

**THE SENSE OF SELF OF EXPERIENCED AND NON-EXPERIENCED
MUSIC THERAPISTS IN MUSICAL IMPROVISATION: AN
INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS**

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Tiivistelmä – Abstract <p>Music therapists’ work is constantly researched and measured in order to find the best possible ways for conducting music therapy and treating people through music. In spite of this, music therapists themselves are rarely investigated. This research had as its aim to investigate music therapists. The actual investigation involved the sense of self of a music therapist in musical improvisation through semi-structured interviews analysed with Interpretative Phenomenological Analysis. Findings of the research included accepting awareness, using the self as a tool and mutual and authentic interaction between equals. These findings coincide with previous researches supporting that music can be another form of interaction, and that using the self as a tool and accepting awareness are important for the therapeutic process. Music therapists could use this information in relation to their own self-reflection in order to further their therapeutic practice and investigate what really is important for their sense of self in the improvisation and in therapy in general. Investigating the sense of self of the music therapist in the more general level of music therapy could be a topic for future investigation.</p>	
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"My soul is a hidden orchestra; I know not what instruments, what fiddlestrings and harps, drums and tamboura I sound and clash inside myself. All I hear is the symphony."

- Fernando Pessoa. *The Book of Disquiet*. 1982. Penguin Books Ltd.

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1 INTRODUCTION

Music therapy is a form of therapy belonging to the art therapies. Music therapy has common elements with other forms of therapy. Of these elements the most prominent is the aim to treat people. What differentiates music therapy from the rest of the therapies and art therapies is its distinctive characteristic, music. Although there is verbal communication in the music therapy context, it is not the only one. Music can be a very basic means of communication inside and outside of music therapy, in many areas of life. For example, musicians can communicate with their fans through their music and people can send each other songs to communicate what they want to say. In the music therapy context, the client communicates with the music therapist and the music therapist with the client through music as well as through words and sentences. In musical improvisation they communicate almost exclusively through music.

Since in music therapy there is the added element of music, one has to wonder if perhaps there would be different elements within the music therapist as well. There is a need to comprehend how a music therapist can be in the music therapy process and what this involves. There could be various elements that are affecting a music therapist's sense of self in musical improvisation. The only way, for a person who is not the music therapist in that context, to understand how the music therapist experiences his or her self in musical improvisation is to ask them. It would be interesting to see the music therapists' view on their sense of self since they seem to be the most trustworthy informants as far as that is concerned.

Just as every person is different, every music therapist is different. There could be many elements that differentiate one person from another and there could be many elements that differentiate one music therapist from another. There are also elements that can be found in more than one music therapist and perhaps they form the common characteristics of the category "music therapist". The question is if there is a consensus about what the differentiating and the unifying factors of being a music therapist are.

An absolute answer to the above question is difficult to give. Music therapists are people after all and people are not easily put into boxes. Instead this question can be used as an inspiration to try and learn as much as possible for the sense of self of a music therapist in musical improvisation. Also it could be useful to expand this knowledge and try and understand how it translates in music therapy, meaning to understand if or how the sense of self of the music therapist affects the course of the music therapy.

The music therapists are part of the therapeutic alliance, they study, they train and their aim is to try and help people reach their goals. However, the music therapists are not often researched, a lot is written about them but there has not been so much systematic research about them instead of the client or the efficiency of the music therapy itself. Perhaps more needs to be learnt about who they are in and out of the musical improvisation. For the purposes of this study the focus will go to the musical improvisation. It is essential though, to remember that music therapy is still a relatively new field with many areas still unexplored. Music therapy involves constant self-reflection from the client and from the music therapist as well. It would be very interesting to become witness of that self-reflection from the part of music therapists.

Knowing these intimate details about how other music therapists think could be very beneficial for a person who is starting or is even already practicing music therapy. After two years of studies in the Music Therapy Programme I experienced in person what it is like to attempt to treat people as a music therapist. Among my main concerns was how to do that the best way possible. I soon came to realise that there is no recipe on how to become a good music therapist, there can be though communication with other professionals and sharing of their concerns and ideas about music therapy. This thesis is a communication of those concerns and ideas on my account; a communication of my wondering about the music therapist's sense of self in the musical improvisation and of how that self is used in the musical improvisation. It is this wondering that this study aims to attempt to answer.

2 THEORETICAL BACKGROUND

Music has been used for therapeutic purposes in many cultures around the world since ancient times (Gouk, 2000). Music therapy has officially existed as a profession for close to sixty years and there are many definitions as to what it is. The World Federation of Music Therapy has defined it as follows:

“Music therapy is the professional use of music and its elements as an intervention in medical, educational, and everyday environments with individuals, groups, families, or communities who seek to optimize their quality of life and improve their physical, social, communicative, emotional, intellectual, and spiritual health and wellbeing. Research, practice, education, and clinical training in music therapy are based on professional standards according to cultural, social, and political contexts.” (WFMT, 2011)

The unique element of music therapy as opposed to other forms of therapy is music. Music is the basis for the interventions that are taking place between the music therapist and the client. The reason for this is that music has been used for the physical attributes that it has, meaning that it has been thought to physically affect humans since Plato and Pythagoras (Gouk, 2000). In addition to that music is thought of as a meaning system, as a language that might work different than a verbal language (Bonde & Wigram, 2002).

This use of music as a form of interaction between client and music therapist can happen during musical improvisation, which is among the methods that can be used in music therapy. If the goal of the musical improvisation is for the client and the music therapist to interact with each other then the best way to do it is by putting their selves in it. On the client’s part, by being honest, he¹ can communicate better what his needs are if he is being truthful about them. On the music therapist’s part it

¹ Throughout this text the therapist will be referred to as a she and the client as a he.

is easier for the client to trust her if he knows that she is telling the truth. In this way the interaction can be more honest and mutual.

2.1 Music

Music is a concept difficult to define. There are many definitions, probably as many as there are people. One that seems rather all-inclusive is:

“Music is a category of humanly organized sound that takes its core identity from the musical intentions and perceptions of its makers and listeners.” (Balkan, 2011, p.6)

The only problem with this definition is that although anything that sounds like music is music, unfortunately this is not what other cultures consider to be true. For example the recitation of the Qur’an can be heard as music to Westerners; however, Muslims might not feel the same way.

If, in spite of this, we consider that this definition is true to an extent then it is a safe assumption that what we call music is a purely human invention much like language. Blacking (1995, p. 236) states that “musical ability [is] a general characteristic of the human species rather than a rare talent”. Darwin (1871) even expressed the idea that the beginning of the communication conducted between the members of *Homo Sapiens Sapiens* was a proto-language located somewhere between what could be called music and language nowadays. There is indeed a close connection between the evolution of music and of language. Music has a strong presence in many facets of the lives of humans all around the world. It has been present for all sorts of rituals, be they marriage, healing, hunting, playing and even story telling (Wallin, 2001).

This leads to the conclusion that the study of the evolution of music and of language could be closely connected to understanding the evolution of human beings. The earliest preserved musical instrument was found in Europe and it is

dating back to 35000 BC, this in combination to the knowledge that modern humans came to Europe around the same time, advocates for the humans having brought music from Africa instead of “inventing” it in a new and highly unknown environment (D’Errico et al., 2003). The meaning of all this is that music was essential to humans from an early evolutionary age.

Rousseau, like Darwin, was also of the opinion that language and music come from the same common ancestor, that the first languages were sung and their primary aim was to express emotions. This is an opinion expressed also in *The Origins of Music* (Wallin et al., 2001) by many of the writers. It seems that there is an increasing agreement for the evolution of music and language. Brown calls this protolanguage “musilanguage”, in “The “musilanguage ” model of music evolution” (Wallin et al., 2001). According to Cross (2003), there is something in human beings called “musicality”. By that he does not mean the ability to play, compose or listen to music but the ability to use music with the intention of interacting with another human being. The first expressions of the human being appear to be expressions of emotions in language and music combined. “They were passionate before being rational.” (Besson & Schön, 2001, p. 234)

In addition to the above there is also the notion that music and language also have similar organisation. Both of these interaction systems have rules by which they are organised. Patel (2010) describes the elements of music that are also possessed by language as: 1) pitch and timbre, 2) rhythm, 3) melody, 4) syntax and 5) meaning. Besson & Shön (2001) state sound units called phonemes related in specific rhythms form the language. Thus, according to the above, it can be concluded that pitch and timbre of music are the equivalent of phonemes in language. The rhythm is present both in music and in talking. The manner of putting the pitches and the phonemes

forms the melody of the speech or the music respectively. Both language and music follow specific syntactic rules. Lastly, as stated before, both music and language can potentially convey meaning, depending on the intention of their creator.

One vital part about music is the culture that births it. In spite of the similarities of the “musics” of different cultures, the “universals”, there are still certain differences. In the western world humans have distanced themselves from music in the sense that it is not used in the everyday life anymore. At the very least it is not seen in the everyday life to the extent that it was in the past. While language is used constantly as a form of communication, music has lost part of its role in the communication with others.

This does not mean that as humans we are no longer capable of communicating things through music, it merely means that it no longer is a common practice. Music might not be as explicit as verbal language but that does not mean that it is less expressive of what one feels. There is phrasing and articulation in music just as there is in verbal communication. One can tell when something starts and when it finishes, if there is a crescendo or a diminuendo, what is the volume, the tempo and finally maybe the trickiest part: what is the emotion behind the music.

As far as the emotions are concerned, culture again plays a big part. Western cultures have a very specific music theory but the same thing does not apply for every culture that is outside that domain. Mostly in the western culture there is a very well formed music theory that finds its origins in ancient Greece (Bonde & Wigram, 2001). However, it is safe to say that even there things are different nowadays and there can be songs that have music that has for example lyrics that are “sad” but the music might sound “happy”.

