Abstract

How do music therapists experience themselves in clinical improvisation in music therapy? The aim of this inter-disciplinary study is to show how music therapists describe and experience the life-world of the self in clinical improvisation through phenomenological investigation. Informed by sociological social psychological theory proposing that the self develops in social discourses, this study explores the self within improvisation as a musical and inter-subjective space that is commonly used in music therapy practice. Interpretative phenomenological analysis (IPA) of transcripts from semi-structured interviews with two music therapists revealed five central themes in relation to the life-world of the self in improvisation. These included; mindful meeting of equals, importance of the fundamentals, flexibility and adaptability, personal fulfilment and, balancing the professional and musical self. These findings support the idea of improvisation as a social discourse and suggest that this may have significant implications for clients and therapists who employ such a means of relating.
Background

A social self

Sociological social psychology (SSP) focusses on the reciprocity of society and the individual suggesting that social interaction is instrumental in altering and fabricating self-concept. Cooley’s idea of the ‘looking-glass self’ proposes that the individual has the ability to see oneself from the viewpoint of another and consider the reactions of others in a way that is analogous to a mirror being held up to the objectified self (as cited in Hollway, 2007). There are three principal elements to this concept; the perception of one’s appearance to the other person, the perception of one’s judgement of that appearance, and some sort of feeling associated with such an experience (Cooley, 2011). In SSP social discourses are inter-subjective spaces regarded as the talk and text of social life in which people can position themselves in ways that may influence their development of self. Such spaces are not just seen as external influences but rather as key components of self as it is amidst others that the self exists (Hollway, 2007). How the individual experiences oneself has been predominantly researched within verbal discourses or meaning systems in social psychology. This has undoubtedly informed our understanding of the life-world of the self but this could be quite limiting when one considers other ‘discourse’ modalities outside the verbal arena. It is crucial that potential opportunities for development of self are not overlooked so that we can begin to think about how the self may distinctly evolve separately to the social world’s verbal meaning systems.

Music and language

The notion of music as a meaning system has been subject to much scholarly attention. Patel (2008) points out that interest in music-language relations extends to
a diverse group of thinkers, not only to linguists and musicians, but also to musicologists, philosophers, poets and biologists. Perceiving music as a language or discourse challenges more traditional understandings of social discourse in social psychology that predominantly considers dialogue within verbal and linguistic parameters. Agawu (2008) states that “the nonverbal essence of music has proved resistant to facile domestication within a verbal economy” (p.4). The challenge that this poses to the ‘status quo’ understanding of social discourse should not deter exploration of the possibilities for development of the self within non-verbal meaning systems such as music. Investigating development of the self within a music meaning system or discourse may have far-reaching implications for those who employ such practices in the dynamic social world in which we live.

Music therapy

The evidence-based profession of music therapy is underpinned by the principle that music is a meaning system, language or indeed discourse which is used as a means of relating between client and therapist (Pavlicevic, 1997). Research in the area of infant communication would indicate that verbal meaning systems or means of relating may emerge from quite musical beginnings (Edwards, 2011; Trehub, Trainor & Unyk, 1993; Trevarthen & Malloch, 2000). ‘Communicative musicality’ is a theory which states that all humans have innate musical attributes that allow for co-ordinated companionship to progress (Malloch, 2000). Such musical capacity can be evidenced within the early stages of parent-infant communication where playful vocal exchanges occur that can be characterised in terms of fundamental musical components such as pitch, dynamics, tone, rhythm and duration (Edwards, 2011). This form of parent-infant communication, termed ‘infant
directed speech’, is thought to be a developmental pre-cursor to conversations proper where essential attributes of successful dialogue, such as enunciation and turn-taking, are played out (Schaffer, 1984). Aitchison’s (2007) proposed features of human language further illustrate the overlap between music and language where use of the vocal-auditory channel, semanticity, cultural transmission, spontaneous usage, turn taking, duality, displacement and creativity is not only exclusive to language but also to music. What is clear is that there is a vast degree of overlap between both communication systems. Klempe (2009) explains;

> On the one side musicality is presented as a sort of pre-linguistic basis for human companionship and the development of linguistic abilities, but on the other, the focused aspects have so much in common with language that it is hard to maintain a clear distinction (p.261).

