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Core Themes in Music Therapy Clinical Improvisation: An Arts-informed Qualitative Research Synthesis

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Abstract

Background: Although clinical improvisation continues to be an important focus of music therapy research and practice, less attention has been given to integrating qualitative research in this area. As a result, this knowledge base tends to be contained within specific areas of practice rather than integrated across practices and approaches.

Objective: This qualitative research synthesis profiles, integrates and re-presents qualitative research focused on the ways music therapists and clients engage in, and make meaning from, clinical improvisation. Further, as a conduit for broadening dialogues, opening up this landscape fully, and sharing our response to the analysis and interpretation process, we present an arts-informed re-presentation of this synthesis.

Methods: Following an eight step methodological sequence, thirteen qualitative studies were synthesized. This included reciprocal and refutational processes associated with synthesizing the primary studies, and additional steps associated with an arts-informed representation.

Findings: Three themes, professional artistry, performing self, and meaning making, are presented. Each theme is explored and exemplified through the selected articles, and discussed within a larger theoretical framework. An artistic re-presentation of the data is also presented.

Conclusions: Music therapists use complex frameworks through which to engage clients in, and make meaning from, improvisational experiences. Artistic representation of the findings offers an added dimension to the synthesis process, challenging our understanding of representation, and thereby advancing synthesis methodology.

Keywords: qualitative research synthesis, arts-informed, clinical improvisation, theory development.

Background

As a music therapy process, clinical improvisation is the free or guided extemporaneous use of music, undertaken by the therapist and/or client, using a range of tuned and untuned instruments and voice, to maintain or improve health (Bruscia, 1987). Typically, the goals of improvisational music therapy include helping the client become more aware and attentive to themselves and others, aiding in self expression and communication, and promoting insight and personal and interpersonal freedom (Bruscia, 1987).

Early developments in Nordoff-Robbins Music Therapy (Nordoff & Robbins, 2007) and Analytical Music Therapy (Priestley, 1994) provided frameworks for clinical practice that have propelled the profession forward into a broad range of clinical, music-centered practices with children and adults, using both individual and group improvisational methods (Ahonen-Eerikainen, 2007; Aigen, 2005). These processes have been examined in a wide variety of ways, including principles of practice (Geretsegger, Holck, Carpentre, Elefant, Kim & Gold, 2015), the ways in which the therapeutic process unfolds (Aigen, 2013; Auf der Heyde, 2012; Eyre, 2007), the decision-making processes of therapists (Brescia, 2005; Cooper, 2010; Sorel, 2010), the dynamics of these processes (McFerran & Wigram, 2005), the role of music (Aigen, 2014; Ritholz, 2014), and the ways in which music therapists and clients interpret and make meaning of the improvisational process (Amir & Yair, 2008; Eyre, 2007; Gilbertson, 2013; Keith, 2007; Turry, 2010).

Clinical improvisation has been used across a wide range of settings and populations. This includes work with infants (Haslbeck, 2014; Malloch, Shoemark, Crncec, Newnham, Paul, Prior, Coward, S., & Burnham, 2012), children (Carpente, 2012; Geretsegger, Holk, Bieleninik & Gold, 2016), people living with mental health concerns (Albornoz, 2011; Zarate, 2016), children and adults in rehabilitation settings (Guerrero, Turry, Geller & Raghavan, 2014;), and those diagnosed with cancer (Pothoulaki, MacDonald, & Flowers, 2012; Logis & Turry, 1999). Further, interventions incorporating clinical improvisation have been used to treat people experiencing medical trauma (Scheiby, 2013), with adults traumatized as children (Austin, 2001), with troubled adolescents (Gardstrom, 2004), and the traumatic experience of sexual abuse (Amir, 2004). This literature

demonstrates the benefits of improvisational experiences, and the ways in which improvisational experiences engage and hold clients' attention (Carpente, 2011), supports pain management (Scheiby, 2015), enhances physical wellbeing (Loewy, Azoulay, Harris & Rondina, 2009), provides opportunities to be creative (Ahonen & Lee, 2011), enhances self-expression (Amir & Yair, 2008), and improves interpersonal relationships (Amir, 1990; Sorel, 2010).

Not surprisingly, a robust qualitative research literature related to clinical improvisation has emerged. This has included case study analyses (Aigen, 2013; Amir, 1990; Amir & Yair, 2008; Eyre, 2007), research focused on the therapeutic process (Beer, 2011; Cooper, 2010; Eyre, 2007; Sorel, 2010), the lived experience of improvising (Forinash, 1992), meaning making processes (Gardstrom, 2004; Keith, 2007), analyses of musical interactions (Carpente, 2012; Turry, 2010), of musical styles (Aigen, 2001) and of methods of musical analysis (Arnason, 2003; Lee, 2000).

The diversity of this qualitative research provides an important knowledge base in articulating the practices and processes undertaken when working with clients, and how these connect to health related outcomes. However, this diversity can also create challenges in identifying and defining core themes that guide practice, given the diverse nature of the questions asked, perspectives taken (client and therapist), and methods undertaken in gathering and analyzing this qualitative data. Qualitative research synthesis (QRS) (Major & Savin-Baden, 2010), with its conceptual and methodological emphasis on integrating qualitative research located broadly within the same tradition, provides a framework through which to integrate these studies - across settings, populations and methodologies - to enrich our theoretical and methodological understanding of these clinical processes. This article therefore serves to integrate this qualitative research, in order to advance our understanding of the ways in which clients and therapists engage in, and make meaning of, improvisational music therapy experiences.

Further, while undertaking this synthesis, we realized there were opportunities to build on the qualities of QRS to extend approaches for creating, translating, and exchanging knowledge, especially as the subject matter of clinical improvisation offers such fertile ground in which we as researchers could be creative. Thus, we took inspiration from arts-related inquiry (Savin-Baden & Wimpenny, 2014; Viega, 2016a) to explore the relationships between ourselves as artist/therapist/researchers, the

phenomena (the data from the primary research), knowing (as speculative theory, perception, understanding and practical wisdom), doing (praxis) and making (as aesthetic creativity) (Wimpenny & Gouzouasis, 2016), to challenge ourselves to explore how a research synthesis could be presented through means beyond the written text. In doing so, we engaged with the complexity inherent in the relationships between subjects, thoughts, art forms and contexts that are intrinsic to improvisational music therapy practices.

