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THE ROLES OF ABSORPTION IN MUSIC THERAPY

A THESIS

Submitted in partial fulfillments of the requirements
For the degree of Master of Science
In Music Therapy

by

Michael John Russo
Molloy College
Rockville Centre, NY
2019

MOLLOY COLLEGE

The Roles of Absorption in Music Therapy

by

Michael John Russo, MT-BC

A Master's Thesis Submitted to the Faculty of

Molloy College

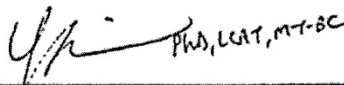
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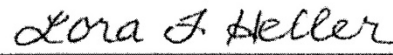
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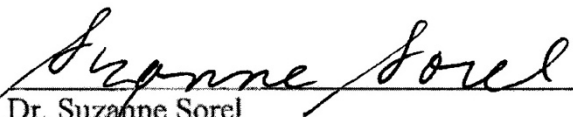
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Abstract

Absorption refers to the phenomenon of total attentional engagement. The purpose of the current study was to gain a preliminary understanding of the roles that absorption may have in different music therapy approaches. The research questions were: a) How might music therapists know when their clients are in states of absorption?, b) How might absorption influence the ability of music therapy clients to progress towards therapeutic goals?, and c) What is the potential relationship between absorption and music? Three music therapists with self-identified expertise and experience in conceptualizing absorption in music therapy were interviewed about their observations and opinions of absorption in their music therapy practices. Analysis of the interview data revealed the following themes: 1. how music therapy experiences facilitate absorption for clients, 2. how absorption influences music therapy clients, and 3. transitioning to new experiential states. The results suggest that music therapists may facilitate states of absorption in clients by matching music to their kinesthetic and emotional experiences. Absorption states may help clients to access resources and to transition to new experiential states.

Keywords: absorption, flow, groove, music therapy, vocal psychotherapy, BMGIM

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Introduction

A person enters into a state of absorption when their total attention is engaged with a single physical or mental activity (Tellegen & Atkinson, 1974). People transition between states of normal waking consciousness and states of absorption as they shift between experiences in which their attention is engaged by many stimuli, and experiences in which their attention is engaged by just a single physical or mental activity. Activities that are typically absorbing may include driving a car or watching a movie. Activities involving music appear to be especially effective for facilitating absorption in people. Absorption may contribute to the ability of music therapy clients to free associate in vocal psychotherapy (Austin, 2008), have transpersonal experiences in BMGIM (Bonny, 2002), and self-express and connect with others in musical improvisation (Solli, 2008).

In the current study, three music therapists with self-identified expertise and experience in conceptualizing absorption in music therapy were interviewed about their observations and opinions of absorption in their music therapy practices. Research comparing the roles of absorption across music therapy approaches is needed to develop understanding into the ways absorption influences clients and the ways music therapists may help clients in absorption to progress towards therapeutic goals. The purpose of the current study was to gain a preliminary understanding of absorption in music therapy, and in particular, the roles that absorption may have in different music therapy approaches.

Terminology

Absorption is an altered state of consciousness that people experience when their total attention is engaged with a single physical or mental activity, called the *attentional object*.

People engage with music through *musicking*, which means “to take part, in any capacity, in a

musical performance, whether by performing, by listening, by rehearsing or practicing, by providing material for performance, or by dancing” (Small, 2011, p. 9). States of absorption alter how people experience reality and themselves (Tellegen & Atkinson, 1974), and include flow states, groove, hypnotic trance, and meditative trance. For an additional list of terminology related to absorption, please see Appendix A.

Personal Background

I am a music therapist, hypnotist, and integrative life coach with certifications from both the Certification Board for Music Therapists and the Center for Integrative Hypnosis. I am also a special needs music instructor with training and experience in a teaching program that was intentionally designed to help facilitate flow states in students. My experiences in music therapy, hypnosis, and special needs music instruction have led me to believe that absorption may have important roles in music therapy.

Literature Review

Absorption states may have significant roles in music therapy. Flow states in music therapy clients have been found to be positively correlated with stronger clinical outcomes, and higher perceptions of meaningfulness for songwriting activities (Silverman, Baker, & MacDonald, 2016). Other forms of absorption in music therapy may play key roles in BMGIM (Bonny, 2002) and musical improvisation (Austin, 2008; Solli, 2008). Absorption, absorption in music therapy, and flow will be examined in greater detail in this literature review.

Absorption

All states of absorption share the basic characteristics of absorption described by Tellegen and Atkinson (1974), plus additional characteristics. Tellegen and Atkinson (1974) termed absorption to mean a personality trait associated with episodes of total attentional engagement, and *absorption* has since been adapted by authors to describe all aspects of absorption phenomenon, including the quality of activities for facilitating total attention (Herbert, 2012), as well as a state of consciousness associated with total attention (Hall, Schubert, & Wilson, 2016). Absorption is a useful concept for music therapists because music appears to help facilitate absorption (Herbert, 2012) and absorption may have roles in various music therapy approaches, including vocal psychotherapy (Austin, 2008), BMGIM (Bonny, 2002), and musical improvisation (Solli, 2008). Absorption alters the way people perceive the reality of attentional objects and themselves (Tellegen & Atkinson, 1974), and this shift in perspective may affect how music therapy clients experience and engage with music in sessions (Silverman, Baker, & MacDonald, 2016).

Tellegen and Atkinson (1974) termed absorption to describe a primary personality dimension correlated with hypnotizability. A questionnaire with 71 items representing various

personality traits individually associated with hypnotizability was completed by 481 female college students. Factor analysis of the data revealed a major personality dimension which the authors termed *Absorption* (Tellegen & Atkinson, 1974). “Absorption is interpreted as a disposition for having episodes of ‘total’ attention that fully engage one's representational (i.e., perceptual, enactive, imaginative, and ideational) resources” (Tellegen & Atkinson, 1974, p. 268).