Whilst separation of music from language, or vice versa, may present as an unwieldy, or perhaps, impossible task, it is apparent that the many shared similarities listed above strengthen the argument for music as a valid discourse or meaning system. If music is indeed such a legitimate discourse then there is a need to consider its possible influences upon the development of self for those who use it and this is particularly relevant to music therapy practice.

**Improvisation**

Clinical improvisation which will be referred to hereafter as ‘improvisation’, is used as a method by qualified music therapists to relate with clients in a nonverbal manner through the use of live and extemporaneous music where a multitude of musical media may be employed including voice, body sounds, percussion and instruments. In music therapy the purpose of improvisation is not to make ‘good
music’ but rather to create an intimate personal relationship between therapist and client (Pavlicevic, 2000). Improvisation is regarded as a means of tapping into the individual’s innate musicality and natural communicative discourses. This meaning system or discourse, often considered in psychodynamic terms, is based upon mutual participation and cooperation where two minds find meaning together in music (Ansdell as cited in Austin, 2008). Much of the music therapy literature has focussed on the processes and outcomes of improvisation in relation to client goals and outcomes, yet, little is known about the life-world of the individual in this meaning system and how, if at all, this might impact upon the individual’s sense of self over their lived careers.

In improvisation there is inseparability between the ‘dasein’ or world which forms the setting for one’s life and the subjective experience of that life otherwise known as ‘life-world’. One is enmeshed in the other and bound in the social relating of client and therapist. Phenomenological psychology is a theoretical perspective which has provided some insights into the life-world of the music therapist in improvisation through its capacity to embrace the ambiguity, richness, depth and complexity of lived experience. Dillard (2006) investigated the experience of eight psychodynamically orientated music therapists in relation to musical countertransference and found that all therapists regarded countertransference to be an unconscious musical communication between the client and therapist which slowly becomes conscious overtime. Phenomenological exploration provided a potent account of transference as a phenomenon and showed that tension and strong urges to musically respond were found to be signals of countertransference. Cooper (2010) conducted a phenomenological study to investigate the musical responses of five Nordoff-Robbins trained music therapists who predominantly used
improvisation in their practice. Therapists were asked to listen to a recording of a memorable individual session with their client and reflect upon their self-perceptions, musical responses and client perceptions in improvisation. The findings pointed to the need for further exploration of the therapist’s state of being and use of self in therapy in order to address some of the complex challenges involved in this type of discourse. Cooper recommends further self-enquiry in improvisation to inform Nordoff-Robbins trainees yet the present author suggests that such research has wider applicability to any music therapist or trainee who employs improvisation in their practice. In the interests of broadening an understanding of improvisation, Forinash (1992) interviewed eight Nordoff-Robbins trained music therapists about their lived experience of using this type of discourse in their practice. Twelve meaning units or themes emerged from therapists’ interviews including that of ‘self’ which highlighted that “an awareness of the self plays a significant role in the improvisation experience, … acknowledging and allowing one’s own feelings and trusting in oneself is vital for those who practice clinical improvisation” (p.134).

The present study

Taking into account Forinash’s (1992) recommendation to focus further on one of her twelve original themes, the following qualitative phenomenological study sought to gain an in-depth description of music therapists’ experience of self in improvisation. The scope of previous research is broadened here by focussing on overall self-experience in improvisation rather than within an explicit musical interaction or among a specifically trained cohort. This train of exploration was chosen to encourage therapists’ reflection of their conscious lived experience of improvisation in music therapy through individual interviews which were appropriate
to the subjective and confidential nature of the phenomenon under investigation. From an epistemological standpoint it acknowledges that it is through experience that we come to know about people in a meaningful way, whilst from an ontological perspective it views the individual as a sum total of their embodied experiences. The design was guided by the principles of Smith’s (2004) Interpretative Phenomenological Analysis. The notion of self was firmly placed within the parameters of sociological social psychology when asking the question ‘how do music therapists experience self in clinical improvisation?’