The reason behind the use of the quotation marks is because sad and happy are words that could be further explored, their meaning, their use and even the gravity that they have in our everyday speech. The word happy can have a positive nuance and the word sad a negative one. This is too complicated a subject for the limited space of this thesis. A single comment that might be appropriate is that in music therapy, as per the researcher's perception, all emotions are valid but it is helpful when the music therapist is able to recognise what the client means by a specific music that he made.

In music therapy music is still used as a form of communication. The emotions are accepted for what they are and the music therapist tries to help the client accept them and potentially overcome them. Thus it is vital for the music therapist to be familiar with the culture of their client in addition to being very perceptive of the music that they produce. In addition, it is worth pondering on whether expression nowadays is truer through music than through language because of the minimal practice human beings have in manipulating music. People speak every day and they know how to manipulate language in order to fool others and in order to be truthful. However, they are not similarly equipped to manipulate music the same way since they consciously use it as communication much less.

2.2 Musical improvisation

"Improvise: Create and perform (music, drama, or verse) spontaneously or without preparation"

- Oxford English Dictionary

In music therapy there are many methods and techniques utilised with the clients in order to better assist them in accomplishing the goals of the therapy. Musical improvisation pertains to these methods. It is an active and creative method used in many different music therapy frameworks (Bruscia, 1987). During an improvisational experience the client and the music therapist are creating music together with musical instruments, their voices or their bodies (Bruscia, 1998).

Musical improvisation can be used in various settings ranging from psychiatric hospitals, to paediatric units to prisons (Bruscia, 1987). It can be completely free, have a theme or it can even be limited to a specific part of the instrument. Musical improvisation can have so many forms because it depends on the needs and the capabilities of the client the framework of the music therapist and, of course, the goals of the musical improvisation.

Musical improvisation can be a form of expression for the client. It is a spontaneous creation of music deriving from the client and with which the therapist can assist (Wigram, 2004). Sometimes the music therapist and the client are directly addressing the client's issues through the music that they are creating, together or separately (Bruscia, 1998). Especially in musical improvisation, it is through the music that the client and the music therapist are having a dialogue about the issues that are preoccupying the client. There is also the possibility that the client is improvising himself without the assistance of the music therapist. It can be so that it is easier for the client to express those issues non-verbally and in music instead of vice versa (Bonde & Wigram, 2001). Music offers a safe haven to the client, a way for him to express thoughts and emotions.

Apart from a form of expression for the client, musical improvisation can be a form of expression for the music therapist as well. More importantly it can provide a means of interaction between client and music therapist (Procter 2002). Music is a form of non-verbal communication and musical improvisation is another form through which people can express themselves and communicate with others (Pavlicevic, 2000). Research has demonstrated that the interaction that is happening in the musical improvisation between the client and the music therapist could be equivalent to the interaction that is taking place between a mother and her infant (Pavlicevic, 2002). It is this non-verbal communication towards which the music therapist and the client strive to achieve together in the musical improvisation.

In conclusion musical improvisation, as a method used in music therapy, provides both the client and the music therapist with the opportunity to be spontaneous and creative. The music therapist can improvise with the client; through that improvisation the music therapist can support the client or help confront his issues. Through musical improvisation the client and the music therapist are communicating in music. Additionally in musical improvisation the music therapist provides the client with the space to express his self. The music therapist can do so even by simply being there; her presence can help in creating an interaction with the client.

2.3 Self

The self is a concept that has been very difficult to define. There have been a lot of efforts to do so and there are quite a few theories as to what the self actually is. There have been efforts to explain it from many different points of view, such as

philosophical (De Gaynesford, 2006), neuroscientific (Decety & Sommerville, 2003), religious (Kiesling, Sorell, Montgomery & Colwell, 2008) and even from a psychological point of view (Kohut, 1971). Nevertheless, there is no one definition for it for all the fields that have dealt with it.

The self seems to be a part of humans that they all notice but describing it eludes them. Its effect on the world can be witnessed through the interaction with other people. The people to whom the self belongs can observe its essence through reflecting upon it and their interactions with the others. Even when one is thinking about what the self is though it is hard to just focus on the inner self without taking under consideration all the previous theory that has existed before them. It is particularly hard in the occasion where they have been educated further in a specific theoretical framework relating to the self. The theoretical background of these people can affect their thoughts on the subject.

One interesting theory about the self comes from object relations and particularly from Kohut (1982). The self-object plays an essential part in the forming of the self. The self-object is the internalised idea of any person or object that the person is viewing as part of the self. This internalised object can also serve a function to the person. According to Kohut (1982), there are some elements in the development of the self that form a healthy self. Firstly the individual needs to be able to have a good self-esteem and be able to have his/her own ambitions in life and a purpose to guide them. Another important factor is the ability to set goals that are viable and that the self has the ability to realise. The self is also based on the individual's ability to authentically communicate feelings and emotions to others in order to form steady relationships. Finally the person needs to be able to relate to others in a healthy way.

In therapy one self can be seen as interacting with another self (Satir, 1987). The self of the therapist is interacting with the self of the client. It is through this interaction that each self is perceived by the other self. The self of the client is something that is being investigated throughout the entire therapy process. The self of the therapist is present but not necessarily investigated throughout the therapy process. It is investigated by the therapist but not inside the therapy. Instead the therapist investigates it separately when she is doing her own reflection, supervision and/or therapy (Lum, 2002).

An interesting idea comes from family therapy literature. Rober (1999) suggests that the therapist's self is not constant. The therapist's self is an ever changing self, a self that changes in relation to the process of the therapist in the therapy. This had been suggested earlier also by Andolfi & Angelo (1988), Hoffman (1991) and Anderson (1997). The therapist's self consists of the therapist's observations and from the internal processes as well (Rober, 1999).

Another interesting idea is the use of self of the therapist within the therapeutic context (Andolfi, Ellenwood, & Wendt, 1993; Baldwin, 2000). The therapist uses the self in order to interact with the client, achieve a connection with him and eventually form a relationship (Lum, 2002). It is worth wondering whether the same thing happens in music therapy and if it does happen then to what extent. If the music therapist uses their self in the music therapy, and more particularly in musical improvisation, it would be interesting to see how that happens and to what end.

In music therapy, the self is supposed to sound in the music that music therapist and client create together (Smejsters, 2005). According to Smejsters (2005) it is the client's self that is sounding in music with the assistance of the music therapist. One has to wonder though if it is possible for the music therapist's self to sound in the music as well. There is an analogy between what the client is feeling and the music that he is playing, the music expresses the client's emotions and that can be understood by others (Smejsters, 2005). If the music therapist is being true to herself at the moment of the musical improvisation, no matter how much she is focused on the client then some part of herself must be expressed in the music as well. It could be the part of herself that is focused on the client that manages to come out in the music, her thoughts and emotions for and about the client at the moment of the musical improvisation may influence the sound of her music and it is something that she has to become aware of in order to try and interpret that as well as the client's own playing.

3 PRESENT STUDY

The music therapist is one of the three elements crucial to having music therapy: music, client and music therapist. It can be thus concluded that the music therapist is equally significant and worth investigating as the other two. However, this is not usually the case as music therapists have not been researched as extensively as the other two elements. For this reason the music therapists are the subjects of this research. More specifically it is their sense of self in musical improvisation that is under investigation.

Forinash's (1992) "*A phenomenological analysis of Nordoff–Robbins approach to music therapy: The lived experience of clinical improvisation*" was the first article to investigate what is involved in the experience of the clinical improvisation for a Nordoff-Robbins music therapist. One of the results from the above article was the crucial part that the sense of self of the music therapist plays in the experience of the clinical improvisation. This was further investigated in McCaffrey's (2013) "*Music therapists' experience of self in clinical improvisation in music therapy: A phenomenological investigation*"; five superordinate themes emerged from this analysis: 1) mindful meeting of equals, 2) importance of the fundamentals, 3) flexibility and adaptability, 4) personal fulfilment, 5) balancing the professional and personal musical self. The recommendation that came from this article was to investigate non-experienced music therapists in addition to experienced.

In the present research, after taking into account the recommendation of McCaffery for further research among less experienced music therapists, the aim was to include experienced and non-experienced music therapists. This was done in order to have a wider range of data and compare between the two categories for any differences in relation to experience of self.

The method used for collecting the data was interviewing. The question was specifically about the sense of self in musical improvisation in general and not at a particular moment in it. The initial idea had been to choose a meaningful moment. The reason why the investigation was about the entire musical improvisation was because it can include many moments and only some of them might end up being meaningful. The sense of self however can be there for the meaningful as well as for the not meaningful moments. The analytical method was Interpretative Phenomenological Analysis as Smith and Osborne described it (2007).

4 METHODOLOGY

In this chapter, the addressed issue is the methodology used for the designing of the research as well as for the analysing of the data. After reading this section, the reasons behind the choice of the participants and the methodology will be clearer. Furthermore this section aims to explain the implementation of this methodology for the analysis of the data. Deciding on the research method and on the analysis method were two preoccupations that were present since the beginning of the research as the data and the findings can be significantly different when these methods alter.

4.1 Procedure

Upon reading *“Music Therapists’ Experience of Self in Clinical Improvisation in Music Therapy: A Phenomenological Investigation”* (McCaffrey, 2013) one can realise that the topic is not very much investigated in previous literature. The author makes a very clear suggestion for investigating non-experienced and experienced music therapists’ sense of self. This is the aim of this investigation.