Therefore, by integrating qualitative research that examines improvisational music therapy practices, and engaging in an artistic re-presentation of the findings from this synthesis, this arts-informed qualitative research synthesis (AiQRS) sought to accomplish the following:

1. To identify core themes in improvisational music therapy practices, thereby enhancing our understanding of these practices
2. To re-present these core themes in narrative, visual and artistic forms, thereby advancing our understanding of data representation in qualitative research synthesis processes.

Methodology and Methods

Qualitative research synthesis (QRS) uses qualitative methods to analyze, synthesize and interpret the results of primary qualitative studies related to a specific phenomena (Meadows & Wimpenny, 2016). In addition, the approach is methodologically grounded and rigorous, as in seeking to answer a specific research question, it combines qualitative studies that use thick description and are located in broadly the same tradition (Major & Savin-Baden, 2010). The purpose of the synthesis process is to make sense of concepts, categories or themes that have occurred across a particular data set in order to develop a comprehensive picture of the findings, while recognizing the social, historical and ideological context of the research (Sandelowski & Barroso, 2007; Major & Savin-Baden, 2010). In doing so, three levels of analysis are commonly completed, identified here as codes, meaning units, and themes, which will be described below. Further, QRS provides researcher knowledge about quality issues when conducting qualitative research, since only studies of accepted quality are included.

As we moved through this synthesis process, we saw the need to engage artistically with the data, employing arts-related concepts and methods (Savin-Baden & Wimpenny, 2014; Viegas &

Forinash, 2016), as the musical origins of the data invited us to consider how aesthetic experiences might be conveyed as they are synthesized. Arts-related research employs the arts, in the broadest sense, to explore, understand and represent human action and experience beyond the constraints of language and text, therein communicating wider understanding and meaning (Ledger & McCaffrey, 2015; Viega, 2016a). In doing so, we engaged with music therapists who specialized in improvisational music therapy practices to further explore and expand upon the core constructs that emerged from our analysis, rendering them in an artistic representation that offered a visual, textual and musical form to the synthesis. We named this process arts-informed qualitative research synthesis (AiQRS), which unfolded in three-stages, with stages two and three overlapping:

- 1 {
 - Identify area of research and research question
 - Identify and collate qualitative studies related to the research question across a large area of literature using inclusion/exclusion and quality criteria
- 2 {
 - Examine the theories and methods used in each study in-depth
 - Compare and analyze findings for each study
- 3 {
 - Synthesize the findings from each study
 - Undertake an arts-related interpretation of findings across the studies
 - Present the arts-related synthesis
 - Reflect upon the synthesis process

Stage 1: Identifying and Evaluating Primary Qualitative Research

The synthesis focused on qualitative research that captured clients' and music therapists' perspectives on, and experiences of, music therapy clinical improvisation.

The research question was:

What themes characterize the ways in which clients and therapists engage in, and make meaning of, improvisational music therapy processes?

Sampling framework

Explicit searching strategies were used and detailed in order to create an audit trail. Purposive sampling using electronic searches from online databases included Medline, CINAHL, PsycINFO, AMED, ASSIA, and SCOPUS, along with hand searching the *British Journal of Music Therapy*, *Music Therapy*, the *Australian Journal of Music Therapy*, and *Qualitative Inquiries in Music Therapy*.

Arts-informed Qualitative Research Synthesis

We searched the literature from January 1990 through to January 2015, with the end date coinciding with the timeframe of our funding period. Age was not a limiting factor, nor was clinical setting. In essence, we sought research articles that had examined the ways in which clients and therapists engaged in, and made meaning of, improvisational music therapy experiences.

Develop and implement inclusion and exclusion criteria

The initial search resulted in 539 journal articles. This was narrowed to 54 articles using inclusion and exclusion criteria outlined in Table 1.

Include	Exclude
Sources between January 1990 – January 2015	Sources and publications outside the search period
Sources related to clinical improvisation in music therapy	Sources and publications not related
Sources detailing what the interventions are and how they are delivered	Sources lacking adequate detail
Ways in which the interventions are used	Sources lacking adequate detail
Effectiveness of interventions, including use of (standardized) assessment tools i.e. perceived benefits from therapist, client and carer perspectives	Sources lacking adequate detail
Adoption of interventions e.g. use / uptake of certain interventions over others	Sources lacking adequate detail
Sources identifying therapists role(s) within the intervention	Sources lacking adequate detail
Sources identifying therapeutic reasoning	Sources lacking adequate detail
International literature	Sources not in English language
Clinical, community populations/programs	Sources not related
Children and young people, adult, older adult populations	Sources not related
Clinical context e.g. hospital, acute, community services	Sources not related
Primary qualitative studies	Quantitative studies, literature reviews, other syntheses.
Peer reviewed journal articles	Grey literature, reports, conference proceedings, books and book chapters
Use of rich description	Limited/thin or no data presented

Table 1: Inclusion and Exclusion Criteria

Quality Assessment

The set of 54 articles were then assessed using a seven-category critical appraisal tool developed by Savin-Baden and Major (2007). Articles rated two or three in at least five of seven categories were

accepted. This approach limited the number of studies selected to a final set of 13. Studies were rejected where they lacked adequate methodological positioning, or where thick description was lacking. We embraced methodological heterogeneity, including studies that self-identified as phenomenology (Amir, 1990; Cooper, 2010; Forinash, 1992; Gardstrom, 2004; Markworth, 2014; McFerran-Skewes, 2000), interpretive phenomenological analysis (McCaffrey, 2013), phenomenology and hermeneutics (Amir & Yair, 2008), hermeneutics (Eyre, 2007), transcendental realism and hermeneutics (Keith, 2007) and naturalistic inquiry (Brescia, 2005; Sorel, 2010; Turry, 2010).