Methods

Participants

After being granted ethical approval for the study an invitation to participate in the research was sent by email to two professional colleagues of the researcher who were based in Ireland. Both positively responded to the invitation and were sent an information sheet that outlined the nature of the research, inclusion/exclusion criteria, participant requirements, risks, benefits, confidentiality, voluntary participation and means of obtaining further information. Both were eligible to participate as they were; a) qualified music therapists with a minimum of five years’ experience, b) using improvisation in their professional practice and, c) willing to speak about their experience of self in improvisation in music therapy. Participants agreed to set aside one hour of their time and meet with the researcher at a convenient location.

Procedure

Two semi-structured interviews of 30 minutes duration were carried out over a two week period. Prior to commencement, participants signed a consent form to
participate and audio record their interview. They were also reminded of their right to withdraw at any stage of the study. The researcher opened the interview with the question “tell me about your experience of self in clinical improvisation?” She then asked about topics in no particular order taken from an interview schedule and used probing comments to encourage participants’ description of phenomena being discussed such as those used by Kowlessar and Corbett (2009):

- ‘Can you elaborate?’
- ‘Tell me a little bit more about that’
- ‘Earlier you mentioned ____’
- ‘How did you feel when that happened?’
- ‘Can you give me examples of what you mean?’
- ‘I am thinking about what you said about’
- ‘How did that experience affect you?’
- ‘What does/did that mean to you?’

At the end of the interview each participant was assigned a pseudonym to ensure anonymity and given an opportunity to debrief. Both interviews were audio-recorded on a mini disk recorder and were later transcribed verbatim onto Microsoft Word files and formatted on numbered lines. The researcher made notes after each interview in a reflexive journal. This bracketing was used to suspend any preconceptions about this line of enquiry which could be referred to during data analysis stages. All recorded and transcribed data was kept in a locked filing cabinet in the researcher’s office.

Data analysis
The recordings were listened to several times with and without the corresponding transcripts so as to aid the researcher’s familiarity with the data. Interpretative phenomenological analysis (IPA), as informed by Smith and Osborn (2008), was used to analyse the interviews separately and then together in the following order which was aided by features of *Microsoft Word*:

1) Looking and naming themes by inserting comment boxes
2) Documenting emerging theme titles using the insert text feature
3) Compiling a list of initial themes
4) Clustering themes and colour coding supporting quotes using the highlight feature so as to compile a list of central themes for each interview
5) Combining themes from both interviews and highlighting similarities therein by using the same colour of font

**Findings**

Two music therapists, ‘Patrick’ and ‘Paul’ were asked to reflect on their experience of self in improvisation with their clients. After both interview transcripts were analysed, the following central themes emerged; mindful meeting of equals, importance of the fundamentals, flexibility and adaptability, personal fulfilment and, balancing the professional and personal musical self. The following section provides an overview of each of these themes which are illustrated through statements from Patrick and Paul describing the life-world of the music therapist in improvisation.

*Mindful meeting of equals*

A striking feature of both interviews is the genuine regard that Patrick and Paul have for their clients. Each music therapist would appear to have a high level of
conscious awareness during their interactions with clients, all the while mindful of meeting the other on respectful and equal terms. Here the therapist is acutely aware of the salient features of each present moment with their clients. Paul eloquently emphasised the importance of awareness when beginning improvisation with clients;

“And, you are negotiating, you are building an interaction from absolute scratch so that would be my first thing to say about the sense of self is that, the awareness that an interaction is taking place at all is actually the starting point”.

