

**BETWEEN LOOKING BACK AND MOVING AHEAD
– AN EXPLORATION OF THE ROLE OF THE BODY AND ITS
MOVEMENT IN A MUSIC THERAPY CASE STUDY.**

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<p>Tiivistelmä – Abstract</p> <p>We exist in this world through our bodies. Every single experience is stored in it, it helps us to communicate with others, relate and build meaningful relationships. However, when the connection to our experiences or the control over our body is disrupted by a traumatic experience or disease, we become disconnected from our genuine self and the world around us. Music therapy provides us with a space for integration – of painful or joyful memories, emotions, and our bodies. Especially in Western cultures this physical relationship to music is often neglected, even though music and dance probably developed simultaneously and are still very much the same in some African cultures. When we are moving we are active, can be curious, adventurous, meet our limits, discover discomfort and develop ease. By becoming aware of our bodies and its rhythms, we can work on integrating all those experiences to become a whole, authentic and resilient being.</p> <p>This short-term exploratory music therapy case study therefore is a curious journey of discovery of what can happen when we focus on the relationship between music and body. Some background into how music, emotions and movement are related will help you understand the therapeutic process. The method encompasses important concepts like a definition of this approach to music therapy, the therapeutic and the researcher's stance. Grounded theory and naturalistic inquiry were combined for the analysis of data available in text form, including therapist's notes, thick description and summary of each session, as well as supervision notes. This allowed for more creative discoveries and interpretation. Furthermore the analysis of music and movement interventions from various points of the therapy process enhance and support the text analysis, thus creating a more detailed picture of this case.</p>	
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1 INTRODUCTION

Music is an important part of Western culture, as observable on the streets, in concert halls, when shopping, or when listening to the radio. When considering that dance supposedly developed at the same time in human evolution as music (McNeill & McNeill, 2003), it is interesting to see how detached music has become in the West, while in some African cultures there is not even a distinction between the words for "music" and "dance". Leivitin (2008) for instance describes Jim Ferguson's fieldwork, done in Lesotho as follows:

Singing and dancing were a natural activity in everybody's lives, seamlessly integrated and involving everyone. The Sesotho verb for singing (ho bina), as in many of the world's languages, also means to dance; there is no distinction, since it is assumed that singing involves bodily movement. (Leivitin, 2008, p. 7)

According to McNeill & McNeill (2003) dance in combination with music was probably used to communicate. "(...) they [music and dance] arouse a warm sense of emotional solidarity that makes cooperation and mutual support in dangerous situations much firmer than before. As a result, song and dance became universal among human communities." (p. 13) Thus, they conclude, both might have played their part in human evolution. Essential features of dance like movement, postures and facial expressions are also important for our non-verbal communication, which is still apparent in the way we express ourselves verbally. It is wonderful to observe how in our language we often use descriptions of movements or sensations in order to convey an emotive state, attitude, or behaviour, because there is just no other way of describing it. He is 'laid back' about something, she 'backtracks or withdraws' as soon as you mention ..., she 'edged closer' to express how she involuntarily or inconspicuously showed interest. Widely used expressions linking the body and strong emotions also afford a very clear response in us: 'it made my skin crawl', 'I was all choked up', 'my heart sank' (van der Kolk, 2015, p. 97). Maybe this happens, because these descriptions express more than just stating what the attitude or emotion would. These metaphors create an image in our head, or even bring about the sensations mentioned, but they also imply more than they say. The use of these expressions allows us to see the subject doing the movement, we can feel how it is to be in this state, and might even become aware of a sensory motor response; since talking about or seeing a movement activates the same neurons in our brains

as actually moving would (e.g. Berrol, 2006). This makes it easier to communicate with each other.

Similarly, we use movement or space metaphors to describe music: heavy, light, fast, slow, high, low, as well as all the official terms to describe musical tempo. Adagio (at ease, leisurely), andante (walking), largo (large, broad steps), allegro (merry, cheerful), presto (ready, prompt) - these are all terms usually connected to walking (London, 2016-06-10). We use the exact same terminology for movements. Hence, the way we explain movement, music or emotions leads to an embodied understanding. An embodied understanding of our world seems to be what we strive for, already as toddlers when actively exploring and making sense of the world surrounding us.