Further analysis of the results yielded 11 primary factor scales from the questionnaire items: 1) Reality Absorption “(a tendency to become immersed in movies, acting, nature, voices, past events, etc.),” 2) Fantasy Absorption, 3) Dissociation, 4) Sleep Automatism, 5) Openness to Experience, 6) Devotion and Trust, 7) Autonomy-Skepticism (skeptical), 8) Optimism-Placidity, 9) Aloofness-Reverse, 10) Caution vs. Impulsiveness, and 11) Relaxation (Tellegen & Atkinson, 1974, p. 270). From the results, the authors concluded that the following phenomena might be inherent correlates to Absorption: A heightened sense of the reality of the attentional object; imperviousness to distracting events; and an altered sense of reality, particularly the reality of the self and the attentional object (Tellegen & Atkinson, 1974). Tellegen and Atkinson (1974) observed that people experience attentional objects as present and real, even if imagining or remembering something not present:

It is assumed that an already fully engaged representational system cannot, in addition to representations of the focal object, maintain salient qualifying ‘meta-cognitions,’ that is, thoughts about the primary representation, such as ‘this is only my imagination’ or ‘this is not really happening.’ (p. 274)

Tellegen and Atkinson (1974) laid the groundwork for absorption research by identifying both the phenomenon of total attentional engagement and also a personality trait characterized by

a disposition for absorption experiences. A weakness of the Tellegen and Atkinson (1974) study is that absorption was examined only as a personality trait, and not also as an altered state of consciousness.

Herbert (2012) conducted a study to test two assumptions common to absorption research: a) certain activities, like music listening, are inherently and particularly absorbing, and b) absorption is better conceptualized as a trait rather than a state. The study involved using the Modified Tellegen Absorption Scale (MODTAS; Jamieson, 2005) to analyze diaries in which 20 participants described engaging experiences of any kind. The authors compared the characteristics of absorption in everyday activities with and without music and assessed how music might influence absorption (Herbert, 2012). Although music as a primary activity did not appear inherently more absorbing than any other stimuli or activities, the addition of music appeared to be effective at increasing the absorption quality of nonmusical activities, as it was commonly featured in multi-modal absorption experiences (Herbert, 2012). The MODTAS analysis provided insufficient evidence for correlating state and trait absorption. The author argued that instead of using state and trait divisions to conceptualize absorption, absorption may be better understood as a way of managing attention that is informed by interaction with one's environment (Herbert, 2012).

The Herbert (2012) study expanded on Tellegen and Atkinson's (1974) study by examining absorption as both a state and a trait. The study also looked specifically at the role of music in facilitating absorption. A limitation of the Herbert (2012) study is that absorption was examined solely in the context of everyday activities, without any examination of absorption in clinical music therapy settings.

Absorption appears related to emotional responses to music. The Absorption in Music Scale (AIMS) was created to measure an individual's ability and willingness to enter states of absorption and have emotional experiences with music (Sandstrom & Russo, 2013). The researchers who developed the scale found that people who scored high for absorption appeared to have stronger emotional responses to music (Sandstrom & Russo, 2013). Supporting research has found that absorption is correlated with the ability of music to influence one's mood; as well as with the level of one's involvement with music (e.g., amount of time spent listening to music each day, judged importance of music, amount of prior training or education; Wild, Kuiken, & Schopflocher, 1995). Like the Herbert (2012) study, a limitation of the Sandstrom and Russo (2013) study is that the relationship between music and absorption was not considered in a music therapy setting.

There appears to be a bidirectional relationship between absorption and engagement with music (Herbert, 2012; Sandstrom & Russo, 2013). The results of the Herbert (2012) study imply that adding music to nonmusical activities may increase their level of absorption, and Sandstrom and Russo (2013) found that absorption appeared to be a valid and reliable measure of individual differences in emotional responses to music. These results have implications for music therapy, because they suggest that absorption may influence the client's emotional experience of music.

Absorption and free associative musical improvisation. Free association is a psychoanalytic technique for assessing the unconscious wherein traditionally, clients verbalize a stream of consciousness by saying words out loud as soon as they think of them. Then, the client and therapist analyze content from the free association to help the client discover thoughts and feelings that the clients may have been repressing (Rosegrant, 2005). Free association

necessitates absorption because total attentional engagement is required to produce a stream of consciousness.

In analytical music therapy, free association may be facilitated by musical improvisation with clients in individual and group settings. An advantage of free associative musical improvisation in groups is that it provides opportunities in the music for clients to express unconscious content related to both the experience of being in a group, and to the people in the group. Austin (1996) described three functions of improvised music in a psychodynamic framework: “pure experience in the here and now; a mediator between conscious and unconscious contents; and a symbolic language” (p. 29).

Austin (2008) developed vocal psychotherapy, a music therapy model adapted from free associative musical improvisation that centers on the use of two interventions: vocal holding and free associative singing. In vocal psychotherapy, music therapists facilitate improvised singing within the client-therapist relationship by creating a stable and consistent musical structure usually consisting of only two chords. In vocal holding, clients free associate non-lexical vocables and the music therapist uses techniques to create a holding space for the client’s emerging self. Free associative singing is similar to vocal holding in that they both make fundamental use of a containing musical structure. Free associative singing differs from vocal holding in that the client and music therapist sing words, and the emphasis is not on holding the client, but moving the client forward in their therapeutic process.

Vocal psychotherapy resembles other forms of free association because the process allows clients to contact unconscious images, memories, and feelings. Vocal psychotherapy differs from traditional free association because “the client is singing instead of speaking, but more significantly, the therapist is also singing and contributing to the musical stream of

consciousness by making active verbal and musical interventions” (Austin, 2008). Absorption may have a significant role in analytical music therapy because it is necessary for free association and it may help clients to connect with the unconscious.

Bonny method of guided imagery and music (BMGIM). BMGIM is another music therapy model in which absorption appears to enable connection with subconscious layers of consciousness. BMGIM is “a modality of therapy involving spontaneous imaging, expanded states of consciousness, predesigned classical music programs, ongoing dialogues during the music-imaging, and nondirective guiding techniques” (Meadows, 2002, p. 59). In BMGIM, the client closes their eyes and listens to music chosen by the music therapist while reporting on sensations and images as they experience them in response to the music. Then, the client and the music therapist typically process the experience and explore the possible symbolic meanings of the client’s images.