The chosen design for this endeavour ended up being qualitative; the reason for that was that qualitative research is the best possible way to conduct a research where the importance lies in the interpretation of the meanings the participants bring to phenomena, like the meaning that music therapists bring to their sense of self (Denzin & Lincoln, 2011). There has not been research to a great extent on this topic and this makes creating closed type questions rather difficult. Consequently conducting semi-structured interviews was the preferred approach in order to better

be able to allow the participants to fully express their opinion on the topic (Longhurst, 2003).

Initially, a pilot study took place. This involved one music therapist, classmate of the researcher, with less than five years of experience. The purpose of this pilot study was twofold. The first reason for conducting the pilot study was for the researcher to practice the necessary interviewing skills. The second reason was in order to evaluate the questions; it was imperative to review the flow of the interview and to what extent the created questions were asking the right things. For this interview there was no recording but the researcher took extensive notes of the participant's answers. In addition to the notes and to the researcher's opinion about the interview and the questions, the participant gave her opinion at the end of the interview. She was asked about her opinion of the interview questions and about the interviewer's presence and interviewing skills during the interview.

After the pilot study the order of the questions was slightly altered. The researcher constructed an interview schedule (Appendix D) with warm up questions, the main question, as well as questions meant to help the interviewee in case answering the question proved to be difficult. In order to ensure that the researcher was not being directive with the line of questioning, the primary supervisor of the master's thesis reviewed the interview schedule on several occasions throughout the process. Themes that were interesting in relation to the topic were written down and some questions concerning them as well. The purpose of that was to not be obliged to contemplate what questions to ask during the interview and thus be more able to fully concentrate on what the participants had to say.

4.2 Participants

The music therapists who were invited to participate in this research were either working or studying in Finland. The reason for this was the fact that the researcher was also located in Finland at the time. The two of them are experienced music therapists based in Finland. The remaining two music therapists are professionally trained music therapists from the Netherlands and USA who were studying towards their Master's Degree in Finland. All of them agreed to participate in this research and were sent an information form containing the inclusion criteria for this research (Appendix B, C). The inclusion criteria for their participation were for the experienced music therapists:

1. Have more than five years of experience as practicing music therapists with regular supervision.
2. Use musical improvisation regularly during their work as practicing music therapists.
3. Treat mostly adults or adolescents in their music therapy practice.
4. Have not gone for more than 10 years without furthering their music therapy education.
5. Are willing to speak about their experience of self during improvisation.

For the non-experienced music therapists the only difference was that they were required to have less than five years of experience as practicing music therapists.

There was careful consideration of these criteria before sending them to the participants. The reason for there being a distinction between experienced and non-experienced was in relation to the research previously done by McCaffrey (2013). She had suggested interviewing non-experienced music therapists in addition to experienced since her research had only included experienced ones. They needed to have had regular supervision to increase the likelihood of them having contemplated

the questions asked. As it turned out, according to more than one of them the questions were “difficult questions”, meaning that there were times when the questions took them by surprise and there were topics during the interview that the interviewees had not considered before. Musical improvisation had to have been used by them in order to be able to have thought about their sense of self in the actual act of musical improvisation. The music therapists had to mostly be treating adults or adolescents because improvising with children is a very different process. Another important criterion was them not having gone for more than ten years without furthering their music therapy education because therapists who are constantly trying to further their education are again more likely to be able to answer the “difficult questions”. Lastly it was vital that they are willing to share their experiences and thoughts in order for the research to be completed.

One more music therapist was interviewed. However, he had not received the information sheet (Appendix B) before the interview, due to the researcher’s omission. During the interview it became clear that he did not fill all of the inclusion criteria since he was mostly treating children and he mentioned himself on more than one occasion during the interview how “improvising with children is very different to improvising with adults”. As a result his interview was excluded from the data.

One important factor in this process was that each participant was approached separately. Their data was reviewed having followed a bracketing process in order to realise what the researcher’s ideas were beforehand. Bracketing is the process when a researcher is constantly reflecting about his or her own thoughts on the investigated topic, that way they can better control whether their interpretations of the participants’ responses are based on the text of the interview or the interviewer’s

predispositions (Morgan, 2011). This was done with the aim to recognise if something was coming from the researcher rather than from the participants.

4.3 Confidentiality

All the interviewees and the researcher signed confidentiality forms (Appendix A) ensuring their anonymity and the fact that the recordings would be destroyed by June 25th 2014 when the researcher would be leaving Jyväskylä. None of their names will be used to refer to their personal statements. Instead the names will be Philomena and Peter for the experienced music therapists and Pandora and Penelope for the non-experienced ones. All the names start from -p like the word participant and they also have Greek origins in accordance with the researcher's origin.

4.4 Data Collection

On each occasion after the signing of the confidentiality agreement the interview took place with the aid of the recording machine. Furthermore, the researcher was taking notes throughout the interview. These notes were not extensive as in the pilot interview yet they served a different purpose. They helped the researcher focus on specific topics and note down questions relating to what the participant was saying. In spite of the researcher's preparation, the entire purpose of the interviews being semi-structured was for the participants to be better able to express themselves. In such a context taking notes can help the interviewer note down ideas that might come up during the interview in need of further investigation, this way there was no need for interrupting the participant in order not to forget the questions forming in the interviewer's mind.

As far as the actual interview is concerned, there were two warm-up questions that were included in the interview schedule (Appendix D) for the experienced music therapists. After interviewing the two experienced music therapists, another question entered in the interview schedule. That question was: "What is improvisation to you?" and its use was that of a warm-up question for the non-experienced music therapists. The experienced music therapists also answered this question via e-mail after their interviews. This research being conducted with semi-structured interviews enabled the researcher to move towards the places where the interviewees were directing. Thus, they were focusing every time on the most important topics for them, topics that concerned of course their sense of self in musical improvisation.

The interviews varied from forty minutes to one hour. The last ten minutes are missing from one of the interviews due to a technical problem. During a second interview the recording machine recorded forty minutes of silence. As a result after the agreement of the music therapist and of the supervisor, a second interview took place. Very little time passed between these two interviews; as a result it is very unlikely that there was any omission during the re-interview. In addition to this, because of the nature of the topic, re-conducting the interview was probably not damaging to the investigation since having time to reflect on such a topic could potentially increase the insight of the music therapist on it. Among the potential dangers is the possibility that the music therapist would have been tired of the repetition but she seemed to be willing enough to repeat the interview.

4.5 Data Analysis

Transcribing the data was the starting point of the analysis. The next step involved reading and becoming familiar with the data. Afterwards the coding transpired with the use of Interpretative Phenomenological Analysis. This method provides a flexible way of working with the data, as the researcher can adapt the method in relation to their research goal; furthermore, it is perfectly fitting to this research as its basis is trying to understand “what it is like from the point of view of the participants” (Smith & Osborne 2007). The main aim in using interpretative qualitative analysis is to try to interpret the participant’s interpretations about their sense of self in musical improvisation.

The initial tool for transcribing was MS Word. After transcribing the data the researcher had to familiarise herself with the text. This is essential to IPA seeing as meaning is a very central concept in this method. The only way to truly stay close to the meaning of what the participants wanted to say is to review and become truly familiar with the transcript while being in a constant interpretative process of their words (Smith & Osborne, 2007). In IPA the mental constructs of the participants and the interpretations of them are intricately connected with the interpretations that the researcher is trying to make of their answers.

The comments function of MS Word served for the first level coding. This included creating codes very close to the participants’ phrasing. The initial coding only happens after extensive reading of the transcripts; the reason for this is not only to become increasingly familiar with the data but to also gain further insight with each new reading (Smith & Osborne, 2007). Indeed, the more familiar the researcher became with the data with each new reading the better able she was to identify the

emerging themes and the easier it became to create codes close enough to the data without omitting any information that it had to offer.

The second level coding took place after going away from the data and approaching it again, this time in printed form. After printing the transcripts with the initial codes more readings of the transcripts took place. This time the remaining margin of the pages was used to proceed with the coding. The aim of this second-level coding was to turn the initial notes into more concise observations, observations that went from notes to comprehensible, independent sentences. The researcher was at the same time trying not to lose the thread connecting these new codes with the participants' words, a thread that was created in the initial coding (Smith & Osborne, 2007). There was a conscious effort to discover more specific themes stemming from the initial coding and the data itself. This is where the researcher had to be open to what the data had to say and face it without prejudice and at the same time be careful not to misinterpret the data by placing a disconnected code. Throughout this process there was always the possibility that similar codes could arise in different part of the transcription.

During the next phase, the researcher tried to find what, if any, were the relations between the themes. A very important part of the IPA is finding the connections among the codes (Smith & Osborne, 2007). After that the aim was to observe whether these themes would cluster together and form superordinate themes. Moving forward from there finding the proper titles for these superordinate themes was the next step. Throughout this entire process the interpretations of the data are ever-growing while the ongoing goal is to not lose the connection with the participants' words and meanings (Smith & Osborne, 2007). Seeing and naming the connections among the codes is really essential to completing the analysis, in doing

so a better and clearer image of what the data represents is created. This image exists in the researcher's mind in the beginning but as the reader will see in the next chapter it can be elaborated further for people who were not there for all stages of the analysis.

Comprehending the higher-level connections, while also being true to the data, without going far from what the participants said is a process that requires creativity. At all stages the researcher's creativity conceptualising the themes and the superordinate themes was combined with observation and comprehension of the participants' words and meanings. The term creativity is used here in order to show how openness to the data as well as resourcefulness on how to interpret them. Nevertheless, creativity was never used with the purpose of creating something entirely new. Every interpretation was as close as possible to the actual text and with full respect to what the participants were expressing.

5 FINDINGS

After using Interpretative Phenomenological Analysis to analyse the four interviews, the following superordinate themes emerged:

1. Accepting awareness
2. Using the self as a tool
3. Authentic and mutual interaction between equals

In the following section these results are presented in further detail supported by statements made during the interviews by the participants.