	0 No mention	1 Some mention	2 Good mention	3 Extensive mention
Study methodologically and theoretically situated				
Ethical process transparent				
Researcher(s) situated in relation to participants				
Researcher(s) situated in relation to the data				
Researcher(s) take a critical stance toward research				
Congruence between methodology and methods used for data collection, analysis and interpretation				
Participant involvement in data interpretation				
Limitations voiced				

Table 2: Criteria for evaluating studies suitable for qualitative research synthesis (Adapted from Major & Savin-Baden, 2007 p. 838)

Stage 2: Analysis, Synthesis and Interpretation

The synthesis process involved an iterative cycle of analysis, including both reciprocal and refutational processes (Noblit & Hare, 1988), using the following steps:

1. Each article was read
2. A summary of the article was recorded to enable articles to be compared
3. The findings of each article were identified and coded.
4. Analysis moved from coding each article to comparing these codes across articles, including listing and organizing codes into meaning units.
5. These meaning units were then examined and organized into themes.
6. Drawing upon the codes and meaning units, the themes were richly defined. These themes

embraced and transformed the data in ways that sought to capture the richness of the theme.

Table 3 provides an example of the three stages of the analysis process, which includes example codes from the primary studies, with specific authors identified where appropriate. These codes are combined into meaning units, which were further synthesized into themes.

Code	Meaning unit	Theme
Connecting / not connecting (Amir, Brescia, Eyre, Gardstrom) Being present and empathic (Cooper, Eyre) Therapist empathy Mindful meeting of equals (McCaffrey) The therapist's intention Giving of self to client; entering into his/her world (Turry, Brescia, Eyre, Sorel) Really, really connecting to what's happening, to the situation, while being totally focused on the client. (Cooper; Sorel; Turry) The therapist is always looking out for client growth (Cooper, Eyre) The therapist opening/invitation, giving of oneself (Brescia) A warm heart A willingness to be vulnerable A searching and faltering process (Amir) The therapist's ability to share of oneself (Amir) Therapist maintains a flexible, responsive, adaptable approach (McCaffrey, Sorel, Turry) The therapist's quest for musical intimacy (the therapist's desire to connect and/or engage with the client and how this feeds into the improvisation and meaning making process for the therapist) (Gardstrom; Turry)	Therapists employ a range of interaction and communicative skills to enter the client's world ➤ Intuition, which emerges deeply within the therapist, guides the process ➤ Listening for significance, imagery and the intangible with reverent attention ➤ Listening uncovers and informs the known and unknown, the effable and ineffable	Professional artistry: ➤ Attempting to enter the client's world, from which the music emerges ➤ Musical techniques are used to engage, to evoke responses and to support the client through their everyday struggles

Table 3. An Example of the Three-Stage Analysis Process

Table 4 identifies the overall interpretative third order themes from the synthesis, with definitions.

Themes
<p>Professional artistry:</p> <ul style="list-style-type: none"> • Attempting to enter the client’s world, from which the music emerges • Musical techniques are used to engage, evoke responses and support the client through their everyday struggles
<p>Performing Self:</p> <ul style="list-style-type: none"> • Client change exists in the potential for change in the music • Music provides a co-created narrative of known and unknown moments – familiar and unfamiliar (<i>affirming self and creating new self may occur</i>) • Uncertainty in the music brings, aesthetic beauty, tension, risk taking are change potentials
<p>Meaning making:</p> <ul style="list-style-type: none"> • Improvisation as a meaning system of musical portraits • The session meaning is made in different ways by different therapists and may be made differently by therapists and clients • Understanding can come from music

Table 4: Emergent Third Order Interpretative Themes from the Synthesis Process.

Stage 3: Arts-related Interpretation and Representation

As the analysis of meaning units shifted to themes, we entered a creative phase of translating and depicting an aesthetic interpretation of the synthesis. This rendering of the data, to effectively capture the emotion and energy of the themes that were revealed, involved decisions about artistic position and style. As Irwin and Springgay (2008) suggest, the analytical and interpretive process is “to intentionally unsettle perception and complicate understanding” (p. 113). This stage of the synthesis required us to reflect consciously on what we had learnt and uncovered, as well as turning that lens outward to consider how to share our insights and experiences with others, to present new insights, and to create space for further questions to develop (MacKenzie & Wolf, 2012).

In doing so, we met with two experts in improvisational music therapy practices, engaged in improvisational music therapy sessions, and used our session experiences to further explore, challenge and confirm the themes we were developing. We moved from written summaries of the synthesis to poetry, creative movement, reflexive journaling, and ongoing dialogue to challenge our basic concepts of written narratives as the primary source of data from the synthesis. This led us to consider visual, musical, and poetic forms to richly capture the synthesis. As this reflexive process unfolded, two graduate students from Shenandoah University engaged in this process with us, resulting in the design

of a six-minute media re-presentation of the data. Drawing upon their knowledge of iMovie and video design, we combined visual, musical, written narrative, and poetic forms as a means of synthesizing and representing the complexities of improvisational music therapy practices.

Trustworthiness/Plausibility

QRS observes the ideal of optimizing transparency and reflexive awareness of the researcher's guiding philosophical stances and disciplinary positionality in relation to the research process. In embracing this transparency, we employed four primary methods to ensure data integrity during the QRS process. Each is briefly described:

1. *We took equal responsibility in conducting the analysis process.* We began by independently analyzing seven of the primary studies and met and discussed each of our reciprocal and refutational analyses to compare our methods and findings. In doing so, we discussed discrepancies in our analyses, reconciled these, and were then able to compare and verify these analyses as a whole. After completing this stage of the analysis, we then divided the remaining six articles and independently completed analyses of these. After doing so, we met again, and discussed each article and analysis, which allowed us to identify meaning units, and later in the analysis, themes.
2. *We used reflexive journals.* Throughout the research process, reflexivity was an essential process used to record our respective researcher perspectives, to provide information about the research journey, and the reasons for our methodological decisions. This included acknowledging our researcher stance and professional lens, our ideas about how to synthesize data, which would include musical scores, lyrics and poems. It also included recording the transition in our thinking as we shifted from analysis to interpretation and presentation of the study findings.
3. *We used member checking.* We selected two of the primary studies and contacted the authors of these studies to discuss our analysis of their research, confirm our analytic process, and seek confirmation regarding the meaning units and themes we developed. These authors identified minor discrepancies between our analyses of their research, and confirmed the emerging themes.
4. *We consulted with experts.* During the latter stages of the analytic process, we met with two expert clinicians (advanced practice specialists in improvisational music therapy), discussed our analysis process, and independently engaged in improvisational music therapy sessions to further our understanding of the experience of improvisational music therapy sessions. In

doing so, we were able to explore, challenge and confirm our understanding of the emergent themes.