Absorption may have a necessary role in BMGIM that is similar to its role in free associative music therapy approaches. Bonny (2002) stated that music has special properties for producing altered states of consciousness that access subconscious layers and increase opportunities for transpersonal experiences and spontaneous imaging. Absorption may explain the transpersonal experiences that clients have in BMGIM, because absorption causes people to experience attentional objects as present and real even when they are imaginary (Tellegen & Atkinson, 1974).

Flow and Groove

Flow is “the holistic sensation that people feel when they act with total involvement” (Csikszentmihalyi, 1975, p. 36). Flow is described as a “merging of action and awareness,” because “a person in flow has no dualistic perspective: he is aware of his actions but not of the

awareness itself” (Csikszentmihalyi, 1975, p. 38). Flow is like other absorption states in that there is a merging of action and awareness; a centering of attention on a limited stimulus field; and self-forgetfulness. Characteristics that differentiate flow from other states of absorption include a sense of control of actions and of environment; coherent demands for action; unambiguous feedback; and an autotelic nature (Csikszentmihalyi, 1975, 1990). An activity has coherent demands for action when the person engaged in the activity has a clear idea what is expected of them. Unambiguous feedback is direct and continuous, and enables a person to make adjustments in the moment to meet the demands of an activity. An autotelic nature means that an activity is experienced as intrinsically rewarding (Csikszentmihalyi, 1975, 1990).

Music therapists facilitate flow in clients by musicking together in a therapeutic context and relationship (Silverman & Baker, 2016). A review of the literature examining flow and music therapy found that flow may be a possible mechanism of change to explain client outcomes in active and receptive music therapy interventions. Flow appeared to correlate with wellbeing, health, and therapeutic progress in music therapy clients (Silverman & Baker, 2016).

Another study found “positive and significant correlations between flow and meaningfulness of songwriting and therapeutic outcomes” for adult inpatients on an acute care psychiatric unit and a detoxification unit (Silverman, Baker, & MacDonald, 2016, p. 1331). Flow was shown to be a significant predictor of therapeutic outcome even when meaningfulness of songwriting was not (Silverman, Baker, & MacDonald, 2016). The results of the study suggested that flow was related to and functioned as a predictor of therapeutic outcome within songwriting interventions. The limitations of the Silverman and Baker (2016) and Silverman, Baker, and MacDonald (2016) studies are that they focused exclusively on flow, rather than on all forms of absorption across music therapy approaches.

Groove refers to absorption with the mental and physiological tension that people experience in response to the rhythmic interplay of multiple musical voices playing together (Keil & Feld, 1994). Keil and Feld (1994) published a collection of essays and conversations in which they explored theories and research on groove and other forms of absorption in music. They described two modes of experiencing and responding to absorption with music: embodied meaning and engendered feeling. Embodied meaning is derived from aspects of musicking experiences that are precomposed, rehearsed, coherent, participated in mentally, and in which musical elements of melody and harmony are emphasized. Engendered feeling is what people experience when absorbing with improvised music, that is performed one time, and in which participation is motor-based and guided by *vital drive* (Keil & Feld, 1994).

Vital drive is mental and physiological tension generated by a complex relationship between meter and rhythm in music (Keil & Feld, 1994). The authors wrote that vital drive is produced by *processual participatory discrepancy*, or the differences in the ways people feel rhythm. Processual participatory discrepancy is expressed in improvised music by the slight contrasts in rhythm when multiple instruments play music together.

Groove is absorption with the vital drive produced by improvised music (Keil & Feld, 1994). “Instantly perceived, and often attended by pleasurable sensations ranging from arousal to relaxation, ‘getting into the groove’ describes how a socialized listener anticipates pattern in a style, and feelingfully participates by momentarily tracking and appreciating subtleties vis-à-vis overt regularities” (Keil & Feld, 1994, p. 111). Participatory discrepancy is described as a feature of music that may help people to feel less critical of the ways they and others are playing. “[Participatory discrepancies] takes away the power of perfectionism, of addiction to perfection... If we confirm that everything has to be a bit out of time, a little out of pitch to

groove, then approximations will do just fine until you find your own groove with others” (Keil & Feld, 1994, p. 171).

Groove and musical improvisation in music therapy. Solli (2008) wrote a paper exploring the role of groove in musical improvisation in music therapy, referring to a music therapy case in which he was the music therapist. The client was a 30 year old male with schizophrenia at an inpatient psychiatric ward. The music therapy sessions comprised of musical improvisation in which the music therapist played drum set and the client played electric and acoustic guitar. Over the duration of 28 sessions, the client appeared to develop his interest and motivation, improve his ability to sustain relationships with others, eliminate his violent behaviors, and develop his ability to feel and express emotions.

Solli (2008) suggested that groove was a state in which his client with schizophrenia was better able to make progress towards his therapeutic goals. The client developed their abilities to be aware in the present moment; to share attention, intention, and affects; and to develop interpersonal skills and connectedness by listening to and cooperating with others. Solli (2008) said that an important aspect of groove in music therapy is that it provides opportunities for clients to have valuable interpersonal experiences of being in absorption with other people, i.e., peers and the therapist (Solli, 2008). A limitation of the Solli (2008) study is that it considers only one form of absorption in only one music therapy approach; i.e., groove in musical improvisation.

Conclusion

States of absorption may be common in music therapy because music appears to help facilitate absorption (Herbert, 2012). Absorption may have roles in music therapy that include helping clients to: to free associate in vocal psychotherapy (Austin, 2008), have transpersonal

experiences in BMGIM (Bonny, 2002), and self-express and connect with others in musical improvisation (Solli, 2008). Absorption alters the way people perceive the reality of attentional objects and themselves (Tellegen & Atkinson, 1974), and this shift in perspective may affect how music therapy clients experience and engage with music in sessions (Sandstrom & Russo, 2013; Silverman, Baker, & MacDonald, 2016). Absorption may play an important role in helping clients to engage in music therapy and access resources for therapeutic progress.