Music is related to movement in yet another, fundamental way. Playing an instrument or singing requires the musician to *move* the music in order to create sound. The auditory engagement with music often elicits other movements: fingers, feet, or the head typically start moving along to the beat, almost automatically. Hence, one could conclude that music is always movement. Movement in time, but also embodied. Accordingly, feelings are movements, sensations or changes in our body, which we can recognise and express as emotions. "Movement both initiates and changes emotional feelings and how we think conceptually." (Hackney, 2003, p. 45) In everyday life we have developed abundant traditions surrounding music and dance. As part of the creative therapies, both are further used in a purposeful way to enhance wellbeing, but can also be seen as symbolic objects, or as metaphors for psychodynamic approaches. This strong connection between music and (bodily) movement, a noticeable gap in the literature, which fails to combine these elements in a therapeutic context, as well as my personal interests are some reasons to investigate how Music Therapy (MT) interventions involving the body can be integrated into a MT process.

The aim of this thesis is to explore the *relationship of the body, music and emotional expression* in MT as experienced in a short-term case study, as well as how the *therapeutic relationship* becomes apparent through the creative medium. Therefore, the following chapter will give some insight into the connections between MT, music, movement and emotions. The ensuing chapter will discuss the method. This includes defining the MT approach used,

explaining the method of analysis and how different kinds of data were approached. It also offers insight into the researcher's stance as well as the music therapist's core values.

Then the focus will shift towards the case study itself. This analysis encompasses a more detailed description of the process and of the interventions used based on the structured revision of the case. Furthermore this includes the actual analysis of important moments in the process. Subsequently important themes will be linked to existing theories. For the reader's benefit and to illustrate why certain themes need to be discussed before the case it is outlined for you in the following paragraph:

The client, whom we will call Claire* henceforth, is a young woman in her mid to late twenties. She is studying abroad, living in a culture quite different from her home country (which we will refer to as FarFarAway*) and had applied for MT to find out how music could help her in overcoming very difficult experiences she has had to go through. In her early twenties she lost a parent, which has very much shaped her journey ever since. Moreover six months earlier her partner's health could suddenly not be taken for granted anymore, which seemed to cause insecurity and stress. Overall these losses shaped her experiences and relying on anyone else or trusting in another person appeared to be very difficult. Without trying to label or provide a diagnosis, it appeared that Claire had experienced a traumatic existential loss. Trauma can be anything a human being perceives as life threatening. As awareness of grief and trauma seemed important to help the client in this case there will be chapters explaining some of the underlying mechanisms towards the end of this paper. Furthermore, this serves to underline why the chosen MT approach could be beneficial for this specific client from a neurological and theoretical point of view. In the therapy process itself, Claire and her experiences were the primary focus. The therapist's experience in the here and now, and her attitude of openness and acceptance towards Claire are also important to the understanding of the case. This unconditional positive regard is based on the principles of person centred psychotherapy (3.2 *The therapeutic stance*) and MT.

Finally, the method, the case and the research process will be discussed from the point of view of the therapist and emerging researcher.

* name changed

2 INTEGRATING THE BODY INTO MUSIC THERAPY

To set the scene for this thesis here is a short introduction into what MT actually is, because this understanding is basic to all further thoughts and ideas.

2.1 Music therapy

MT can be defined in many ways. To make those definitions all encompassing, though, they tend to be quite cumbersome. Ruud for instance suggests the following (at that point the most recent) "definition offered by the World Federation of Music Therapy:

Music therapy is the use of music and/or its musical elements (sound, rhythm, melody, and harmony) by a music therapist, and client or group, in a process designed to facilitate or promote communication, relationship, learning, mobilization, expression, and organization (physical, emotional, mental, social, and cognitive) in order to develop potentials and develop or restore functions of the individual so that he or she can achieve better intra- and/or interpersonal integration and, consequently a better quality of life.' (Lia Rejane Barcellas, personal communication, May 31, 1996) (In Ruud, 1998, p. 53)

Bruscia also struggles to find a way of summarising what MT is. His working definition is quite simple in comparison:

Music therapy is a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationship that develop through them as dynamic forces of change. (Bruscia, 1998, p. 20)

This means music and experiences related to music, as well as the evolving therapeutic relationship, are employed to help the client in MT. For this process this encouraged the therapist to find music related interventions, which would help Claire to better deal with her issues, while providing a safe, supportive environment and a reliable relationship.

Music itself has been defined as *humanly organised sound* (Blacking, 1973). But in MT it is more than that. Instead music serves to build and enhance the emotional and therapeutic relationship between client and therapist (Pavlicevic, 1997). It becomes a medium of communication in MT improvisations.