5.1 Findings

5.1.1 Accepting awareness

An important part of the self for the music therapists was observing and being aware of the client, of their self and of the situation in combination with being present, open and accepting. Accepting awareness is a quality the music therapists described having and it covers a wide range of things. The music therapists are aware of the client and their selves and in addition to that they are aware of the situation they are in at the moment of the musical improvisation. Apart from that they need to be open and accepting of what the clients are giving them. They are open in order to be aware and to be able to accept their clients' input without judging them. Awareness on its own is not enough without openness and acceptance to complete it.

Awareness of the client is one of the themes that emerged from the analysis. The music therapists try to be very aware of the client, where they are and what they

are bringing. The music therapists also try to observe the clients as a whole, their expression through the music as well as their bodily expressions.

To Peter especially it was important to observe the physical expression as well as the musical expression of the client, even more specifically the focus could go to potential eye contact, or absence there of or how the clients are positioning themselves:

“And also there is a challenge because you have to be aware that you notice in the client how he or she is playing or what kind of facial expressions there might happen during the improvisation and also other expressions, it’s not only the music, I’m not only interested about what I hear I’m also interested in what I see.”

And then:

“Also, is there eye contact? Or what is the position of the client? How open or how closed is the physical position?”

Peter tries to take in everything that the client is giving him. In addition to that he tries to comprehend everything that the client is not giving him and accept that as well. It is in the things that are not explicit that mindfulness can really make a difference.

The same applies for Pandora who also uses her observation of the client to be aware of her/him and understand what her/his needs might be based on what she/he is presenting in musical improvisation:

“...to maintain the client as the prime focus and to be actively listening to what the client is doing and try to be sensitive to his or her needs”

“I’m being more aware of what the client’s identity is, or what they are presenting in that moment and then intervening based on those things”

Through being aware of the client the music therapist can gain information about the clients’ physical, mental and emotional state, responsiveness, and possible changes. Basically the music therapist is better able to understand what the needs of the clients are, not only the underlying constant ones but the needs of the specific moment.

Awareness of the self is another theme that emerged from the analysis. Being aware of one's actions and reactions during the session and during musical improvisation in particular is very important. Peter states that it is imperative to be aware of the interventions that are used and of the reasons behind them.

"You have to trust what's comes naturally from your side. How you respond to the client. But it might of course happen in the beginning that you kind of react because of your own things and I think that's the biggest thing you should kind of focus on while you are practicing music therapy, that you become more aware of where that response came from, does it come from your own needs or does it come because you kind of intuitively knew what the client would need here?"

Peter believes that this ability to be self-aware and to respond to your client from what he or she is giving rather than from what the music therapist is experiencing or remembering changes with time and experience.

For Philomena the emotions that she is experiencing are also important and it is vital for her to realise where these emotions are coming from.

"Well, not maybe at the time, but I have to be conscious, which are my emotions and which come from the client."

If Philomena's emotions are a reaction to what the client is saying or playing based on her own experiences she needs to know that in order to better control her reactions and not allow these emotions to affect the interventions that she will use. In addition, she has to also recognise the emotions that she is experiencing which are originating from the client so as to be more mindful of them and their needs.

Awareness of the therapy process derives from awareness of the client and awareness of the client. The music therapist is aware of not only the client and their self but also of what the music therapy has been so far and where it should go. Awareness of the music therapy is necessary for the music therapist to realise what intervention needs to be used. The music therapist needs to know if they are heading towards the place where he/she was planning before or if the client is bringing something different.

Penelope describes this form of awareness as this way of watching things from a bird's point of view. There is a different perspective that she has to take in order to make sense of what she is seeing and hearing. Moreover, she has to think how what she is observing is relating to what the goals of the music therapy are and how they can be achieved. Penelope, by focusing in this way on the situation is trying to see the bigger picture.

"And then there is this last part where I've thought of it sometimes as this bird's eye view of the thing. Thinking "right, the session goals today was getting in contact" or "our session goal today was to figure out more about this", and "how is what I'm doing now leading to that?" and "can I make choices to go that way or not?""

For Philomena this type of observation happens very much on the cognitive level and the metaphor that she uses to describe it is that of going higher up to be able to see it from a distance. Both the music therapists take some distance from the situation in order to be better able to observe it and have a clearer view of what is happening. Again it is more than mere observation though that is taking place.

"I also have to have my cognitive level so I can...I must think: Why is this happening? What was that? What was the meaning of that thing that just happened? Or what are we in now? And so on."

"I would describe it as climbing on a chair or on a mountain to see further, that's the cognitive level. So I can take some distance and see more clearly hopefully."

As far as openness and acceptance are concerned Philomena clears herself preparing to take in anything the client has to say.

"Well I do the same self-clearance anyway, but then I think I am quite open just to hear the client's thoughts and the reason why he/she is there."

"You are accepting them if you are present"

She mentions how important it is to be personally and professionally open for whatever the client is preparing to give her.

"...you have to be personally open to know certain things and you have to be professionally open"

Pandora also mentions how important acceptance and openness are in this example where the client might not be so willing to participate and play music.

“And just accept it notice it, maybe identify it with the client, acknowledge it and back away a little bit. So I think it would make me take a step back and give the client more space. Just acknowledge it, validate that it’s there accept it and then when the client’s ready we can take more steps forward.”

Penelope also gives a lot of gravity to openness and acceptance and taking what the client has to give. Her words also reveal again how important openness and acceptance are in combination to awareness and realising what needs the client has in the present state and how she can help him meet these needs.

“So if they’ve just had this big experience, if it’s somehow linked to the thing I was planning to do in the session anyway, I’ll use that to take that path. But if it seems that they are just not there at the moment, I’ll just go a completely different one and hope that we end up in a working place anyway.”

Awareness appears to be a vital element of the therapeutic process during musical improvisation. The music therapists try to be aware of every single thing that is happening in musical improvisation. They try to be aware of their selves, of the clients and of the therapeutic process, this includes their complete openness and acceptance of whatever the client is giving them in the music therapy. All of this is taking place even before the musical improvisation but it is of the utmost importance during the musical improvisation as well.

5.1.2 Using the self as a tool

Counter-transference is one of the fundamental concepts of music therapy and therapy in general. According to Etchegoyen (2005) counter-transference is describing the emotions that the therapist is experiencing in relation to the client. These emotions could derive straight from the client, as an experience of the

emotions that the client is experiencing. They could also be the emotions that the client is being unable to experience and the music therapist is becoming a container for them. In addition to that, counter-transference could be referring to the music therapist's emotions for the client having to do with the music therapist's previous experiences.

Through counter-transference the therapist can become conscious of many things about what is happening during the therapeutic process with the client. The therapist could gain insight for the client, the therapeutic process and his/her self. The insight that the music therapist can gain concerning the client can be because of the understanding that the experienced emotions are in fact what the client is feeling. It could also be that the music therapist comprehends that the reason that these emotions are surfacing is because the situation is similar to one of the music therapist's past, the client reminds the music therapist of another person. However, that might not be necessarily perceived immediately. Penelope describes this:

"For example if I'm playing with my client and something in their communication with me just bugs me."

As a result the music therapist can attempt to understand why the client reminds the music therapist of another person and how that can prove to be helpful for the therapeutic process. In addition to that the music therapist can gain insight about unresolved issues, if these emotions are not directly related to the client the music therapist can investigate why they are present.

Lastly it could signify that the therapeutic process is not going the way the music therapist intended and this is causing these emotions to the music therapist, or that the therapeutic process itself and the relationship between client and music therapist reminds the music therapist of a previous situation. In all cases once the

music therapist realizes that there is counter-transference there should be a conscious effort to understand its source in order to better aid the client reach the intended goals. As Pandora states:

"I have to be conscious which are my emotions and which come from the client"

In order for the music therapist to know which reactions are coming from their self and which are coming from the client, self-knowledge to exist to an extent. Self-knowledge is important for the music therapists to be able to discern who they are and if something is happening because of their own issues or because the client is causing it. The music therapists as Peter says need to also do their homework.

"I think the personal issues of course will get easier if you have done your homework, having your own therapy and be willing to also face those things which are part of your personality and part of your history and in that way be also more aware what kind of situations or topics or themes that clients might bring in the session might be triggers for yourself."

In fact Penelope mentions self-knowledge while at the same time talking about counter-transference. It is through self-knowledge that counter-transference can be made conscious, and thus be dealt with. They are very intricately connected and using counter-transference to understand better the client and decide on future interventions does not make sense unless there is some sort of self-knowledge to accompany it so as to discern what is causing it.

"Yeah I guess sometimes they can come to the surface. Like "this reminds me of that one time with my husband" or this reminds me of this one time with my own mother" but at least if not on this level of experienced memories because there I think a lot of these kinds of memories play out as well. For example if I'm playing with my client and something in their communication with me just bugs me. And then thinking about it after the session I'm thinking, "this kind of reminds me of the way I am communicating with my own parents"."

Education plays an equally important part in the decision making process of the music therapist. Many items could go under this term, the musicality of the music therapist, the professional training, the clinical experiences and everything that has been learnt in order to become a music therapist. An example of how

education can be used to make decisions in the musical improvisation comes with Penelope's words.

"So if someone needs a stronger rhythm but they are very shy about it and they don't know what they're supposed to be doing, what they're allowed to be doing, I could, either say something about it, give a verbal direction, or just supply it, with an example, many ways."

Pandora explains how she is a product of her education as a professional. Her decisions are being influenced by her education and training for becoming a music therapist.