There is a lack of music therapy research comparing the possible roles of absorption in its different forms across music therapy approaches. In studies examining the possible relationships between absorption and music (Herbert, 2012; Sandstrom & Russo, 2013), absorption was not considered within the context of client experiences in music therapy. The studies investigating states of absorption in music therapy (Silverman & Baker, 2016; Silverman, Baker, & MacDonald, 2016; Solli, 2008) were limited because of their narrow scopes; each study looked at one specific form of absorption, and usually in the context of a single music therapy approach. In the current study, three music therapists with self-identified expertise and experience in conceptualizing absorption in music therapy were interviewed about their observations and opinions of absorption in their music therapy practices. Research comparing the roles of absorption in music therapy is important to develop understanding into the influences of absorption on clients and the ways music therapists may help clients in absorption to progress towards therapeutic goals.

Methods

The current study employed a qualitative study design with thematic analysis. Three music therapists with self-identified expertise and experience in conceptualizing absorption in music therapy were interviewed about their observations and opinions of absorption in their music therapy practices. Purposive expert sampling and snowball sampling (Etikan & Bala, 2017) were used to recruit participants.

The purpose of the current study was to gain a preliminary understanding of absorption in music therapy, and in particular, the roles that absorption may have in different music therapy approaches. The study sought to develop the epistemology for states of absorption in music therapy. Epistemology is the study of the methods by which people use and obtain knowledge (Landauer & Rowlands, 2001). Premises of epistemology include:

Information about the world is gained through the senses; reason is used to acquire knowledge and understanding; logic is used to maintain consistency within sets of knowledge; objectivity is used to determine the validity of knowledge, by comparing knowledge with reality; concepts are abstracts of specific details of reality, or of other abstractions; and a proper epistemology is a rational epistemology. (Landauer & Rowlands, 2001, para. 3)

Thematic analysis is “a method for systematically identifying, organizing, and offering insight into patterns of meaning (themes) across a data set” (Braun & Clarke, 2012, p. 57).

Thematic analysis allows for researchers to make sense of the meanings and experiences that are shared among participants. Themes from this study may contribute to the epistemology for states of absorption in music therapy by showing how absorption is already being conceptualized and used by various music therapists.

Participants

The inclusion criteria for the study required that potential participants: a) be board-certified music therapists; b) have a minimum of 3 years of clinical experience; c) currently work in a clinical setting; and d) self-identify as having expertise and experience in conceptualizing absorption in music therapy. The 3 music therapists who participated worked in New York City and were male and between 30 and 50 years old. Purposive expert sampling (Etikan & Bala, 2017) was used to select participants with self-identified expertise and experience with absorption in music therapy, because this sample was likely to provide conducive data about the potential roles of absorption in their music therapy practices. Snowball sampling (Etikan & Bala, 2017) was used to get referrals from participants for other potential participants.

I emailed a recruitment flyer detailing the study and inclusion criteria to the New York Creative Arts Therapists Listserv (nyccat@yahoo.com). Next, I followed through via email with potential participants who responded to the recruitment flyer, to confirm that they met the inclusion criteria. Interviews were scheduled with the first three potential participants who met the inclusion criteria and volunteered for the study. After participants signed their informed consent forms, I asked them if they were able to recommend other potential participants for the study. Before obtaining informed consent from each participant, I verbally explained to them the purpose and rationale for the study, and each participant had the opportunity to ask questions about the study.

Data Collection and Analysis

Each participant engaged in one individual interview lasting approximately 30 minutes. The interviews followed a semi-structured interview format which provided both myself and the participants with opportunities to discuss what we considered important. I referred to a list of

prepared questions to help guide the interview. For the following questions, participants were told that they may substitute *absorption* with a related term; e.g., flow, groove, trance. The questions were: a) How might you know when your clients are in states of absorption? b) How might absorption influence the ability of your music therapy clients to progress towards therapeutic goals? c) What is the potential relationship between absorption and music?

The interviews were conducted in locations that were quiet and private, to minimize outside interference and distraction. Two interviews took place over telephone calls and one over a Skype call, and the locations chosen by the participants and me included homes and offices. All interviews were audio recorded. The Skype call was recorded through the Skype app, and telephone calls were audio recorded using an app called Cube ACR.

Thematic analysis took place in six phases. First I immersed with the data by listening to the recordings and transcribing the interviews verbatim. Second, I manually generated labels or interpretations of data items, called codes, for each identifiable data item (Braun & Clarke, 2006). Third, I made a list of potential themes and organized the relevant coded data in relation to them (Braun & Clarke, 2006). Fourth, I reviewed the developing themes in relation to the coded data and entire data set. Fifth, I named and defined the themes. Lastly, I wrote the report of the analysis (Braun & Clarke, 2012).

Protection of Human Subjects

The current study was approved by the IRB at Molloy College. The identities of all participants in the current study have been protected.

Ensuring Reliability/Validity/Trustworthiness

Researcher bias was accounted for through bracketing, a multilayered process used to control for beliefs, values, thoughts, hypotheses, biases, emotions, preconceptions,

presuppositions, and assumptions about a study (Tufford & Newman, 2012). “Underlying the various bracketing approaches... is the researcher’s commitment to surfacing his or her preconceptions both before and during the research process; and to maintaining the process as a priority that is fundamental to effective and meaningful qualitative research” (Tufford & Newman, 2012, p. 87). I used three methods of bracketing during the current study: writing memos as I engaged with the data (Cutcliffe, 2003), maintaining a reflexive journal (Ahern, 1999), and conducting bracketing interviews with colleagues and research associates (Rolls & Relf, 2006). Reflexive journaling helped me to make connections between data from the interviews, research from the Literature Review, and my own experiences. One excerpt from my journal reads, “Absorption in music therapy may work like hypnosis in that clients are met where they are at and brought somewhere else, with the difference being that primarily, music therapy uses music and hypnosis uses words. Especially interesting is how the use of metaphor compares in both practices.” The participants were asked to provide feedback about the study’s findings before the write-up was finalized, to ensure the reliability and validity of the thematic analysis. Two participants affirmed the results of the study and the third participant was unavailable for comment.