As we expanded our understanding of the QRS process to include an artistic rendering of the synthesis (AiQRS), this challenged us to consider another level of data integrity – how might we ensure the trustworthiness of the processes we undertook in creating the artistic re-presentation? As we did not know of any formal procedures for ensuring the integrity of this part of the synthesis process, we took the following steps, which recognize Viega (2016) and Barone and Eisner (2012):

1. We began by actively seeking out and discussing ways of visually and musically representing clinical improvisation, as we understood it from the synthesis. This was an intuitive, creative process that involved visiting art museums, listening to music, watching short films on Vimeo, and engaging in wide ranging discussions about data representation and synthesis.
2. After recording our individual improvisational music therapy sessions with the expert clinicians, we invited one of the clinicians (Benedikte Scheiby) to musically re-interpret our sessions, considering the QRS process and our discussions of the third level interpretative themes. In doing so, she recorded the music and forwarded this to us as a data source for the artistic rendering.
3. Our first iteration was structured using Prezi (a presentation tool similar to PowerPoint), whereby we integrated music from the primary studies and musical re-interpretations of our own sessions with key elements of the third order themes, using quotes from the primary studies and poetry we had written during the synthesis. After completing this, and reflecting on the product, we discarded this form of presenting the data as we felt that it was too static, visually unsophisticated, and that many of the music choices we included did not richly capture the phenomenon. This was further verified when we returned the Prezi to the expert clinicians, as they gave specific feedback about our musical choices and the extent to which they reflected the themes.
4. We re-engaged with the artistic rendering, expanding to film excerpts, and using the theme of water as a metaphor for the improvisational process, to help represent sensory, corporeal, kinesthetic and spiritual connotations and associations. We added musical examples from archival Nordoff-Robbins and Priestley materials (used with permission), excerpts from the primary studies, the re-interpretation of our own improvisational sessions, and written narratives from our analysis, which includes the themes, quotes from the primary studies, and poetry.
5. After completion, this was sent to expert colleagues for reflection and comment.

Synthesis Findings

The synthesis findings are presented in two stages. First, the three themes that emerged from the QRS are shared, along with an integrated description of these themes. Following this, an artistic rendering of the synthesis is offered.

Stage 1: Findings from the Qualitative Research Synthesis

When viewed as a whole, three themes emerged from the QRS, reflecting the ways music therapists and clients engage in, and make meaning of, clinical improvisation: Professional Artistry, Performing Self, and Meaning Making. Each is described below.

Professional Artistry

Professional artistry is at the core of improvisational practices, and involves both the clinical stance (epistemology of practice) and music skills of the music therapist. As such, it is characterized in two main ways:

- *Attempting to enter the client's world, from which the music emerges*
- *Musical techniques are used to engage, evoke responses and support the client in their everyday struggles*

Attempting to enter the client's world, from which the music emerges

Across the qualitative studies, music therapists expressed their ability to display 'reverent attention' in their interactions with the client(s) as being central to their work. Reverent attention draws upon their clinical knowledge, personal and professional competence, and is expressed in their musical responses to clinical situations of complexity and uncertainty. Such practices reflected the therapists' epistemology of practice; their professional and personal beliefs, including the values and opinions that were seen to shape the ways they reasoned, acted, and understood 'the world' of the client, as illustrated in the following excerpts from the primary studies:

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... 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 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 feel that way. (McCaffrey, 2013 p. 309)

It's like you just have to have faith. He's [the client] not always going to react to [my musical ideas] ... but at least what I'm doing I feel good about ... I have to take satisfaction in my choices rather than what his responses may be ... it was just about my choices and maybe how long did I maintain faith in my ideas or the music in general. So, maybe there's something about him that makes me feel I still believe in this [way of working]. (therapist A, reflecting on a session experience.) (Cooper, 2010 p. 103)

And,

I'm trying to give him a different musical experience... I'm saying here's a whole different musical experience, a whole different world to live in. Can you come with me? (Cooper, 2010 p. 106-107)

In these ways, improvising involved the therapist being 'poised', 'ready to go', and having a sense of 'faith' - faith in the music and in oneself. As such, there was a clear sense of the importance of the therapist's connections to their emotional self, and a willingness to enter a deeply embodied/visceral space, which a number of therapists described as entering into a spiritual realm.

Musical techniques are used to engage, evoke responses and support the client in their everyday struggles

Professional artistry accounted for the range of often competing, complex issues and discourses, which therapists sought to manage artfully through their musical interactions. Dealing with pressure, anxiety, tension and conflict were seen as part of the process of improvising.

There wasn't even time to enjoy it in the moment because it's always about the next moment... so I'm not even thinking, "Oh, this is a wonderful experience now." It's more the anxiety of - not anxiety in a negative way - but the tension of what's going to happen next. Because I've got to keep going, we can't just stop this. We're in the middle of something. (Cooper, 2010 p. 101)

And in another example,

The other thing is about how there is something about the memory of . . . [my] fingers know the tones that [I am] going to play—the way the tones are in relation to each other. When you are playing this tone, you know this tone can go here and then when you go there you know how that tone works with the other tone. So it's an awareness of how the tones work together. (Sorel, 2010 p. 202)

As a creative process therefore, improvisation draws upon all the resources of the therapist. This involves not only the technical skills of being a musician, and the physical and cognitive stamina involved, but also the myriad decisions made in-vivo as client and therapist make music together.

Professional artistry encompasses the therapist's desire to enter the client's world, from which the music emerges, recognizing the subtleties and nuances required within the musical exchange, and the musical 'offerings' and 'invitations' to the client to 'respond', as illustrated below:

He [client] can see that I am waiting for him and he is taking it up and enjoying the fact that I am going to respond to what he does. He has some control over what I do. And it is shared, he's not just following me, but I am following him. (Markworth, 2014 p. 14)

Such artistry was illustrated in the therapist's demeanor, authenticity and respect for the client, noted by the therapists' examination of their intra- and inter-personal skills, their conscious appraisal of the need to 'step in and step back', to be conscious of ways of influencing client agency, and to persist in finding ways to engage and enter into the client's world, so both could be involved in the shared experience of improvising.