"I am a culmination of everything that I have learned and I have developed my own beliefs and ideas in life and in this profession so what I think is the way to go for that client is the way I'm gonna go but of course I'm going to use my cognition and identify why I'm doing what I'm doing, what is the rationale behind these interventions and the improvisation."

Her clinical experiences could also be considered a part of her education as a music therapist because as she explains:

"Well I think that every experience offers insight for not only the client but also the therapist. So in that way I do think I'm affected in that I'm learning from each client as well, learning new things about how to work with people, or maybe I'm touched by a case or a person and maybe my idea about music therapy change based on the different clinical experiences that I have, that I have had and that I will continue to have."

The personality of the music therapist is really important in the musical improvisation. It might not be obvious through the music therapist's words; however the music therapist's actions can reveal sides of it. Personality is difficultly defined for Penelope and to her it is a combination of her decision-making processes and her emotions towards these decisions. So her personality is directly connected to the decisions that she is making in the musical improvisation and her emotions towards them. In addition to all that it has to be mentioned that personality is considered by Penelope as one of the most constant parts of her self.

"Yeah it's one of the more constant things, but I guess I might think of it more as like a [.] if you look at it from a system's point of view like an emergent property of the system, like it's not [.] my personality isn't "I am a happy person", "I am a sad person", whatever, it's more like I make decisions in this kind of way. And I feel this kind of way about the decisions I make. And those can be quite constant and I think that's what I'm talking about if I'm talking

about personality, but yeah, I'm aware of it, I can sometimes smile about something I do or I think, "that's so typical", and the typical thing would be the me saying "that's the part of my personality""

Pandora, when talking about personality focuses more on how she actually uses it in the session by giving a few examples. Her personality is definitely part of her sense of self in the musical improvisation and it is influencing her music therapist's decisions. She reacts based on her own traits as a person in combination to what the client is bringing. Even the event of considering that something that the client is bringing is important could be connected to the music therapist's personality. Not all music therapists would notice the same parts about a musical improvisation in which they are participating and of course the musical improvisation itself would be different depending on the music therapist.

"Who we are is something we take with us everywhere we go, so of course I think that my personality probably shines through the music just as much as anything else. And my approach to music therapy and to improvisation is different to that of somebody else. I think that I tend to be a more active and directive kind of person, and outspoken, so I think that my presence in the music is probably strong, especially upon the beginning of the therapy. I would like to think that it's not overpowering but that it's a strong presence there. And of course then I have to pull the reins back and when the client's feeling safe and comfortable let them just go and express and let go however they need to. So I think that my personality is probably in there. If the client is having trouble starting the improvisation, maybe I would start it instead of waiting. Or maybe I would stay in silence for ten minutes; it depends on which way I would go. Whatever it is it would probably be strong what I would do."

Intuition is another concept that is slightly hard to conceptualize, however, the participants had a few interesting ideas about it. Intuition is something that is used in the musical improvisation and it could be this "gut reaction" that the music therapists have. What is interesting is where this reaction is coming from for the music therapists. It was mentioned as this sort of knowledge that the music therapist has.

"I've learnt that intuition is one way of knowledge, quite an important way of knowledge in therapy"-Philomena

"I think intuition is something that it's kind of this implicit knowing" - Peter

Intuition, the way that it was described, is this knowledge that the music therapist has gained throughout the years, due to the professional education and experiences but at the moment of the musical improvisation that knowledge is not conscious. At the moment of the musical improvisation that knowledge is used to produce intuition. The music therapist thus, can react to the client and whatever their needs and expressions can assist them in the musical improvisation.

“Maybe sometimes [intuition] just happens and I don’t know why. It’s not something I can decide that now [.] or can I? That I now use my intuition, because I think it’s kind of in the structure of being a therapist.” – Philomena

“You maybe don’t be aware while you are doing it, only afterwards you are able to reflect why this happens, and I think it’s something that kind of develops while you are doing the work more and more, kind of getting more experience with different kind of clients that you kind of start to trust more and more on this intuition, this felt sense of what’s going on and what happens.” – Peter

“But you gain intuitiveness the more music therapy experiences you’re having and the more improvisation you’re doing and the more training you have, you start to get more creative. The creative juices start flowing and then when you’re in the moment you think, “oh I’m gonna go with that”. It’s a combination of what’s learned, what’s totally spontaneous inside of you and maybe having to do with what your ideas are about the work which is also related to your personality I think.” – Pandora

According to Pandora, intuition is even more than knowledge. Personality also plays a part in the formation of intuition. You have, as a result all these different parts of the self that are influencing intuition, which is in turn influencing the musical improvisation. Personality and education are connected in a non-conscious level and are influencing intuition as well.

Intuition not being conscious is the reason why for Philomena it is not part of the self. For her intuition comes from this part of:

“...my self from outside my self but not outside my self. I mean it’s nothing mystique that comes outside of me. But if I divide my person to self and my unconscious and those levels.”

In this way the self is still used as a tool in order for intuition to exist, however, the intuition itself might not be part of the self.

The case of Penelope is slightly different than the other ones. She does not like the word intuition because of its vagueness. The way she likes to define it is as this sort of body intelligence where her body, through experience knows how to react to whatever the client is doing in the musical improvisation instead of her mind having to think about it. It is not a mystical thing but this different type of knowledge, this different type of intelligence.

“Like body intelligence from past experiences that I’m making decisions in the improvisation. I don’t think about “Now I’ll play faster”, or “Now I’ll play louder” [...] sometimes I do but it’s a lot harder working making that kind of decision than just letting my body respond because my hands know better how to make music than kind of this analytical part of my mind knows how to make it. And so that’s I guess some kind of memory. It’s all the times before that one time that I’ve made music with people and I’ve [...] my hands have remembered how all these people responded and what all the effects were but I’m not able to really extract it and talk about it. My hands know it but you can’t ask my hands because they don’t have a voice.”

There are many ways in which the self can be used as a tool in the musical improvisation. In order for that to happen, first and foremost the music therapist has to know her/his self. There has to be a certain amount of understanding of the counter-transference that is taking place as well as the counter-transference’s source. Education is also of great importance and personality as well (including the ideas and constructs that the music therapist has). Intuition comes to combine both education and personality with gut reaction and ensure spontaneity in the musical improvisation.

5.1.3 Authentic and mutual interaction between equals

Musical improvisation is a form of interaction that is taking place within the music therapy context. There are a lot of different factors weighing in the musical improvisation. After the Interpretative Phenomenological Analysis of their

interviews it seems that the participants of this particular research found communication, the ISO principle and authenticity as factors worth mentioning.

Communication is a goal in the musical improvisation. It is an exchange of information and a sharing of emotions, images and stories. Communication can be more or less successful depending on the musical improvisation and the openness and acceptance therein. One of the signs of successful communication is the change that can occur from it.

“I believe that when there is real communication between two people both of them change. So the therapist also changes during the process but hopefully much less than the client.” – Philomena

It is through communication that change is achieved. Change is a goal for the client. It might not be a goal for the music therapist but it is happening nonetheless. Music therapists also change during the musical improvisation and it is something that they might not always be aware of. Change is taking place though and this is how different constructs are created inside the music therapists.

The way for this change to take place is through equal and mutual communication. It is both the music therapist and the client that have to put in the effort to communicate.

“That’s the aim, to find equal communication between client and therapist” –Peter

“And something mutual. The improvisation and the intimacy, it’s mutual at the same time. Because one of my strong beliefs is that one of the most beautiful things about music therapy and making music together is that the music can transcend power roles and make two people come to the same level, just two human beings playing music together. – Pandora

It is the last sentence that is taking the topic to its core “Just two human beings playing music together.” It is two people trying to find each other and communicate and one of the ways that this can be done is through being in the same place. This place is not just the same room (talking about the music therapy room), it is the place

where the client is and where the music therapist has to go in order for the interaction to be able to take place. Two people cannot interact unless they are in the same place.

“I tend to first go where my client is. So if they’ve just had this big experience, if it’s somehow liked to the thing I was planning to do in the session anyway, I’ll use that to take that path. But if it seems that they are just not going there at the moment I’ll go a completely different one and hope that we end up in a working place anyway.” – Penelope

Through finding the client at the place where they are the music therapist can interact with the client and facilitate the communication between them. The client can see the music therapist more easily and feel that the music therapist is present and understanding them.

“Presence is everything, that’s the thing in therapy. Always when you are with somebody, that’s the way to show the other person that you are interested in his life and his everything and you are accepting them if you are present, if you are not present, it’s kind of violent.”

Finally the music therapist has got to be authentic in the interaction with the client.

“Well I show some part of my self and in improvisation I show the most.”

“Yes, at least I try to do it. I like one definition of roles. Role is something that you show some part of yourself. It doesn’t mean that you take a role, that you are somebody else, but you are yourself all the time, you kind of show some part with this person.” - Pandora

Authenticity is another one of the main elements of the interaction and they are important for the client to feel that the music therapist is there for them and that the music therapist is another person like them. Authenticity is also important for the music therapist, it is important for the music therapist to be able to be fully present to the client and give whatever needs to be given for the client to advance in the therapeutic process.

“I feel that I am always my self, I carry who I am with me at all times. So in the improvisation I feel that Pandora is present there but I’m not focusing on what I need in the moment or what I want”

In order for the interaction to happen there needs to be communication between the music therapist and the client. Apart from the communication being important the music therapist also has to be present at the same place with the client. It is of the utmost importance for the music therapist to understand how the client is feeling and advance from there. The music therapist's ideas about the way that the music therapy has to go are well thought out, however, since clients are humans and their states constantly change the music therapist has to take that into account during the musical improvisation and see where the client is and go there first before trying to figure out where to go next. All of this is done while the music therapist is being authentic. It is possible for the music therapist to be authentic as a person within the music therapist's role; in fact it is not only possible it is necessary.