Results

The results are based on qualitative thematic analysis of observations and opinions from three music therapists who self-identified as having expertise and experience with absorption in music therapy. Participant A led music therapy sessions with students at a therapeutic school for children and young adults with developmental disorders. Participant B led music therapy sessions with incarcerated teens at group homes, and also with adults with psychiatric disorders and intellectual disabilities. Participant C led music therapy sessions with adult clients on an in-patient psychiatric unit at a hospital. The interviews were guided by three research questions:

1. How might you know when your clients are in states of absorption?
2. How might absorption influence the ability of your music therapy clients to progress towards therapeutic goals?
3. What is the potential relationship between absorption and music?

The data consisted of the interview recordings and transcripts. The thematic analysis of the interviews with the music therapists, as described in the Data Collection and Analysis subsection of the Methods section, revealed three themes each representing a different area of consideration important for developing understanding of the roles of absorption in music therapy: a) how music therapy experiences facilitate absorption for clients, b) how absorption influences music therapy clients, and c) transitioning to new experiential states. Themes, subthemes, and exemplary quotations are outlined in Table 1.

Theme 1: How Music Therapy Experiences Facilitate Absorption for Clients

Subtheme 1: Absorption with kinesthetic aspects of music therapy experiences.

Participants described the kinesthetic experience of absorbing with music as related to the way sound energy vibrates our bodies and the way rhythms of physiological processes and body

movements entrain with environmental rhythms like music. Participant A said that absorbing in music appeared to help his music therapy clients “loosen up,” as indicated by the relaxation of body tension and by body movements corresponding to the rhythmic feel of the music. Relaxing and moving to music were described as examples of how clients responded when feeling music in their bodies.

All three participants reported clients engaging with groove in music, especially during musical improvisation. Participants B and C specifically mentioned that they concurred with the representation of groove in *Music Grooves: Essays and Dialogues* by Keil and Feld (1994). Groove is a form of absorption with vital drive, or the experience of physiological tension produced by the complex relationship between meter and rhythm in music (Keil & Feld, 1994). The participants reported that groove seemed to encourage clients to dance and move to music. Adding groove to music was described as an effective way to help clients absorb in music therapy.

Subtheme 2. Absorption with social, emotional, and cognitive aspects of music therapy experiences. In addition to vital drive, clients were reported to absorb with cognitive, emotional, and social aspects of music therapy experiences, including lyrical content, emotional feel, memories, and the social interaction inherent to musicking with others. Participant C recalled observing his clients absorb with various qualities of musicking experiences.

There are certain people who feel music strongly in their bodies, and other people feel it emotionally; or cognitively, engaged with the phrasing of the music. For other people, it's the lyrics, or the emotive qualities, or the social aspect, etc. And it's never about just one, but there is usually, sometimes mainly one of those things, that bring about the state of absorption. (Participant C)

Participant B said that a sign of a client absorbing in music may be that the client's playing becomes more related to the playing of other people and to the music that came before. Other signs included the clients' body posture and eye contact; verbalizations and others communications; and interactions with their environments, particularly their level of openness and ability.

Theme 2: How Absorption Influences Music Therapy Clients

Subtheme 1: Universally accessible resource states. Each participant described absorbing with music as a universally accessible experience:

Music is universal in this way that everybody can understand regardless of their capacity for language. There are no explicit directions, you don't have to tell somebody what they are supposed to do. It's like, the music is there, and people react to it naturally.

(Participant A)

States of absorption appeared to help clients process incoming information and organize responses. Participants with cognitive and communicative disabilities appeared to overcome significant challenges in sessions when their attention was focused during states of absorption. Participant A provided the example of clients in absorption who are mostly nonverbal accessing personal resources to use their voices musically.

Absorption is a physical experience that really supersedes any developmental or physical or mental health challenge. You connect with the music, or potentially a person who is making it or just sharing the space with you, and it can move around the fact that clients may have no language, and may not even necessarily understand where their body is in space, or even play a drum. Music can really hold the client in this space where they can [access resources through absorption]. (Participant A)

The participants emphasized the therapeutic value of experiences in which clients succeed on challenging tasks. Absorption appeared to help clients organize information for cognitive tasks. Another resource of absorption appeared to be that it helped clients to have greater openness to experiences, emotions, ideas, and social interactions. Absorption may help clients to develop openness because attention is focused in the “here-and-now” (Participant B) and meta-cognitions are inhibited. Participant A said that by silencing the “inner critic,” states of absorption help clients to “move outside their comfort zones” and “take risks creatively and intimately.” Participant A said that some clients in absorption were significantly more likely to engage with new opportunities and challenges, and in ways they might not have been likely to before.

Subtheme 2: Group process. A bidirectional relationship emerged from the data in which playing music in a group was reported as an activity that facilitates absorption, and absorption was described as a state that promotes openness to emotionally investing oneself in a group process. Clients in absorption demonstrated greater group cohesion and social behavior in the ways they responded to each other in musical and nonmusical interactions. Participant A noted the therapeutic benefit of rich and meaningful social interactions in music therapy for clients whose social interactions are usually obstructed by their disabilities.

I find that just the process of people making sounds in a sonic environment together in a group is a really powerful way for people to feel absorbed. You’re part of a community, something larger than yourself, and the communal aspect of musicking increases absorption. (Participant C)

Participants A and C both described facilitating group cohesion and absorption during sessions by using musical themes and motifs based on musical phrases or patterns provided by

clients. “If I find a hook that a client sings that touches on something that the whole group can relate and respond to, then the group starts to listen to each other and they absorb and invest in the song” (Participant C). Participant A reported that using material provided by clients appeared to facilitate absorption by helping clients to identify with and connect to the music in a meaningful way. Another reason participants gave for incorporating material generated by clients was because it helped the clients feel the enthusiasm that the participants had for understanding and connecting with them.

Theme 3: Transitioning to New Experiential States

Subtheme 1. Entrainment and the Iso principle. Participants reported clients absorbing with kinesthetic, emotional, cognitive, and social aspects of music therapy experiences. The attentional objects that clients absorbed with included musical elements and experiences of connection with oneself and others. Participants reported that matching the mood and rhythmic feel of the music to the mood of a client in the moment facilitated absorption and helped clients to experience the music as interconnected with their subjective experiences. By manipulating musical elements that clients associated with mood, participants helped clients to transition to new states of thinking and feeling. The cognitive and emotional state that a person is in when processing and engaging in experiences may be referred to as an *experiential state*. Absorption may have a role in helping music therapists to guide clients to new experiential states, because absorption appears to increase emotional responsiveness to changes in music.