Performing Self

Clinical improvisation is performative in that the client and therapist express themselves fully in the music, with the musical-therapeutic encounter understood as a dynamic, unfolding psychological process. The music is therefore understood as an expression of self – a lived experience of self in the music - and is considered from three perspectives:

- *Client change exists in the potential for change in the music*
- *Music provides a co-created narrative of known and unknown moments – familiar and unfamiliar (with the potential to affirm self and create a new self)*
- *Uncertainty in the music brings anxiety, tension, risk taking and the potential for change*

Client change exists in the potential for change in the music

Performing – improvising everyday struggles – provided a space and place for each client (and therapist) to change and grow. Clients expressed feelings associated with their current emotional state in improvisations through 'sounding' themselves in and through the music, which offered an

opportunity for freedom and agency, and for insights into self to occur. These were also displayed outside of therapy sessions following client reflections, actions, and through observed changes reported by others:

Like when I play the drums it helps me, like, relieve a lot of anger 'cause it's pounding something, and ah, like right now I have a lot of emotions I guess. I'm mostly angry, er, I don't know why, just, (laughs) just, like, frustrated and, (plays drum) like I don't know how to express it, except by this... (client Erica) (Gardstrom, 2004 p. 91)

Further,

My life is very rich in different kinds of experiences and people. Therefore I chose to use the other instruments. The Celtic drum indicated my intense desire to be a part, to make a difference, to be heard, etc. The xylophone rings clear, even when a sour note is played (sometimes by my own bad choices)... (client Jenny) (Keith, 2007 p. 76)

In improvising, clients were not only challenged to express their creativity, but to expand their creative selves. This expansion, or the potential held within, affords new opportunities to explore and construct/re-construct self.

Music provides a co-created narrative of known and unknown moments – familiar and unfamiliar

What was evident in the included studies was how these music therapists 'mindfully met' the client, as an equal, in the shared musical experience. As such, the client and therapist performed themselves in the music. Concomitantly, improvising was understood as a musical narrative of known and unknown moments – the moment in which the music is sounded, and the 'as yet unknown' moment that follows - the potential to sound oneself, and then sound oneself anew.

For example, Turry (2010) describes a significant moment in his work with Gloria, a women diagnosed with non-Hodgkin's lymphoma. In this musical exchange, which represents a key moment in their therapeutic work, the spontaneous vocal and instrumental narrative "created a song of great clinical importance that contributed to the client's overall improvement" (p. 117).

Client sings:

You listen to me deeply

Therapist plays:

Single tones from the piano gently, slowly, sounds sustained to create harmony which contextualizes the client's melody, creating momentum and leaving space for the voice to continue

And that makes me cry
A new minor harmony from the piano supports the sentiment of the words
Just when I got used to not ever being heard
The tender accompaniment pauses, then comes to a temporary resting place
I stopped talking
A countermelody from the piano gently echoes the melody
Oh I seem to talk
A pulse generated from the melody is now present in the harmony
People thought I talked
There is a rhythmic quality that now creates a gentle swing
But I didn't speak from my heart
A song form with pulse and phrase structure emerges
Music goes to places that words can never go
The intensity builds
Music goes to places that words can never go
The lyric repetition solidifies the song form
Finding my true voice
The music begins to cadence, slowing down and clearly heading for the tonic
Not being afraid
The music and words slow down
You listen to me deeply
A final harmonic cadence
And that makes me whole
The music and words come to a place of completion
(Turry, 2010 pp. 116-117)

The willingness of the therapist and client to sound themselves in the music, improvising themselves in this co-created narrative, reflects the personal risk-taking and vulnerability inherent in improvisational experiences, as the next theme explores.

Uncertainty, tension, risk taking and beauty in the music evoke change

Clients and therapists were seen to experience a wide range of tensions and conflicts that propelled the therapeutic process forward, presenting both barriers to change, and sources for session content. These included physical and emotional tensions, feeling lost and uncertain, and encountering strong feelings while/after improvising.

I think I could say that any improvisation that stands as a significant improvisation, in any process with a client, there's always been a risk that had to be taken Risk has to be taken for something to come into action. There has to be a leap of faith always. I've got to jump off the diving board, even if I don't have a clue where to go. I'm thankful that I have those moments. I'm really grateful that I take those risks when I do.

(therapist Ted) (Brescia, 2005 p. 82)

Sorel (2010) described how Connor, one of the Nordoff-Robbins music therapists working with a mother-son dyad, Carly and Elliott, observed how Carly's struggles were played out in sessions:

She seemed to me to really be fighting for her life, in a certain way. This sort of coincided with what I had seen in so many of the other parents that we had dealt with in this situation, because we had done other groups with parents. Except this woman seemed to be more acutely conscious of—I'm sacrificing this—my photography, my writing, my personal therapy, my sports activities. All of this stuff. It's slipping as a result of all these things that I'm caught up in the children. (pp. 202-203)

Connor then describes how his feelings about Carly's situation influenced the direction and focus of therapy:

I think I became more concerned about her as the more intensely feeling, directly involved person who was coming to some kind of almost like a life decision. —What am I going to do? How am I going to do my life? How is it going to remain fulfilling to me? And, in a microcosm, that's what was going on in the sessions. How am I going to play music and somehow deal with this person? (p. 203)

Taking risks was therefore viewed as central to change. These risks included expressing oneself in new ways, immersing oneself in new therapeutic themes, and engaging in music making in ways that allowed for unexplored or un-encountered aspects of self to be sounded. Aesthetic beauty was understood as both a process and product of these experiences; beauty in the music could be a source of insight and meaning (an agent of change), and/or a way of experiencing oneself musically.

