved a sequential progression that initially involved grounding, a feature that Volkman highlighted as necessary and facilitating. This grounding then enabled the participant to return to the past while being connected to the present. Volkman (1993) provided an example whereby a participant chose the woodblock to simulate the tick-tock sound of a clock. This acted as a location cue or ground for the physical, chronometric time to which to return. The tick-tock sound therefore assisted in the establishment of a therapeutic context whereby the client permitted herself to travel in time to traumatic experiences of the past. Another feature necessary for this to occur included the establishment of a safe place in the initial stage of the therapeutic process. Therefore, Volkman maintained that improvisation during music therapy supported transportative experiences of psychic and corporeal natures that involved time travel.

The model presented by Volkman (1993) was claimed to have been developed by participants in their therapy. There were however no supporting or confirming statements as made by clients to support this claim. Nevertheless, Volkman’s (1993) description provided a purpose for time and music within music therapy that could be examined further. She also alluded to possible innate mechanisms for healing that involved time and music. Volkman’s work provides another example of temporality and time phenomenon as emergent from music therapy practice that is yet to be researched within music therapy.

*Time transportation.* While Volkman’s emphasis was on time travel, other music therapists have made incidental reference to time transportation within music therapy. Transportation and removal to another time as experienced and reported by clients within music therapy were located in research dissertations (Erdonmez Grocke, 1999; Hogan, 1997; O’Callaghan, 2001). In Hogan’s (1997) phenomenological study it was documented that one participant was transported to “a tranquil glade that portrayed world peace” (p. 90), while in O’Callaghan’s (2001) research into music therapy’s relevance in a cancer hospital one participant said, “Irish music takes you to the hills and valleys and streams and being with a loved one … it transports you somewhere in another time” (p. 234).

It is suggested that this notion of another time within music therapy was also reflected in O’Callaghan’s (2001) categories that represented the clinician-researcher’s interpretations about the relevance of music therapy at Peter MacCallum Cancer Institute, the category titled “experiencing
another place, time or thought (other than memories)” (p. 214) that formed part of a larger supercategory termed “altered intra-awareness” (p. 216).

Non-linear Temporal Experience within Music Therapy

The notion of non-linearity is also located within music therapy literature. For example, in a phenomenological study that used semi-structured interviews to explore music therapy experience with the terminally ill, Hogan (1997) described music therapy as “taking place in the present moment yet is also expansive in that it can include both the past and the future” (pp. 106-107). I suggest that this statement is aligned with music psychology theory which explores multi-directional aspects of music listening experiences as it includes temporal experience of the future, past, and an expansive present. Specifically, it is aligned with Kramer’s notion of musical time (1995), a time that exists in the relationship between the listener and the music. Musical time acknowledges the time that a piece evokes or presents to the listener, including an experience of multiply directed time, time that is repeatable, time that is vertically directed and, therefore, a time that is not always bound by a linear representation of reality (Kramer, 1995). I wonder whether musical time, or an experience of non-linear time, is also possible within the field of music therapy.

An additional reference to the notion of non-linearity is also encapsulated in Aldridge’s (1995) suggestion that, in the field of palliative care, music therapy may “offer an experience of time that is qualitatively rich and not chronological determined” (1995, p. 107). It is noteworthy that both Hogan’s (1997) and Aldridge’s (1995) accounts were referenced within the field of palliative care. I wonder whether this aspect of non-linear temporal experience may be heightened in palliative care where clients may be living with a life that may be perceived as time-limited.

In summary, client and therapist experience and description of time in music therapy has emerged from music therapy practice and research. Temporal experiences within music therapy include Bruscia’s (1998) temporal holding environment, Erdenmez Grocke’s (1999) time warp and suspension, Volkman’s (1993) time travel, Hogan’s (1997) time transportation, and O’Callaghan’s (2001) music space. Most of these references also involved what O’Callaghan (2001) termed altered intra-awareness. The notion of non-linearity has also been encapsulated (Aldridge, 1995; Hogan, 1997).

These accounts are rich and varied sources of information that involve temporal phenomena within music therapy. While this is the case, these accounts are described as incidental as they largely were referenced while exploring music therapy experience, application, and process not
focused on temporality. They are valuable accounts that can be combined to begin to consolidate a body of understanding about temporal phenomena within music therapy.

Closing Summation

In summary, music therapy researchers, clients, authors, and clinicians have reported that time is a factor that exists in music therapy practice, experience, design, and research. Notably, time has acted as a dynamic factor to influence, inform, and guide interventions, clinical directives, and research as reported by therapists and clients (Becker, 1983; Bruscia, 1998; Cripe, 1986; Erdonmez Grocke, 1999; Hogan, 1999; Robbins & Forinash, 1991). Temporality has also featured in therapist and client experience (Erdonmez Grocke, 1999; Hogan, 1999; O’Callaghan, 2001). This has largely occurred incidentally, despite multiple reports and uses, and a lack of theory and research to understand, and account for, temporal phenomena within music therapy. It is hoped that through the presentation of this disparate information, in the form of consolidated sections of literature within this paper, emergent bodies of literature regarding temporal phenomena will begin to be recognised. It has been suggested that

in the study of time experiences are to be found more of the correspondences that enrich our understanding of the relationship between the human being and music and which may yield clearer insight into the deeper processes of music therapy. (Robbins & Forinash, 1991, p. 56)

It is suggested that qualitative research begin to explore temporal phenomena within music therapy with the aim of enhancing our understanding of this phenomena and informing subsequent research. It is hoped that this will enable the development of a complex understanding of temporal phenomena that acknowledges various types, experiences, and descriptions. I hope that this will assist with a co-ordinated and inclusive development of music therapy practice, research, and theory, as guided by one’s own experience, style of practice, and theoretical viewpoint. As stated earlier it is not my intention to advocate for one way of understanding or valuing temporal phenomena within music therapy. I wish to advocate for a developed and complex understanding that is grounded within music therapy literature, research, theory, and application; an understanding that assists with the development of music therapy. It is hoped that this will enable the acknowledgement of the utility and notable contradictions of temporal phenomena, alongside the acknowledgement and validation of the richness and variability of temporal phenomena within music therapy.
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