Two concepts that were mentioned by participants are *entrainment* and the *Iso principle*. Entrainment is the principle by which the motion or signal frequency of a system synchronizes with another system (Thaut, McIntosh, & Hoemberg, 2015). The entrainment principle applies to music therapy because psychological and physiological rhythms entrain with environmental

rhythms and music. Entrainment may contribute to the tendency of clients to absorb with rhythmic and kinesthetic aspects of music therapy experiences by naturally synchronizing the rhythms of the music and the rhythms felt in the clients' minds and bodies. "You can help a client to feel accepted on a deep level that they can feel quickly, when you start to play music that matches how they feel in their bodies" (Participant A).

The Iso principle holds that a music therapist may gradually induce an intended mood in a client by first selecting music that matches the mood of the client, and then transitioning to music with the intended mood (Wigram, Bonde, & Ole, 2002). The participants described manipulating musical elements relating to the client's experiences of both mood and entrainment to help clients absorb in music and transition to new experiential states. "Working with entrainment to move clients to a new state necessitates states of absorption, and so absorption appears to play this really important role in music therapy" (Participant C).

Subtheme 2: Metaphor. Metaphor appeared to be a useful device for helping music therapy clients in absorption move to new experiential states. Participant C observed that some clients absorb with lyrics and perceive the story being told in the song as having real and immediate personal significance:

I feel that when there is a metaphor given by the group, like a bird flying, and the bird flying is symbolic of them wanting freedom; instead of going straight to opening up the metaphor and analyzing it and revealing the metaphor, I stay in the metaphor for a really long time... The bird has a life of its own, the bird gets caught, then the bird escapes. So you're going through this process together, where you are a group in this trance-like state, and the music provides containment for that and holds the world of being in metaphor.

The data shows that participants used entrainment, the Iso principle, and metaphors - separately and together - to facilitate states of absorption and move their clients from one experiential state to another. When participants used entrainment and the Iso principle, absorption appeared to help clients to respond emotionally to changes in music. Participant C reported that absorption appeared to help his clients to emotionally invest in metaphorical story elements in song lyrics. Clients may absorb with emotionally significant aspects of music and then change their experiential states in response to changes in the mood of the music.

Table 1
Results of Data Analysis: Themes, Subthemes, and Textural Examples

<u>Theme</u>	<u>Subtheme</u>	<u>Textural Examples</u>
How music therapy experiences facilitate absorption for clients	Absorption with kinesthetic aspects of music therapy experiences	“There are certain people who feel music strongly in their bodies, and other people feel it emotionally; or cognitively, engaged with the phrasing of the music. For other people, it’s the lyrics, or the emotive qualities, or the social aspect, etc.” (Participant C)
	Absorption with social, emotional, and cognitive aspects of music therapy experiences	
How absorption influences music therapy clients	Universally accessible resource states	“Absorption is a physical experience that really supersedes any developmental or physical or mental health challenge.” (Participant A)
	Group process	
Transitioning to new experiential states	Entrainment and the Iso principle	“Working with entrainment to move clients to a new state necessitates states of absorption, and so absorption appears to play this really important role in music therapy.” (Participant C)
	Metaphor	

In conclusion, data analysis found three themes and six subthemes from the observations and opinions about absorption in music therapy reported by the three participants. Participants observed their clients absorbing with kinesthetic, social, emotional, and cognitive aspects of

music therapy experiences. Participants used groove music to facilitate absorption in music therapy clients, and suggested that there may be a relationship between groove, entrainment, and the kinesthetic dimension of musicking experiences. Participants reported that music therapy clients in absorption appeared to show increased openness to new musical and social experiences, and increased access to personal resources. Observations of entrainment, the Iso principle, and metaphor suggested that absorption may increase the emotional responsiveness that clients have to changes in music. Absorption may help clients to experience the changing mood of a piece of music as connected with their own subjective mood.

Discussion

The purpose of this study was to gain a preliminary understanding of the roles that absorption may have in different music therapy approaches. Findings from this exploration included the following themes: 1. how music therapy experiences facilitate absorption for clients, 2. how absorption influences music therapy clients, and 3. transitioning to new experiential states. Common to the accounts of all participants were reports that clients absorbed with both musical and nonmusical aspects of music therapy experiences and that absorption appeared to help clients access resources for therapeutic processes. All participants recalled matching emotional and kinesthetic aspects of music to the experiences of clients in the moment to facilitate states of absorption and help clients move to new experiential states.

The current study builds upon existing literature on absorption in music therapy by using the common characteristic of total attentional engagement to identify a relationship between the various states of absorption that clients may experience during sessions, such as flow, groove, and states produced by vocal psychotherapy and BMGIM. The results of this study explore the influence of absorption on clients and the ways music therapists work with clients in absorption states. This study contributes to the literature by proposing that absorption has many roles in music therapy, and that the form and the roles of absorption depend primarily on how clients are engaging with the music therapy experience.

Absorption with Kinesthetic Aspects of Music Therapy Experiences

The first theme in the results of the current study explored how music therapy experiences facilitate absorption in clients. Based on the literature review and the analysis of the interviews, states of absorption are understood within this study to be altered states of consciousness in which an individual's total attention is engaged (Tellegen & Atkinson, 1974).

Groove is understood within this study to mean absorption with vital drive, or the feeling of musical rhythmic tension produced when multiple people play music together (Keil & Feld, 1994).

Absorption with kinesthetic aspects of music therapy experiences was explored in the first subtheme of Theme 1. Kinesthetic engagement with rhythm in music appeared correlated with groove in clients. Participants facilitated absorption by matching music to the way clients appeared to feel in their bodies, and clients usually indicated absorption through changes in the relaxation and movement of their bodies. The process by which clients absorbed with kinesthetic aspects of musicking may be partially explained by entrainment, a principle which suggests that a client's physiological systems will gradually synchronize with environmental rhythms or music. Entrainment may help clients to feel a kinesthetic connection to music because their physiological systems are responding to the rhythm of the music. Engendered feeling describes a mode of experiencing and responding in groove states that is characterized by the engagement of motor responses and paralinguistic systems of communication, such as kinesics and proxemics (Keil & Feld, 1994). The concepts of entrainment and engendered feeling provide possible explanations for how absorption may be facilitated and indicated by the kinesthetic dimension of musicking experiences.