Meaning Making

Clients and therapists were understood to make meaning of their experiences in a variety of ways, reflected here in three forms:

- *Improvisation as metaphor*
- *Session meaning is made in different ways by different therapists, and may be made differently by therapists and clients*
- *Meaning can be derived from analyzing the music itself*

Improvisation as metaphor

For some clients and therapists, the process and product of improvising, whether solo or duet, was a metaphor for the client's life challenges. For example, Sorel (2010) reported how Carly, working in sessions with her son Elliot, became aware of how her participation in sessions related to her personal tendencies, and how developing this awareness allowed her to address some of her own needs:

I remember going in [to sessions] with a definite agenda, but that's so me. There is a point at which it gets to be way too much . . . nobody knows Elliot like me. And I'm going to be the one to lead and you guys, you just play along. I'll tell you when . . . You guys can just keep background music. Here's another way to cure him. I came in with a whole agenda cause . . . I'm totally in control of his attention. I'm in control of his destiny. And I realized how tired I was getting. And I also realized that maybe other people could help me. And it's something that I talked to Peter and Connor (the music therapists) about. I can't remember how it evolved whether they said, "Wow, you seem tired", or me saying "I'm tired". 'Cause I don't want to come here any more or I'm getting burnt out... That's when I think it evolved. I started to think "Wow, maybe it's always hard for me to think other people can help me." I have a real problem with that. So that's when I started to say let's see if they can help me and frankly let me have some therapy. (p. 193)

As reflected above, both therapists and clients interpret their session experiences, drawing upon a range of constructs to make sense of their musical experiences. Sometimes this involved interpreting the music as being like something else (e.g. "the music really sounded like the way I interact with my partner"), and sometimes as a release of feelings (e.g. "I felt so angry as I played, it was so good to get it out"). Thus, musical processes were understood as psychological processes, wherein the music was a metaphor or symbolic carrier of meaning.

Similarly, improvisational experiences evoked images and memories that were central to the therapeutic process, linking the client's past to the present. Eyre (2007) describes the ways in which fantasy images, imagined conversations, and reality rehearsal supported Marcus, a young man with schizophrenia, after engaging in a series of improvisations:

Although at first [Marcus] found it difficult to keep up conversations with others, he used the musical dialogue he created with [Mary] Priestley and the imagined conversations during reality rehearsal improvisations to practice connecting to others emotionally and verbally... With increased awareness of his feelings, Curtis was able to articulate aspects of his life that were unsatisfactory... The fantasy images that followed helped Curtis to rediscover memories through association... He explored images and emotions related to the loss of his wife... [and] began to come to terms with the unraveling of his life at the onset of his illness. (pp. 16-17)

Thus, improvising allows clients to live in differential experiential spaces; connecting with the past, confronting the present, and experimenting about the future.

Session meaning is made in different ways by different therapists, and may be made differently by therapists and clients

For therapists, meaning-making occurred through listening and intuition; listening to the music itself and the client's musical responses; the emotions evoked and worked through; listening by observing,

feeling and thinking clinically; listening for significance, imagery and the intangible. Further, meaning making was derived on two levels: the nonverbal level, which consisted of embodied experiences, images, and sounds, and the verbal level, using words to connect musical and verbal meaning(s). For example, Markworth (2014) describes how Adam (music therapist) understood Neil's (client) experience of music therapy sessions. Neil, a three years old boy with autism, had limited verbal communication:

I think there was a certain natural way that he understood the language of music in a way that was a lot easier than verbal language. So he understood the construction of the scales, he could hear going to the tonic. He knew how notes worked together. He understood how a phrase would come to a close or cadence. He could hear those things. And I think it was allowing for some strength that was in there lying dormant to really manifest itself. (Markworth, 2014 p .20)

Clients used similar processes to make meaning of their experiences. However, clients were not always able to make meaning of their experiences, especially when they were engaged in non-referential improvisations. Further, for clients for whom verbal expression was limited, the therapist assumed the meaning of the improvisational experience was contained within the musical encounter itself. For example, in reflecting on her session experiences in a bereavement group (McFerran-Skewes, 2000), Chelsea commented:

The music didn't really make sense, but it was cool we could play whatever we wanted (p. 10).

While articulating and interpreting personal meaning from sessions was at times difficult for younger clients, the opportunity to connect with, and/or express feelings associated with their current emotional state, was evident:

Well, I dunno why, just to say here is how you have to express how you feel is really good. So, you can say hey I'm happy today, and if I'm sad you can just hit the drum really hard or something. Yep that was my favorite bit. (Angel) (McFerran-Skewes, 2000 p.11)

In this way, for some youth, the music offered 'stepping stones' and enabled the person to engage musically in whatever they were feeling, without necessarily being able to fully "make sense" of, or integrate, their experiences.

Understanding can come from the music

Understanding was seen to come from the music in two primary ways. First, it emerged intuitively from the direct, ‘lived experiences’ of the client and therapist “in the music”. Second, musical analysis was sometimes used to make meaning of the client’s improvisations. For example, in describing ways of finding meaning in the piano improvisations of music therapists and young children at risk, Amir and Yair (2008) made connections between therapeutic motifs and musical characteristics, as follows:

Both [of the meaning making] motifs, “no home” and “circle of distress”, can be connected to the missing of musical development... While melodic, harmonic and rhythmic developments allow a feeling of continuity and solution, all three improvisations contain scales going up and down... aimlessly, and are created in a hesitant, unconvincing way with a cadence that does not come to a convincing ending. There is no tonic to come home to, no grounding... The musical narrative that was repeated... created feelings such as being stuck ... being lost ...going around... endless circle... and feelings of distress... (pp. 130-131).

In particular, the Improvisation Assessment Profiles (IAPs) (Bruscia, 1987), which involve both musical analysis and psychological interpretation, were sometimes employed. For example, in her analysis of Mary Priestley’s work with Marcus, Eyre (2007) provides the following interpretation of Marcus’s improvisation during the early stage of his clinical work:

The constant fusion of his melody with the scale and tonality signified that he had not individuated and was embedded in the emotions, goals, and impulses of his holding environment, specifically with his mother. The invariability of phrasing, timbre, and volume may be other indicators of Curtis’ inability to establish his own physical and emotional separateness and identity. He seems unready to organize his own impulses and feelings into meaningful expression in the phrasing, unable to change his identity in timbre, and unwilling to take or vary his power in the volume. (p. 10)

The IAPs are therefore understood to be a comprehensive method of musical and psychological analysis in which a psychological profile of a client and/or client-therapist relationship emerges through an understanding of the client’s and/or therapist’s music.

Clinical Musical Improvisation: Integrating Themes

The dimensionality of *professional artistry*, *performing self* and *meaning making* illuminates the complexities of improvisational practices, and challenges us to consider how this dimensionality may

be integrated and understood. In the following paragraph, we integrate and summarize these three themes, defining the essence of our synthesis work.