5.2 Summary of the findings

Accepting awareness and use of self as a tool are deeply connected. Awareness aids the realisation of intuition and the developing of self-knowledge. Self-knowledge and self-awareness are both important for being aware of counter-transference when it happens. Furthermore, the personality and the education that one has can influence the openness and the acceptance that they are showing as well as how they deal with the counter-transference. Finally, through awareness and use of the self as a tool, there can be an authentic and mutual interaction between music therapist and client.

Here follows a table summarising the findings with examples from the data that portray the themes:

Accepting awareness

<i>Subtheme 1</i>	<i>Awareness of the client</i>
Philomena	Hear the client's thoughts and the reason why he/she is there.

Peter	You have to be very aware that you notice in client how he or she is playing.
Pandora	Maintain the client as the prime focus.
Penelope	Focusing on the person who's coming to visit me.
<i>Subtheme 2</i>	<i>Awareness of the self</i>
Philomena	I think in that moment afterwards I can say in what level I was
Peter	You have to be very aware of what you are doing
Penelope	There is this part that focuses more inwardly
<i>Subtheme 3</i>	<i>Awareness of the music therapy process</i>
Philomena	I must think: Why is this happening? What was that? What was the meaning of that thing that just happened?
Peter	You have to be aware of what you are doing but also what the client is doing and how these things are interacting all the time
Pandora	I have to maintain my professionalism and knowing that these are the observations that I'm doing. This is why I'm doing that.
Penelope	Thinking, "right, the session goals today was getting in contact" "how is what I'm doing now leading to that?"
<i>Subtheme 4</i>	<i>Openness & Acceptance</i>
Philomena	You have to be emotionally open to know certain things and you have to be professionally open
Peter	I kind of need to prepare myself to take all that
Pandora	Just acknowledge it, validate that it's there, accept it
Penelope	So if they've just had this big experience, if it's somehow linked to the thing I was planning to do in the session anyway, I'll use that to take that path. But if it seems that they are just not there at the moment I'll just go a completely different one and hope that we end up in a working place anyway.

Use of self as a tool

<i>Subtheme 1</i>	<i>Counter-transference</i>
Philomena	I have to be conscious which are my emotions and which come from the client
Peter	[the professional part] kind of gives us the understanding about transference and counter-transference issues
Pandora	[Was mentioned in the interview and exists in my notes as a theme but without a quote]
Penelope	If I'm playing with my client and something in their communication with me just bugs me
<i>Subtheme 2</i>	<i>Self-knowledge</i>
Philomena	You have to know yourself quite well
Peter	I think the personal issues of course will get easier if you have done your homework, having your own therapy and be willing to also face those things which are part of your personality
Penelope	And then thinking about it after the session I'm thinking "this kind of reminds me of the way I am communicating with my own parents"
<i>Subtheme 3</i>	<i>Education</i>
Peter	Then of course there are quite many times that I'm feeling that I need to keep just a very very simple rhythmical structure like holding environment for the client
Pandora	Maybe the past clinical experiences that I've had and what I've learnt and what I think I should do as a therapist

Penelope	So if someone needs a stronger rhythm but they are very shy about it and they don't know what they're supposed to be doing, what they're allowed to be doing, I could, say something about it, give a verbal direction, or just supply it, with an example, many ways.
<i>Subtheme 4</i>	<i>Personality</i>
Philomena	[Personality] is also kind of a tool
Peter	You have to put your personality to the improvisation act
Pandora	Because [personality] is affecting my intervention, and my intervention would be different to that of another therapist because of the person I am
<i>Subtheme 5</i>	<i>Intuition</i>
Philomena	I now use my intuition because it's kind of in the structure of being a therapist
Peter	You kind of trust more on this intuition, this felt sense of what's going on and what happens
Pandora	You gain intuitiveness the more music therapy experiences you are having and the more improvisation you are doing and the more training that you have; you start to be more creative.
Penelope	So you could call that intuition, on this level that you're not thinking about it literally but it's happening anyway and you're making decisions you're not quite aware of that you are.

Authentic and Mutual Interaction of Equals

<i>Subtheme 1</i>	<i>Communication</i>
Philomena	I believe that when there is real communication between two people both of them change. So the therapist also changes during the process but hopefully much less than the client.
Peter	That's the aim, to find equal communication between client and therapist
Pandora	My communication with the client [is part of the sense of self]
Penelope	It's not just them thinking, "ooo this is nice", it's their whole body is getting into the experience, emotionally, physically. And that also communicates something to me and I can usually feel when there is this kind of fall happening and I might feel the same thing. That's also some form of communication.
<i>Subtheme 2</i>	<i>Authenticity</i>
Philomena	Well I show some part of my self and in improvisation I show the most
Peter	You have to express also yourself
Pandora	I feel that I am always my self, I carry who I am with me at all times
<i>Subtheme 3</i>	<i>ISO principle</i>
Philomena	I can really be in the same landscape with the client's emotional level
Pandora	To see what they are bringing and to try to meet them where they are
Penelope	I tend to first go where my client is

6 DISCUSSION

After the analysis of the conducted interviews three superordinate themes emerged. Those superordinate were accepting awareness, use of self as a tool and mutual and authentic interaction of equals. In this part a discussion will take place about the connection of these findings to previous researches that have been done. How this research can add and compare to these previous researches will be also investigated.

There will also be a discussion of the limitations of this research. Suggestions for future directions concerning this topic will also be made. There is one final section, which includes the conclusions that the researcher has drawn from this research.

6.1 Discussion

Accepting awareness, use of self as a tool and mutual authentic interaction of equals are the superordinate that emerged from the interviews taken for this research. The way these superordinate are connected to the sense of self might not be easily observed at first glance but this is the purpose of this chapter. First though it is necessary to mention a few details about the themes and the superordinate themes.

Specifically for the themes of presence and intuition Philomena made it clear that they do not pertain to her sense of self, something that for the others was not true. However, for all four of them it was a vital part of the musical improvisation.

For Philomena presence and intuition are both very important for the musical improvisation. It is her belief that a music therapist cannot be truly present if the self is there. Also intuition is a part of her self but outside her self, as it is not a conscious process. The reason why I chose to keep both these concepts in, even for Philomena is the fact that presence and intuition both demonstrate the use of self in the musical improvisation, since education and experience is part of the self and presence and intuition develop through education and experience.

Another finding that is worth mentioning is the insistence of Pandora that she does not focus at all on herself in the musical improvisation and it is all about the client in the music therapy. Pandora did mention how important it is to become aware of counter-transference and in order to do that a music therapist needs to have self-knowledge and self-awareness. It seems that Pandora works in such a way that she consciously tries to put her self on the side. She is trying to bracket herself much like an interviewer tries to do in order to be more objective about the topic under investigation.

One more point worth noting as far as the awareness is concerned was the participants' mentioning of the need for a shift between the different types of awareness. One cannot be aware of everything all the time. The participants stated that they were aware of one thing at a time but the shifts in between the different types of awareness are so fast that it is easy to get confused and think that one is aware of everything at once. This is supported by Fidelibus's (2004) dissertation. It is also worth mentioning Penelope's view about the self not being constant agrees with Rober (1999). In her point of view there is a constant part of herself but in music therapy there is also this not so constant part which is this shift of focus, this shift of awareness of the self, the client and the situation.

The music therapists all mentioned ways in which their selves are used in the therapeutic context (Andolfi, Ellenwood & Wendt, 1993; Baldwin, 2000). They use their selves as a tool in order to conduct the musical improvisation, either being inspired by their previous knowledge and experience from music therapy, or by using their sensations and countertransference to comprehend what their emotions, feelings and thoughts are concerning the client and why.

As far as countertransference is concerned, it is a concept that has been analysed more by psychodynamic therapists. Particularly in music therapy it has been explored further by Mary Priestley in "Essays on Analytical Music Therapy" (1994). There she further explores countertransference and how it can be of the utmost importance for the therapeutic process. It is only through countertransference sometimes that the music therapist can interpret what the client is giving her.

In particular c-countertransference and e-countertransference are being explored. C-countertransference is defined as the event when the music therapist is starting to act as another figure in the client's life (Priestley, 1994). Through that she can understand many things about the client's relationships with others and can help him develop healthier relationships by altering her behaviour from what the client unconsciously commands her to a healthier one (Priestley, 1994). E-countertransference is also very important in feeling the way the client is feeling in mind and in body as well (Priestley, 1994). E-countertransference can give a lot of valuable information for what the client is feeling especially when the client is unable to experience that verbally.

All that Priestley had talked about concerning countertransference can be seen as well in the participants' words. What is so important about countertransference is

the information that it can give the therapist about the client that the client is not directly giving to the music therapist. In order for the interpretation of countertransference to be successful the participants as well as Priestley (1994) state how important it is to possess self-knowledge and have done your own reflection as a music therapist or as Peter said:

“I think the personal issues of course will get easier if you have done your homework, having your own therapy and be willing to also face those things which are part of your personality and part of your history and in that way be also more aware what kind of situations or topics or themes that clients might bring in the session might be triggers for yourself.”

As far as the findings are concerned the theme of awareness is consistent with previous researches (Fidelibus, 2004; Cooper, 2010; McCaffrey, 2013). McCaffrey (2013) notes how important are the fundamental elements of the client's playing in the improvisation that the therapist needs to be aware of. Intuition and use of intuition is also consistent with Forinash's findings about spontaneity, creativity and intuition (1992) as well as with Brescia's (2004). Self-knowledge and self-awareness were also consistent with Camilleri's (2001) suggestions about self-awareness. Mutual and authentic interaction of equals is consistent with McCaffrey's findings (2013) concerning the mindful meeting of equals, as well as with Camilleri's (2001) and Pavlisevic's (2000).