Absorption with Social, Emotional, and Cognitive Aspects of Music Therapy Experiences

The second subtheme of Theme 1 explores clients absorbing with social, emotional, and cognitive aspects of music therapy experiences; including lyrical content, emotional feel, memories, imagery, and the social interaction inherent to musicking with others. Clients in absorption appeared to have increased emotional responsiveness to music. Supporting research includes the Sandstrom and Russo (2013) study that found that people who scored high for

absorption appeared to have stronger emotional responses to music. Other research found that absorption was correlated with the ability of music to influence one's mood (Wild, Kuiken, & Schopflocher, 1995).

Research suggests therapeutic roles for absorption when clients are absorbed with social, emotional, and cognitive aspects of music therapy experiences. In Solli's (2008) study, absorption with social, emotional, and cognitive aspects of musical improvisation experiences appeared to help his client progress towards music therapy goals. Additional research suggests that absorption with emotions, memories, and imagery may have special subconscious significance in experiences involving free association (Austin, 2008) or transpersonal experiences (Meadows, 2002).

Resource State

The second theme explored how absorption influences music therapy clients, and the first subtheme of Theme 2 examined absorption as a resource state. Clients in absorption appeared to improve their abilities for processing incoming information and organizing responses. These findings are consistent with absorption and flow research. Nakamura and Csikszentmihalyi (2014) wrote, "When attention is completely absorbed in the challenges at hand, the individual achieves an ordered state of consciousness. Thoughts, feelings, wishes, and action are in concert" (p. 92). Participants in the current study also reported that absorption appeared to correlate with increased signs of openness to experiences, emotions, ideas, and social interaction. A correlation between absorption and openness to experience is supported by research that found openness to experience was a major personality dimension related to a person's tendency for absorption (Tellegen & Atkinson, 1974).

The second subtheme of Theme 2 explored how absorption influences a client's participation in the group therapy process. Participants reported that states of absorption appeared to help clients engage in the group process. These results are supported by the case study by Solli (2008) that found that groove helped his client to develop their investment in the therapeutic process, improve their ability to sustain relationships with others, eliminate violent behaviors, and develop their ability to feel and express emotions.

Resource-oriented music therapy is a music therapy approach that incorporates the development of the client's inner resources and strengths as a primary focus (Rolvsjord, 2010). The results of the current study have implications for resource-oriented music therapy because absorption is a resource state that may help clients progress towards resource-oriented goals. The therapeutic potential of resource-oriented music therapy approaches is supported by a growing body of literature.

Therapy can be as much about nurturing resources and strengths as it is about fixing pathology and solving problems.... Musical interaction in music therapy offers opportunities not only to explore problems, trauma, and difficult emotions, but also to explore strengths; to experience pleasure, joy, and mastery; and to try out ways of using music as a resource in everyday life. (Rolvsjord, 2010, p. 5)

Transitioning to New Experiential States

The third theme in the results of the current study explored how clients in absorption transition to new states of cognitive and emotional experience. The participants reported using groove and improvised music to help clients in absorption transition to new experiential states. The literature describes groove in musical improvisation interventions as having roles that include helping clients to express themselves and to connect with others (Solli, 2008), but there

is a lack of research on the effectiveness of groove for moving clients to new experiential states. Rather, the effectiveness of absorption for transitioning between experiential states in music therapy is explored in research on vocal psychotherapy (Austin, 1996) and BMGIM (Bonny, 2002). In vocal psychotherapy (Austin, 1996), absorption appears to enable connection with the unconscious and clients transition to new experiential states through a process involving free association. In BMGIM (Bonny, 2002), absorption appears to enable connection with subconscious layers and clients transition to new experiential states through transpersonal experiences involving spontaneous imaging.

Entrainment and the Iso principle are explored in the first subtheme of Theme 3. These concepts help to explain how clients in absorption transition to new experiential states through musicking. Entrainment is the principle by which the motion or signal frequency of a system synchronizes with another system (Thaut, McIntosh, & Hoemberg, 2015). Participants in the current study facilitated absorption by playing music that entrained with the rhythms of the clients' minds and bodies. The Iso principle holds that a music therapist may gradually induce an intended mood in a client by selecting music that matches the mood of the client and then transitioning to music with the intended mood (Wigram, Bonde, & Ole, 2002). The participants helped clients transition to new states of thinking and feeling by manipulating musical elements related to the client's rhythmic entrainment and mood.

The second subtheme of Theme 3 explored using metaphorical music and lyrics in music therapy experiences to help clients transition to new experiential states. Absorption appeared to help clients to relate personally and engage conceptually with metaphors. This subtheme is supported by research stating that clients may find subconscious (Bonny, 2002) and unconscious

(Austin, 1996) meanings in associations made with symbolic language, music, and imagery during absorption with music therapy experiences.

The current study found that musicking experiences involving groove, group musical improvisation, and songwriting were used by the participants to help clients enter into absorption and transition to new experiential states. Most research examining the role of absorption in helping clients transition to new experiential states is with analytical and transpersonal music therapy approaches, like vocal psychotherapy (Austin, 2008) and BMGIM (Meadows, 2002). There is a lack of research connecting this role of absorption and groove, group musical improvisation, and songwriting. The results of the current study suggest that music therapists may use groove, musical improvisation, and songwriting to help clients to transition to new experiential states, and that this role of absorption is not restricted to analytical and transpersonal music therapy approaches.

Clinical and Scholarly Implications

All forms of absorption (e.g., flow, groove, meditative trance, hypnotic trance) describe the phenomenon of total attentional engagement, which requires the merging of action and awareness, the centering of attention on a limited stimulus field, and self-forgetfulness.