Clinical improvisation is a creative, goal directed therapeutic process, propelled forward by the moment-to-moment decisions of client(s) and therapist(s), in and through the music. These musical encounters emerge from the client's and therapist's biographies, stances, choices, and intuition, and embrace moments of uncertainty and tension. Session meaning is made in a variety of ways; through the direct experience of the music, in the images and memories evoked while improvising, in the verbal processing of session experiences, and through musical analysis. Self is sounded in the music, and both client and therapist are agents of change in the music experience, offering something simultaneously beautiful and intangible, as the self is sounded anew. Aesthetic beauty is understood as both a process and product of these experiences; beauty in the music can be a source of insight and meaning, and/or a way of experiencing oneself musically.

Stage 3: An Artistic Rendering

In a typical QRS, the themes, and their integration, are the focus of the findings section, as presented above. However, as we encountered the data, listened to audio recordings associated with the primary studies and considered how a musical phenomenon such as clinical improvisation might be represented, we began to question the narrative (written) nature of the findings. We asked ourselves: can a musical phenomenon be fully represented in words alone?

It was not that the QRS themes did not have integrity, it was more a problem of using words to describe music. The further we moved from the experience of the researchers and clients in the primary studies, and the more we sought the essence of these studies, the less we felt we were capturing the complexities of their experiences. No matter how elegant our words, they were ultimately static; no matter how clever our themes, they were ultimately reductive. And there was no music!

Therefore, as a means of questioning and challenging our themes, and the ways we defined and contextualized these, we shifted into the arts-informed stage of inquiry, where we both experienced individual improvisational music therapy sessions, each led by a music therapist

experienced in Nordoff-Robbins Music Therapy and Analytical Music Therapy, respectively. These immersive, emotional, musical experiences provided an insightful opportunity to heed McNiff's (1998) advice to 'trust the process,' and consider how improvisational experiences could themselves inform the ways we represent data from the studies, and how our aim of sharing our learning with others could inform our music making. We wanted to consider how the experience of improvising, and the meanings derived from this process, could be captured in ways that would draw the reader into the clinical experience, and as our awareness and responsibility as data "re-presenters" shifted, we expanded the palettes from which we could choose to represent our work, along with our understanding of how these could be shared with others.

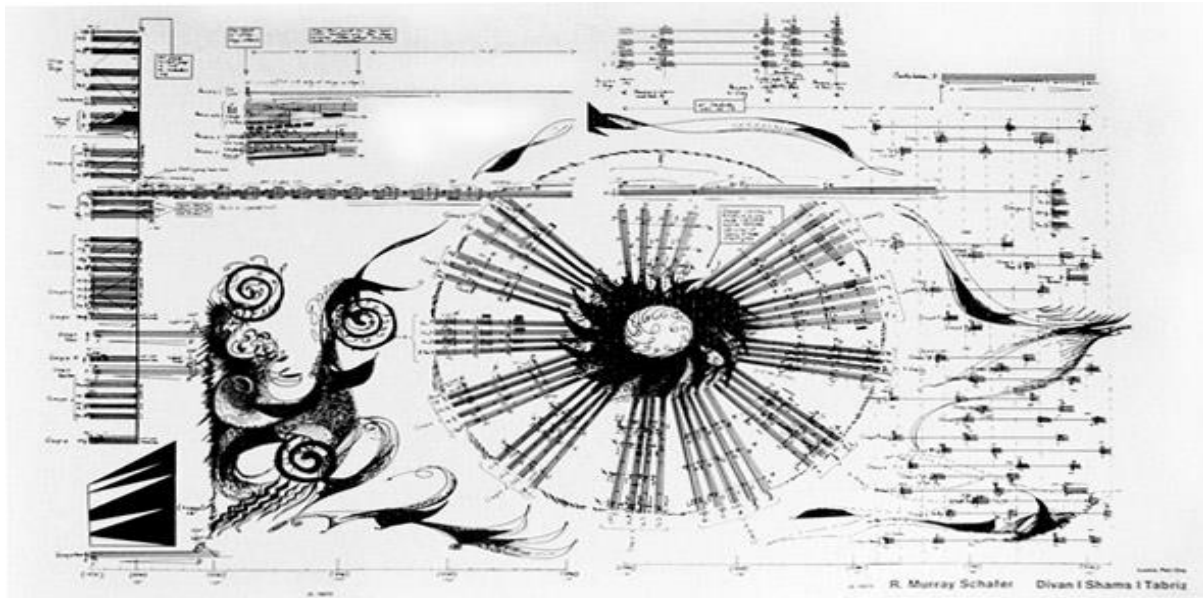
Re-presenting the 'data findings'

Engaging in this process opened new insights into the QRS process. It forced us to grapple with the very nature of representation, and to work at ways of integrating words and music. As such, our engagement in these arts modalities – the same modalities clients and therapists use in improvisational music therapy sessions – invited us into re-imagining the data. Arnason's (2003) depiction of listening with an improvisational attitude (p. 134) captures this process elegantly, which we have adapted into a poem.

*A faith in creative action to be in music with another person,
To play, and
To take needed risks ...
A curiosity about the world,
A delight in being surprised,
An emotional sturdiness for coping with unexplainable events;
A willingness to go beyond what is known or comfortable, and
To share music in different social and cultural communities*

We explored ways in which we could use images to help us share the complexity of the data, and the ways in which visual artistry could be used as a meta perspective of the phenomenon we were seeking to re-present, as Schafer's (1977) scores exemplify (See Figure 1).

Figure 1. The score for “Divan / Shams / Tabriz, for orchestra, seven singers, and electronic sounds”. (Schafer, 1977) (reprinted with permission).



The movement and dimensionality of Schafer’s (1977) score helped us understand how images convey meaning. The form and structure of this score, the non-linear nature of the musical elements, represented in musical notation, lines, shading, and interconnected shapes, draws us into the image. It invites curiosity, evokes emotion(s), is aesthetically beautiful, and simultaneously ineffable. The image cannot be explained in any one way (reduced to a single explanation) - and in all these dimensions, it is akin to the ways clinical improvisation *feels*.