Although these findings are relevant, only one of the mentioned researches had the experience of self of a music therapist during the improvisation as a main interest. Forinash's research was also more inclusive as a research about the important things in music therapy on a more exploratory level instead of choosing one of them. All the other researches were mostly focusing on one specific topic that was deemed important for music therapy and improvisation.

Communication was another element that came up during these interviews and it is in accordance with other researches supporting that communication can happen through music in music therapy (Pavlicevic, 2000; Pavlicevic, 2002, Procter, 2002). In musical improvisation, communication is essential for the interaction and the relationship between the client and the music therapist. They communicate through musical improvisation, and change through musical improvisation. The change for the client is the goal (Smejsters, 2005), here though it can be seen that the music therapist changes as well, as Pandora states. The music therapist changes as well and it is a hidden change so as not to disrupt the client but a change nonetheless.

The sense of self of a music therapist during the musical improvisation might be a very specific topic; however, even for a more expanded topic such as the sense of self of a music therapist in music therapy, the literature was not more thorough. It is this researcher's opinion that limiting the topic to the improvisation was the way to start since the literature is so limited. This research showed that in the musical improvisation accepting awareness, use of self as a tool and authentic and mutual interaction of equals are important to the sense of self of a music therapist. It would be interesting to see how these results can be transferred to the rest of the music therapy. Perhaps further research could venture to investigate that.

6.2 Reflection

As the designer, interviewer and analyst of this research I had been keeping a reflective diary throughout the entire process. Since the first day when I read the initial article and the moment I first decided to investigate this topic until the last

moments of writing my thesis. It was a long process and one that involved a lot of hours of reading before, during and after the interviewing took place.

I realise that, these being my first interviews, the quality of the interviewing itself might not be of the high quality of an experienced interviewer. However, I believe that my studying beforehand about the way to conduct the interviews and conducting a mock interview in order to prepare myself were definite steps towards my improving myself as an interviewer. I do believe that there might have been instances when I was a bit involved in the topic but that only helped in me gaining a better understanding of the situation and what my participant was saying. Having an interview schedule was an absolute help. My fear as far as that is concerned was that there was a chance that I was instructing my participants too much about what I expected from them. I discerned though the difference between instructing them and being prepared. I tried having done a pilot interview and with the help of my supervisor to make the themes and the questions as neutral as possible. I also think I managed to allow to the participants to guide me to what their sense of self truly was and not get stuck in my themes and my questions.

Another part that was of great importance was that of the analysing the data. As I previously mentioned in the methodology part I was transcribing each interview immediately after taking it and then trying to analyse it before moving to the next one. I had to note down what my presumptions about them were so as not to be affected by them. The only way to realise if I was being prejudiced towards something in my data was to note down beforehand what I was being prejudiced about. That was a constant process, taking place every time I was finishing one interview and moving on to the next.

I also did not read extensively the existing literature before analysing the results. I knew that there were two ways of doing this process, one of them being to really know the literature before delving on the data and the other to go fresh into it. The reason I chose the second one was because the literature was not so much to begin with. I did not wish to influence myself too much from what was already out there. In contrast, I tried to first investigate if there was literature involving my topic in order to know if it had been investigated or whether I would be trying to cover a gap in knowledge. As soon as I realised that this was the case I decided to not read thoroughly the few articles that I had found until the completion of my analysis in order to be more objective towards it.

A few of the technical issues could definitely have been avoided with some more thorough preparation. Making mistakes is, however, the only way to learn. Although frustration followed every mistake that was committed it taught me to expect the unexpected and always keep notes, which thankfully I did for all four interviews. It was a great learning experience, an experience that teaches me that one can only improve and further the technique and the rest of the skills that go hand in hand with interviewing such as openness to what the participant has to say and the highest possible objectivity towards the data.

6.3 Limitations

Although this study has been a great learning experience for the researcher, both as a researcher and as a music therapist, some limitations have to be mentioned concerning this research. These limitations involve mostly methodological issues, as it was the first qualitative research that the researcher conducted fully. In spite of these limitations though, it has to be said that the means of gathering the data is still

the preferred choice for this research. The interviewing method is one through which the gathered can end up being quite rich.

Among the limitations for this research is the fact that not all music therapists worked with the same theoretical framework. Only one of the participants made it clear that she was thinking in psychodynamic terms. This comes to show the effect of a music therapist's theoretical framework to her way of thinking and even to her use of vocabulary. Initially the music therapists' educational background was not in question; after this investigative process, it is this researcher's opinion that the theoretical framework of the music therapists should have been a variable taken under consideration.

Another limitation of this research has been the language of conducting the interviews; three out of the four interviewees were not native English speakers. All participants were able to respond adequately and satisfactory to the questions, still the limitation lies in the communication that takes place. Since the interviewer and the interviewee were not speaking in their mother tongues a certain amount of information can be "lost in translation". Language could truly affect the quality of the findings of a topic as intense as this and to which terminology is so important.

As far as the analysis is concerned a limitation is the fact that the results have not been discussed with the participants of the research. The interpretations of the data were exclusively done by the researcher. It could have been useful for the analysis to talk with the participants of the research and converse with them about any misinterpretation of the data. Such a conversation, also called member check, could have helped in ensuring the internal validity of the research (Creswell, 1994).

This measure was not taken for this study partly because of a time limit on behalf of the researcher and partly because of a time limit on behalf of some participants.

One last limitation is the actual interviews. Despite the usefulness of the interviewing method as far as the richness of the data is concerned, the data itself has not always been exactly about the topic that was kept in mind when constructing the interview schedule. This does not mean that the interviews did not address the topic; on the contrary it was fully addressed. Perhaps though, the interviews could have been even more focused on the sense of self and explore it to a greater extent. There were other topics that emerged relative to the sense of self but nevertheless not exactly the sense of self. All of these topics were deemed interesting and as a result they were addressed in the analysis. This could have taken place because of the nature of the qualitative research but it could also be connected to the inexperience of the music therapist.

6.4 Recommendations for future research

In this research there were four participants, two experienced and two non-experienced music therapists. This was done after the recommendation in McCaffrey's *"Music Therapists' Experience of Self in Clinical Improvisation in Music Therapy: A Phenomenological Investigation"* for a comparison between experienced and non-experienced music therapists. This comparison did not show any significant differences that could be attributed to the experience of the music therapists. However it is this researcher's belief that the comparison between experienced and non-experienced music therapists could be further investigated since the findings from one research alone cannot possibly be conclusive.

Furthermore a topic that is worth investigating further in the future is the framework of the music therapist. After the completion of this analysis a side-finding was that the framework of the music therapist can play an important part to his/her verbal expression as well as to his/her thought organization. As Philomena stated early on during her interview the terms by which she was expressing herself and the terms in which she was thinking were psychodynamic. It is true that none of the other music therapists concentrated on the subject so much as Pandora. Nonetheless, in a qualitative research even one opinion is enough to take the matter under consideration. The framework can include the entire education of the music therapist or at least a very important part of their belief system, especially concerning music therapy. As a result the framework itself needs to be taken into account for any further research and investigate the sense of self of music therapists that are functioning within the same framework. Taking this even further would be, after an initial assessment of one framework, to compare it to another framework.

In any new research, independently of the comparisons that could be done, the amount of the participants could also be augmented. The data may be quite rich already with two participants. Nevertheless, it is still quite limited. An increase of numbers could provide a more valid and rich set of data.

An ultimate suggestion would be having more researchers from different countries. Each researcher can investigate participants from their own country and then the data could be combined after that. This would create a very interesting comparison between different countries as well. This would mean a significant increase in the variables too if all the previous suggestions are incorporated. Perhaps a comparison between experienced and non-experienced is not necessary in this type

of research. Instead it would be a comparison between experienced music therapists of a particular framework in the different countries.

6.5 Conclusions

According to the findings of this research there was no significant difference found as far as the sense of self of a music therapist in the musical improvisation is concerned between experienced and non-experienced music therapists. This is not a conclusive finding since this was a qualitative research. Nevertheless, it is this researcher's opinion that the differences observed might be more due to the differences in the training and framework of the music therapists than due to their experience.

All of them mentioned particulars of their professional self that are improving through time and experience. They did not however differ greatly in their expression of their sense of self. Only in three occasions were the testimonies diverging from the other ones. These occasions were presence and intuition for Philomena and focusing on the self for Pandora. Because Philomena is experienced and Pandora non-experienced I therefore believe that it is more likely that these differences are more due to different frameworks than due to experience.

Going away from this research what I would take with me for my future practice as a music therapist is that as far as the sense of self of the music therapist is concerned, accepting awareness is an essential part of it. Music therapists can use their selves as tools so that they can better assist their clients in their journey to achieve their goals. The way they use their selves is through the education that they have had, their intuition, personalities, and self- knowledge, through all that they are

better able to become aware of counter-transference. Finally the music therapists need to have an honest and equal interaction with their clients. The way to do that is to be present, authentic and interact with their clients mutually and equally by first meeting them on their level.

These findings may not be absolute but I do believe that they can take the research for the sense of self of a music therapist further, despite the methodological deficits. It is a topic that needs to be researched more because the music therapist is an essential part of the music therapy process and the more we know about the internal processes that are taking place the more we will be able to understand how they are influencing the therapeutic process and in what way they need to be changed if necessary.