Absorption may have roles in music therapy that are consistent across different forms of absorption and various music therapy interventions, because the characteristics of absorption experiences that contribute most to the roles of absorption in music therapy may be the ones that result from the client meeting the fundamental conditions for absorption. These roles may include helping clients to access attentional resources, to develop openness to experiences, and to transition to new experiential states.

The ways a client engages with an attentional object appears to determine the forms and the roles of absorption in music therapy. Music therapists may manipulate the elements of a musicking experience to facilitate the form of absorption best suited for a potential therapeutic role. An implication of this study is that roles of absorption commonly associated with specific music therapy interventions in the literature may not be limited to those interventions in practice. For example, music therapists may use kinesthetic aspects of musicking to facilitate absorption in analytical and transpersonal music therapy experiences, or they may use musical improvisation or songwriting to help clients transition to new experiential states.

Limitations and Suggestions for Future Research

The data in this study regarding the absorption experiences of clients came from subjective observations made by music therapists. The current study may have been made stronger if clients were also interviewed about their experiences of absorption in music therapy. Understanding the potential roles that absorption has in music therapy may require research into the client's perspective of their absorption experiences.

The study may have also been stronger if the data collected included video recordings of sessions or objective measures of absorption. A larger, more diverse sample would have made the study more robust. A limitation of the study was that the thematic analysis was conducted by a sole researcher. Greater inter-rater reliability may have been established if multiple researchers analyzed the data for themes.

Future research may seek to compare the roles of absorption in the music therapy approaches of music therapists specializing in different music therapy methods. Research is needed on the relationships between absorption, music, and various music therapy approaches, such as musical improvisation, vocal psychotherapy, therapeutic music lessons, and experiences

using music-assisted hypnosis, meditation, relaxation, or imagery, including BMGIM. There is also a need for research into the client's perspective of absorption in music therapy.

Conclusion

The results of the current study suggest that absorption is a resource state that has the potential to help clients to develop openness to experiences and to focus and sustain attention on challenging tasks. These results are supported by research on musical improvisation and absorption, especially research on flow (Csikszentmihalyi, 1975; Silverman & Baker, 2016) and groove (Keil & Feld, 1994; Solli, 2008). Clients were reported as absorbing with kinesthetic, emotional, cognitive, and social aspects of music therapy experiences.

Absorption appeared to help clients to transition to new experiential states by increasing the clients' emotional responsiveness to changes in music. Research supports a correlation between absorption and emotional responsiveness (Sandstrom & Russo, 2013; Wild, Kuiken, & Schopflocher, 1995). Absorption's role in helping clients transition to new experiential states is supported by literature on absorption and analytical and transpersonal music therapy, especially vocal psychotherapy (Austin, 1996) and BMGIM (Bonny, 2002).

Absorption appears to function in various roles across music therapy approaches. Some roles of absorption may be consistent across different forms of absorption and various music therapy interventions because the characteristics of absorption experiences that contribute most to the roles of absorption in music therapy may be the ones that result from the client meeting the fundamental conditions for absorption. Music therapists may manipulate the musical and nonmusical elements of musicking experiences to facilitate different forms of absorption, and work with clients who are in absorption. Comparing the roles of absorption across music therapy

approaches may help to develop understanding into the influences of absorption on clients and the ways music therapists may help clients in absorption to progress towards therapeutic goals.

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Appendix A

Absorption

Absorption refers to the phenomenon of total attentional engagement; the term may be used to describe a personality trait associated predisposing one to total attentional engagement (Tellegen & Atkinson, 1974), the quality of an activity for facilitating such episodes (Herbert, 2012), and a state of consciousness in which the individual's total attention is engaged (Hall, Schubert, & Wilson, 2016).

State of absorption

A state of absorption is an altered state of consciousness in which an individual's total attention is engaged; includes flow states, hypnotic trance, meditative trance, and groove.

Attentional object

An attentional object is a physical activity with which a person's attention is engaged.

Musicking

"Taking part, in any capacity, in a musical performance, whether by performing, by listening, by rehearsing or practicing, by providing material for performance, or by dancing" (Small, 2011, p. 9).

Flow

Flow is "the holistic sensation that people feel when they act with total involvement" (Csikszentmihalyi, 1975, p. 36). Flow is described as a "merging of action and awareness," because "A person in flow has no dualistic perspective: he is aware of his actions but not of the awareness itself" (Csikszentmihalyi, 1975, p. 38). Flow is characterized by a challenging activity that requires skills, a centering of attention on a limited stimulus field, self-forgetfulness, a sense

of control of actions and of environment, coherent demands for action, unambiguous feedback, time distortion, and an autotelic nature (Csikszentmihalyi, 1975, 1990).

Autotelic nature

An activity is autotelic when the experience of doing that activity is intrinsically rewarding.

Groove

Groove refers to absorption with vital drive, or the mental and physiological tension generated by a complex relationship between meter and rhythm in music (Keil & Feld, 1994).

Free associative musical improvisation

Free associative musical improvisation is an improvisatory music therapy intervention for expressing and assessing the unconscious. Free associative musical improvisation differs from traditional psychoanalytic free association in that here the clients express themselves through musical vocalization instead of speech, and the therapist more directly intervenes (Austin, 2008).

Bonny method of guided imagery and music (BMGIM)

BMGIM is “a modality of therapy involving spontaneous imaging, expanded states of consciousness, predesigned classical music programs, ongoing dialogues during the music-imaging, and nondirective guiding techniques” (Meadows, 2002, p. 59). BMGIM is also used in groups with “various styles of music selected by the guide, and no dialogues or guiding during the music imaging” (p. 59).

Entrainment

Entrainment is the principle by which the motion or signal frequency of a system synchronizes with another system (Thaut, McIntosh, & Hoemberg, 2015). Entrainment applies to psychological and physiological rhythms and environmental rhythms like music.

Iso principle

The Iso principle that holds that a music therapist may gradually induce an intended mood in a client by first selecting music that matches the mood of the client, and then transitioning to music with the intended mood (Wigram, Bonde, & Ole, 2002).

Experiential state

Experiential state is the cognitive and emotional state that a person is in when processing and engaging in experiences.