



Music therapists' experience of self in clinical improvisation in music therapy: A phenomenological investigation



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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.

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Background

A social self

Sociological social psychology (SSP) focuses 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

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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 (2007) proposed features of human language that 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)

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