REFERENCES

- Anderson, H., (1997) *Conversation, language and possibilities: A postmodern approach to therapy*. New York: Basic Books.
- Andolfi, M. and Angelo, C., (1988). Toward constructing the therapeutic system. *Journal of Marital and Family Therapy*, 14, 237-247.
- Andolfi, M., Ellenwood, A. E., & Wendt, R. N., (1993). The creation of the fourth planet: Beginning therapist and supervisors inducing change in families. *The American Journal of Family Therapy*, 21(4), 301–312.
- Bakan, M (2011). *World Music: Traditions and Transformations*. McGraw-Hill Humanities/Social Sciences/Languages; 2 edition
- Baldwin, M. (Ed.). (2000). *The use of self in therapy*. 2nd ed. New York: Haworth Press.
- Baroni, M. (2008). *Music, musicality, "musilanguage"*. *Musicae Scientiae*, 12(1 suppl), 197-218.
- Besson, M., & Schön, D. (2001). Comparison between language and music. *Annals of the New York Academy of Sciences*, 930(1), 232-258.
- Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., ... & Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical psychology: Science and practice*, 11(3), 230-241.
- Blacking, J. (1995). *Music, culture, and experience: Selected papers of John Blacking*. University of Chicago Press.
- Bonde, L. O., & Wigram, T. (2002). *A comprehensive guide to music therapy: Theory, clinical practice, research and training*. Jessica Kingsley Publishers.
- Brescia, T. M. (2004). *A qualitative study of intuition as experienced and used by music therapists* (Doctoral dissertation, New York University, School of Education).
- Bruscia, K. E. (1987). *Improvisational models of music therapy*. Charles C. Thomas Publisher.

- Bruscia, K. E. (1998). *Defining music therapy*. Barcelona Publishers.
- Camilleri, V. A. (2001). Therapist self-awareness: an essential tool in music therapy. *The Arts in Psychotherapy*, 28(1), 79-85.
- Creswell, J. W. (1994). *Research Design Qualitative and Quantitative Approaches*. Sage.
- Cross, I. (2003). *Music and Biocultural Evolution*. The cultural study of music: a critical introduction, 19.
- Cross, I. (2006). The Origins of Music. *Music Perception: An Interdisciplinary Journal*, 24 (1), 79-82
- Decety, J., & Sommerville, J. A. (2003). Shared representations between self and other: a social cognitive neuroscience view. *Trends in cognitive sciences*, 7(12), 527-533.
- De Gaynesford, M. (2006). I: the meaning of the first person term. *Clarendon Press*.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). *The SAGE handbook of qualitative research*. Sage.
- D'Errico, F., Henshilwood, C., Lawson, G., Vanhaeren, M., Tiller, A. M., Soressi et al.(2003). *Archaeological evidence for the emergence of language, symbolism, and music—an alternative multidisciplinary perspective*. *Journal of World Prehistory*, 17, 1–70.
- Etchegoyen, R. H. (2005). *The fundamentals of psychoanalytic technique*. Karnac Books.
- Fidelibus, J. F. (2004). *Mindfulness in music therapy clinical improvisation: When the music flows*. *New York University*.
- Kiesling, C., Sorell, G. T., Montgomery, M. J., & Colwell, R. K. (2008, August). Identity and spirituality: A psychosocial exploration of the sense of spiritual self. In *Meeting of the Society for Research in Adult Development*, Apr, 2003, Tampa, FL, US; *Portions of the findings reported in this article were presented at the aforementioned conference; the meeting of the Society for Research on Identity Formation, Vancouver, British Columbia, Canada, May 2003; and the meeting of the Society for the Study of Human Development, Pacific Grove, California, October 2005*. (No. 1, p. 50). Educational Publishing Foundation.

- Kohut H. (1971). *The Analysis of the Self*. Internastional Universities Press, Inc. New York.
- Hoffman, L., (1991) A reflexive stance for family therapy. *Journal of Strategic and Systemic Therapy*, 10(3/4), 4-17.
- Longhurst, R. (2003). Semi-structured interviews and focus groups. *Key methods in geography*, 117-132.
- Lum, W. (2002). The use of self of the therapist. *Contemporary Family Therapy*, 24(1), 181-197.
- Morgan, A. L. (2011). *Investigating our experience in the world: A primer on qualitative inquiry*. Univ. of Tennessee Press.
- Improvise. 2014. In [oxforddictionaries.com](http://www.oxforddictionaries.com). Retrieved 06/06/2014 <http://www.oxforddictionaries.com/definition/english/improvise>
- Patel, A. D. (2010). *Music, language, and the brain*. Oxford university press.
- Pavlicevic, M. (2000). Improvisation in music therapy: Human communication in sound. *Journal of Music Therapy*, 37(4), 269-285.
- Pavlicevic, M. (2002, January). Dynamic interplay in clinical improvisation. In *Voices: A World Forum for Music Therapy* (Vol. 2, No. 2).
- Priestley, M. (1994). *Essays on analytical music therapy*. Barcelona Publishers.
- Procter, S. (2002, January). The Therapeutic, Musical Relationship: a Two-Sided Affair?. In *Voices: A World Forum for Music Therapy* (Vol. 2, No. 3).
- Rober, P. (1999). The therapist's inner conversation in family therapy practice: Some ideas about the self of the therapist, therapeutic impasse, and the process of reflection. *Family process*, 38(2), 209-228.
- Rousseau, J.J. (1781/1993). *Essaisurl'origine des langues*. Flammarion.
- Ruud, E. (2010). *Music therapy: A perspective from the humanities*. Barcelona Publishers
- Satir, V. (1987). The therapist story. *Journal of psychotherapy & the family*, 3(1), 17-25.

- Smith J.A., Osborne, M. (2007). *Interpretative Phenomenological Analysis*. In Smith, J. A. (Ed.). *Qualitative psychology: A practical guide to research methods*, (53-80). Sage.
- Smejesters H. (2005). *Sounding the Self: Analogy in Improvisational Music Therapy*. Barcelona Publishers
- Wallin, N. L., Merker, B., & Brown, S. (Eds.). (2001). *The origins of music*. MIT press.
- Wigram, T. (2004). *Improvisation: Methods and techniques for music therapy clinicians, educators, and students*. Jessica Kingsley Publishers.

Appendix A: Consent Form

Consent form for the participation to the research of Artemis Christodoulou for her master's thesis for the Music Therapy Programme of the University of Jyväskylä

This study is taking place within the context of the master's thesis of Artemis Christodoulou for the Music Therapy Programme of the University of Jyväskylä. It involves the interviewing of music therapists concerning their sense of self within the improvisation.

This study involves the audio recording of your interview with the researcher. Neither your name nor any other identifying information will be associated with the audio or audio recording or the transcript. Only the research team will be able to listen to the recordings.

The recordings will be transcribed by the researcher and erased once the transcriptions are checked for accuracy. Transcripts of your interview may be reproduced in whole or in part for use in presentations or written products that result from this study. Neither your name nor any other identifying information (such as your voice) will be used in presentations or in written products resulting from the study.

By signing this form, I am allowing the researcher to audio record me as part of this research. I also understand that this consent for recording is effective until June 25th 2014. On or before that date, the recordings will be destroyed.

Participant's Signature:

Date:

Researcher's signature:

Date:

Appendix B: Information Sheet for Experienced Therapists

Information sheet for participants to the research conducted by Artemis Christodoulou concerning the sense of self of music therapists during improvisation

This study is done as part of the Master's thesis of Artemis Christodoulou, student of the Master's in Music Therapy of the Music Training Program of the Department of Music of the University of Jyväskylä.

Participants should be music therapists that:

1. Have at least 5 years of experience as practicing music therapists with regular supervision.
2. Use musical improvisation regularly during their work as practicing music therapists.
3. Treat mostly adults and/or adolescents in their music therapy practice.
4. Have not gone for more than 10 years without furthering their music therapy education.
5. Are willing to speak about their experience of self during improvisation.

The participants will have to participate in interviews that will last around one hour and they will be recorded, said recordings will be destroyed by June 25th of 2014.

Appendix C: Information Sheet for Non-experienced Therapists

Information sheet for participants to the research conducted by Artemis Christodoulou concerning the sense of self of music therapists during improvisation

This study is done as part of the Master's thesis of Artemis Christodoulou, student of the Master's in Music Therapy of the Music Training Program of the Department of Music of the University of Jyväskylä.

Participants should be music therapists that:

1. Have less than 5 years of experience as practicing music therapists with regular supervision.
2. Use musical improvisation regularly during their work as practicing music therapists.
3. Treat mostly adults and/or adolescents in their music therapy practice.
4. Have not gone for more than 10 years without furthering their music therapy education.
5. Are willing to speak about their experience of self during improvisation.

The participants will have to participate in interviews that will last around one hour and they will be recorded, said recordings will be destroyed by June 25th of 2014.

Appendix D: Interview Schedule

Interview schedule

Warm up questions

- *How do you prepare yourself for your sessions?*
- *What do you think is important for you as a music therapist when you are improvising with your client?*
- *(What is improvisation in music therapy to you?)- This was only asked during the interview from the non-experienced therapists, the experienced ones were asked through an e-mail*

Main question

- *What is your sense of self during the improvisation?*

Additional themes & questions (if help is needed)

- Client's identity – how does it affect the improvisation?
- Client's expression – what does it mean to the therapist? Why?
- Client's willingness/resistance – how does it affect the improvisation/therapist?
- Client's needs – how are they perceived? After that what?
- Communication between music therapist and client – what is it? When is it successful? What does that mean to the therapist? If it happens who is the therapist during the communication? How does he express himself then?
- Improvisation goals – do they exist? How are they defined? By whom? Do they change?
- Changes in the music – where do they come from? What do they mean?
- Music therapist's personality – is it expressed in the music?
- Music therapist's presence – what role does it play?
- Music therapist intuition – what role does it play?
- Music therapist's cognition – what role does it play?