Challenging ourselves in these ways, we moved into a visual representation of the QRS using images, distilled summaries of the themes, audio files (including those from the original qualitative studies analyzed in the QRS), and poetic reflections to create a seven-minute video representation. In developing this media form, we aimed for an immersive, aesthetic experience of the QRS, one that might parallel or engage the viewer in the experience of improvising. Thus, one might enter into the visual/sound experience in order to understand it, and not just read a summary of the QRS themes as a written narrative.

Insert video here

Our choice of water images was carefully considered, reflecting the sensory, corporeal, kinesthetic and spiritual connotations of clinical improvisation. Water is both still and moving. It can be transparent and dense; gentle and destructive; associated with life and spirit. It exists in a myriad colors and shades, and is forever changing. It can be part of a landscape or an entire landscape. The music selected was sourced from the primary studies, and from materials of historical significance from the Priestley archive (Temple University) and Nordoff-Robbins clinical archives (Aigen, 1998). As such, it serves to represent both the music of the primary studies and the models they reflect. The written text in the video is derived from the primary studies, QRS, and related studies, speaking to the source, analysis and broader context of this qualitative research. And when taken as a whole, these elements invite the viewer into the experience of improvising, and the myriad clinical, aesthetic and spiritual dimensions contained therein.

When creating the video, we envisaged it as a complement to the written narrative. That is, one might read the QRS document, and then watch the video, as a way of broadening perspective on the themes that emerged from the primary studies. However, having completed the video, and in sharing it publically, we believe the video also transcends the written document in ways that serve as a unique ‘way of knowing’. Thus, the video is an aesthetic portrayal of the themes that adds to and moves beyond the themes themselves. And in so doing, it invites the reader/viewer into the interpretive process, bringing their own perspective and understanding to the synthesis.

Final Reflections

The act of representation and portrayal of the QRS findings invited us to reflect consciously on what we had learnt and uncovered, as well as turning that lens outward to consider how to share our observations with others and to present new insights (MacKenzie & Wolf, 2012). Such inquiry is not modeled on predictive processes; rather, as Sumara and Carson (1997) contend, “understandings

emerge from the associative relations among complex interactions” (p. 18), as well as serving to open up space for further questions.

Our AiQRS synthesized qualitative research in order to bring together, in a scholarly and artistic way, the ways therapists and clients engage in, and make meaning of, clinical improvisation. When taken as a whole, we understand clinical improvisation to be a creative, dynamic therapeutic process. As a creative process, the client and therapist are concerned with the ways the music sounds, it’s aesthetic beauty and musical form. From this perspective, meaning is encountered in beauty. As a dynamic process, the music created by the client(s) is understood as a representation of the psyche (the sounded self), and interpreted by both client and therapist accordingly. From this perspective, meaning is created by working through life problems in the dynamics of the client-therapist-music relationship.

Within this context, the findings from our study revealed the considerable focus therapists place on authenticity and presence while improvising with clients. The importance of communicating this practice-based knowledge, including their interpretations with respect to the client’s wider life world, enables music therapists to meaningfully connect with clients while also engendering a genuine respect for the challenges they encounter in their lives. Such ‘dialogic learning’ denotes the importance of self *with* other in order for ‘meaningful musical encounters’ to occur - simultaneously challenging clients to sound themselves anew.

The findings from this study also raise as yet unanswered questions about core theoretical differences between therapists that focus primarily on changes in the music as a way of understanding the therapeutic process, and those that draw upon psychological constructs to interpret client action during sessions (Gardstrom, 2004; Keith, 2007; Markworth, 2014). Examining differences in these perspectives, as they impact clinical practice, would appear to have important implications for theory development. Similarly, there appear to be differences in the value therapists place on verbal processing during sessions, and the extent to which this is integral to the therapeutic process, particularly for adults (Eyre, 2007; Keith, 2007; Turry, 2010). A more nuanced, integrated perspective may help clinicians understand when to move between music and words, how diverse theoretical perspectives might be fruitfully integrated, and how grappling with this integration might deepen our

understanding of clinical decision-making processes.

Furthermore, the overwhelming majority of the synthesized studies concerned Nordoff-Robbins Music Therapy, while very few directly considered Analytical Music Therapy. This is important to recognize because it may impact our understanding of improvisational music therapy practice, reflected in the themes developed from this synthesis. Nordoff-Robbins Music Therapy and Analytical Music Therapy appear to draw upon different theories, engage musically with clients in different ways, using verbal processing differently, and draw upon a different musical aesthetic. While our purpose was not to examine differences in these perspectives, we recognize the significance of these differences, and the need for further research and dialogue.

As the synthesis process unfolded, our appreciation for the complexity of improvisational music therapy practices deepened, as did our understanding of the myriad decisions clinicians make as they work moment-to-moment with clients. The core themes that emerged attest to this complexity, and may serve as helpful teaching concepts in music therapy education and training, not only in teaching students about improvisational practices, but also in helping music therapy students broaden their ways of thinking about music therapy clinical work.

Concomitantly, the synthesis process also revealed to us the limits of reducing the in-depth analytic work contained in the individual research articles. While this synthesis integrates findings across studies, it is a starting point in understanding the depth of improvisational practices, and readers are encouraged to move between this QRS and the primary studies from which it is drawn, as they broaden and deepen their understanding of improvisational practices. For example, readers may wish to consult Cooper (2010), Forinash (1992), Sorel (2010) and Turry (2010) to advance their understanding of Nordoff-Robbins Music Therapy, Eyre, (2007), Gardstrom (2004) and Keith (2007) for research related to or focused on Analytical Music Therapy, Brescia (2005), Cooper (2010) and McCaffrey (2013) to advance understanding of clinical reasoning, and Amir (1990), Amir and Yair (2008), and Eyre (2007), Gardstrom (2004), Keith (2007), McFerran-Skewes (2000) and Turry (2010), for research focused on meaning making processes.

Finally, we have also shared the challenging yet exciting process we undertook as researchers to expand our QRS into an arts-informed synthesis, and the ways in which we collaborated with

clinicians and students to engage in this interpretive act, drawing on aesthetic sensibilities (Viega, 2016b) at the heart of arts-related analysis.

Supplementary Data

The video representation of the findings can be viewed in the supplementary data file associated with this article at <https://academic.oup.com/jmt>.

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