The awareness, or indeed mindfulness, that Patrick and Paul brought to their work is further exemplified through how they monitor and regulate themselves within improvisation according to the presentation and responses of their clients. This self-analytic position can focus on multiple facets of self; the psychological, physical, spiritual and musical self in the present moment. Once attuned to self in the presence of another, the therapist may decide to continue the improvisation within the established state of self or indeed readjust an aspect of self so as not to overpower or overwhelm the client. Patrick spoke about awareness of his musical self which he cautiously monitors when improvising;

“And I find that sometimes I have to be very careful of not overpowering my client in an improvisation thing, cause I have … so I think sometimes I have to be quite careful with my clients and I have to pedal back a bit cause otherwise I can overpower the situation and then the client is not able to express in an improvisation place with me … there’s an element of self recognition in terms of my musicality”.

Spatiality, a key phenomenological concept of the life-world, is described in Patrick’s account which referred to his awareness of his sense of space in
improvisation. The physical distance between the therapist and client is thought to impact upon expression within the dyad. Patrick shares his thoughts on how he monitors this aspect of self that can sometimes lead to him repositioning his body within the improvisation space;

“I'll often place myself (.) depending on my client, if it's a client that needs a lot of support then I'll move out into the room. If it's a client that needs a lot of expression then I will allow that expression and move back … it's not something that I consciously think a lot about but now that I am talking about it it's something that I would be very aware of”.

Both therapists appeared to sensitively approach improvisation with a sincere regard for their clients. This meeting of equals and sense of shared interaction is best described by Paul as he and his client played on the same instrument. Both were able to successfully negotiate each other’s musical selves in shared play;

“I’m thinking of one particular client and I think the reason we ended up using the piano was that we were both able to play the piano at the same time and that allowed for a very kind of (.) a concrete notion of togetherness. We were both playing the same instrument, the sounds were coming from the same place and at the best parts of the improvisation you couldn’t tell who was playing what and that’s, that was the best expression of the reciprocity and that was going in that, that situation”.

*Importance of the fundamentals*

On a number of occasions both therapists emphasised the importance of working with fundamental elements or subtle contributions of the client in improvisation. Working from small beginnings in a simple manner was thought to be
highly effective. There appeared to be a number of underlying messages about improvisation sometimes being needlessly conceptualised in an overly complex manner. Both therapists were able to sensitively recognise the delicate or finer offerings of the client in improvisation that can aid positive experience. Paul said;

“Em, so in some ways that’s about me being more aware of the very basics, the very fundamental of communication and how I create it and of like being aware of the smallest in systems theory there is a concept about what makes the difference and being aware of the smallest difference that makes the smallest difference and being able to build on those little changes”.

Patrick recalled an occasion when a client spontaneously uttered two verbal phrases about a close relative. These phrases then formed the basis for an improvised song. Being able to ‘catch’ these words and build upon them allowed for the co-creation of a memorable and meaningful musical interaction that opened up new pathways of exploration for client and therapist. In Patrick’s opinion, such an avenue was only possible to explore because it had grown organically from small and simple beginnings;

“That’s what we used all the way through the song. It worked from there you know. It started off as an improv. but it worked into something much more concrete”

It is noteworthy that Patrick and Paul made little or no reference to themselves when emphasising the importance of working with even the humblest contributions of the client. Both therapists’ approach to improvisation would suggest that sometimes the self remains very much in the background so as to allow room for the amplification of the client’s self-aspects.
Flexibility and adaptability

A consistent need for flexibility and adaptability on behalf of the therapists was evidenced. These were viewed as essential attributes in improvisation where there is no step by step guide on what action to take next. Some clients require this approach more so than others and over planning was not seen as advantageous. Patrick said;

“The space and the client often dictate. I often think … I mean I talk to therapists who go into a room with a session plan, every minute worked out in a session plan and that’s all very well and good … but when you are working with some clients you can forget it. You might have some kind of a session plan but invariably you change according to what’s going on”.

Losing inhibitions was regarded as essential in order to be able to embrace a flexible and adaptive way of working. Musical and behavioural inhibitions were detailed that were considered to be constraints to successful therapeutic relating. Such reticence was deemed to be limiting in supporting the clients way of being. Patrick felt strongly that there is a need to lose inhibitions fearlessly and he was of the opinion that his sense of self has changed as a direct result of using improvisation in music therapy practice;

“I would feel that I have lost an awful lot of my musical inhibitions from being a music therapist and obviously from being involved in improvisation … but you do, you do lose your musical inhibitions big-time. Yeah and, so that will obviously change ones sense of self … I suppose loosing inhibitions means losing fear so there’s a sense of fear that you don’t have … all these silly inhibitions we build up over a lifetime, yeah. You are a bit more fearless I think
as a therapist … It demands you to be, to go there, to be out there, it does, sometimes it does, it has to be, you know, you’ve no choice”

The need for flexibility and adaptability is further highlighted in relation to the ever-changing landscape of improvisation. No two improvisations are ever the same and musical interaction depends upon the presentation of the client at any given time. Both therapists said they most often found themselves in new and unfamiliar territory. Paul saw this as a positive and motivating factor in his work: “I think if I’ve learnt anything it’s the open-endedness of that is what I like and that it is the newness of each interaction that keeps me interested”.

**Personal fulfilment**

Using improvisation in music therapy can lead to a sense of personal fulfilment in the therapist. A sense of joy, excitement and privilege was experienced by Paul who described interactions with clients;

“I’ve always had the metaphor that it’s like going to a country where you don’t know the language and where you are speaking to someone and you are making yourselves understood and (.) it’s that breakthrough, that moment of shared understanding that something is happening. Ok (.) we are on the same page … there is a sense of privilege as well because, you … it’s like a door being opened into someone else’s world and it’s like being given permission to enter. And there’s a sense of sense of joy, joy in that because with some clients … there is a sense of joy, I think at being understood and I don’t think that that would be a true communication and wouldn’t be truly reciprocal if we didn’t both feel that way”.
A compelling illustration of reciprocity and relatedness is portrayed in this account. Paul’s words describe qualities of his life-world in both relational and emotional terms which illuminate the inter-subjective nature of improvisation. It is apparent that this type of musical interaction can aid a positive sense of self in therapists.

**Balancing the professional and personal musical self**

The final theme of ‘balancing the professional and personal musical self’ is one which featured strongly in Patrick’s interview. Many music therapists come from musical backgrounds that pre-exist their professional identity as therapist. By nature of the role, the professional and personal music selves can become enmeshed in each other. Patrick said;

“I can’t quite explain it. I’m trying to think about it, I can’t explain it. Yeah. It’s just something that I’m quite conscious of, in terms of my main instrument … I would tend not to have … I’d tend to have one in a music therapy situation but of the one’s I’d have there’d be the cost matter … There would be a very practical thing about it as well. But yeah, it just doesn’t, I can’t quite put it into words but it doesn’t feel right to me. It’s not even compartmentalising, it’s separating. You know, I have different lives, you know. And I like to be able to leave one behind”.

Patrick talked about ways in which he decouples the professional musical self from the personal musical self by being selective about the instruments he plays in either instance. His thoughts on this selection are guided by pragmatic reasoning. This helps him place some boundaries around similar but separate aspects of self.

**Reflection**
A reflexive journal was kept to document various stages of the research and make note of my personal observations and experiences along the way. As a music therapist, I was particularly interested and inspired with this research idea. One of the biggest challenges I encountered was that of interviewing my colleagues who I know in a professional and personal sense. My professional identity as a music therapist was something that both helped and hindered the interview process. My immediate thought after both interviews was that a discussion had taken place between two music therapists rather than that between a participant and researcher. Participants regularly said “you know” during the interviews which suggested assumption on their behalf of what I knew and indeed do know but this sometimes limited the verbal descriptors offered of some phenomena. On occasion, I found that I quickly jumped in to affirm participants’ statements rather than always following a probing or explorative line of response. The interview schedule proved helpful in keeping the interviews within the parameters of the topic under investigation whilst still allowing for flexibility during discussions. Although time-consuming and complex, the analysis of the interviews was an insightful experience. There were many themes that were applicable to my own sense of self in improvisation and some which surprised me. This spurred my curiosity of how another individual may interpret my findings and encouraged me to critically evaluate my work as recommended by Finlay (2006).

Discussion

Analysis of interviews revealed five central themes pertinent to music therapists' experience of self in improvisation namely; mindful meeting of equals, importance of the fundamentals, flexibility and adaptability, personal fulfilment and,
balancing the professional and musical self. Each central theme highlights music therapists’ experiences of self within this context and highlights the challenges and rewards that may be found in relating with clients therein. Themes that are pertinent to mindfulness, adaptability, flexibility, and the musical self would appear to support, broaden and enrich our understanding of previous research that describes the life-world of the music therapist in improvisation. Forinash’s (1992) findings relating to the unknown, spontaneity, creativity and conscious choice are echoed in the present study in addition to those of Cooper (2010) which describe empathy, awareness and musical freedom. This overlap suggests that music therapists may share similar experiences in improvising with clients and further investigation of this topic could be advantageous to student music therapists who are familiarising themselves with this clinical method in their practice.

The theme of personal fulfilment that arose in the present study merits further discussion. It is reminiscent of Wheeler’s (1999) self-investigation of music therapist’s pleasure in working with severely disabled children. Wheeler’s sense of enjoyment in her client’s responsiveness is comparable to Paul’s sense of joy when both client and therapist have moments of feeling understood. This reminds music therapists not to overlook the personal gains and rewards that can be found in working with clients. Such moments of joy or pleasure can provide therapists with food for the soul and motivation to continue on this career path.

It is apparent that there is a lacuna in the music therapy literature concerning therapists’ experience of self in their work. This is surprising given the therapist’s immense input of themselves in therapeutic relating and calls by other researchers to further examine this area (Cooper, 2010; Forinash, 1992; Wheeler, 1999). Procter (1999) suggests that such a focus on therapists may be problematic where
unchallenged assumptions and shortcomings may be revealed. The author suggests that another possible reason for the lack of such research may be due to hesitancy on behalf of music therapists to explore the therapists own sense of self in professional practice when the overarching aim of therapy is to assist and promote well-being of the client. Wheeler (1999) proposes that future studies of this nature may yield results that could be insightful to understanding job satisfaction and burnout in the profession.

This study adopted an inter-disciplinary approach in investigating music therapists’ sense of self in improvisation. By moving beyond more traditional theoretical boundaries of music therapy and SSP in a cautious and critical manner we can enhance understanding of improvisation in clinical practice. This follows on from other music therapy researchers who encourage inter-disciplinary thinking so as to realise new ways of developing our profession (Loewy, 2004; O’Kelly & Magee, in press; Pavlicevic, 2000). Further exploration along similar lines is warranted.

Methodological considerations

Some methodological issues should be considered in relation to this study. Individual interviews as a method of data collection were highly successful in revealing participants’ experience in improvisation. However, the researcher was aware that she occasionally asked questions in a long-winded manner which may have confused participants. It is important to note that not all master themes are directly related to self. Reasons for this may be because the researcher did not always rigorously purse a solid line of questioning on the self in interviews. This may have given participants opportunity to digress which led to other aspects of improvisation other than ‘self’ being revealed during analysis. IPA was a highly
effective form of analysis which enriched and broadened the researcher’s understanding of the life-world in improvisation. Although larger sample sizes are not a prerequisite of IPA, it may be fruitful to increase participant numbers in future studies of this nature in order to enhance our understanding of the topic (Smith & Osborn, 2008). The researcher also recommends extending the inclusion criteria to newly qualified therapists and comparing sense of self to those who are more experienced practitioners. It may also prove advantageous to recruit participants who are not personally known the researcher.

Conclusion

The findings from this study support the idea of improvisation as a meaning system or discourse in which the inter-subjective world of the self and other is played out. SSP suggests that social discourse is a space in which key components of self are featured. If we accept that this description of discourse can be applied to a non-verbal meaning system such as improvisation in music therapy then we must begin to explore the implications that this may have for altering and fabricating self-concept in clients and therapists alike. This is particularly relevant to those who use non-verbal discourse as a primary means of relating. Future investigation of this topic may further illuminate the distinct possibilities that music therapy can offer to such individuals in our social world.

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