To better understand how movement fits into this picture, the ensuing chapter will relate music and movement step by step.

2.2 Music, movement and emotions

Emotions play an important role in our perceived wellbeing. Yet regulating emotions and being able to detect emotional states can often be difficult when going through stressful times or after traumatic events. Music as well as body awareness and movement can help to regulate and deal with difficult emotions. This chapter focuses on why and how music can evoke emotions, and therefore be used to regulate affective states.

2.2.1 Music and emotions

Music is a crucial part of everyday life. It surrounds us constantly: in the waiting room, in shops, while travelling, while doing housework or homework, to exercise or just for fun. In particular, teenagers often unconsciously use music to modify and regulate their mood and emotions (Saarikallio, 2007). The ability to evoke and influence emotions seems to be inherent in music. Juslin, Liljeström, Västfjäll & Lundqvist (2012, p. 135ff) found seven mechanisms that could be responsible for creating an emotional response when listening to music. They occur on different levels. For instance *brain stem reflexes* are normally operating to ensure our survival by regulating the level of arousal. They are basic automatic emotional responses associated with loud, sudden noises, dissonances or accelerating patterns. *Evaluative conditioning* addresses a learned correlation between a certain stimulus and reaction, while *visual imagery* can occur on an unconscious as well as on a conscious level. *Episodic memory* refers to the so-called *Darling, they are playing our tune*-phenomenon; specific music evokes memories and often a feeling of nostalgia because it is closely related to important autobiographical memories (Vuoskoski & Eerola, 2012). On a very different level, music can induce emotions by violating, delaying or confirming the listener's *musical expectancy*. Another important feature of music is the rhythm, which influences some of the listener's internal bodily rhythms like breathing or the heartbeat. It can regulate arousal level, but also arouse feelings of communion and emotional bonding. Thus *rhythmic entrainment* can induce a pleasurable emotional response and a strong desire to move to the music (Witek, Clarke, Wallentin, Kringelbach & Vuust, 2014). Changes in the listener's body caused by *rhythmic entrainment* probably influence her emotions as well. Also, two people entraining to the same beat have been observed to be more empathetic towards each other (Hove & Risen, 2009) concluding that *rhythmic entrainment* is something we do all the time when trying to

connect with each other. For MT practice this could mean that entraining together to music, or entraining while playing music could enhance the therapeutic relationship by strengthening positive feelings between client and therapist. Another interesting mechanism concerning the present thesis is the so-called process of *emotional contagion*. It is considered to be a pre-conscious form of empathy, which means the listener perceives the emotional content and expression conveyed by the music, and then mimics this expression internally, in a similar way as the listener would react to another person. The music can hence be seen as another presence in the room, and the client can choose to interact with the music rather than the therapist, if this feels safer than interacting with another person, without completely shutting down.

2.2.2 Moving our emotions to music

Music not only influences the way we feel but also greatly impacts how we move (see 2.2.1 *Music, movement and emotions*) Valiente-Ochoa & Payri (2009) conducted a small study with dance students to explore whether certain musical parameters influence improvised dance. According to their findings, "Tempo and mode have the largest general influence on movement. Mode influences displacement amplitude and gesture assertiveness." (Valiente-Ochoa & Payri, 2009, p. 548), while tempo seems to correlate to the space used when dancing. This implies that different types of music used in MT could encourage the client to move in a different way. Although the authors were not sure why these phenomena occurred, they speculated whether these patterns were learned, due to 'technical constraints', or whether the participants indeed tried to express the emotional content perceived in the music (Valiente-Ochoa & Payri, 2009, p. 551). Unfortunately, this study remains restricted due to a small number of participants and their special status as dance students. Burger (2013) chose another approach, by encouraging laypersons to move to music in a way they felt to be appropriate. Like Valiente-Ochoa & Payri (2009) Burger found certain musical parameters that influence the way we move to music (Burger, 2013, p. 52). Furthermore perceived emotional content of said music was detectable and changed participants movements (Burger, 2013, p. 53f), which was often recognised by another group of participants (Burger, 2013, p. 54). These findings underline that music indeed influences human movement and that emotions expressed by the dancer can be recognised by others. Leman's theory of *corporeal articulations* (2007) suggests that due to our capacity for empathy we can interact with music

like we would with another person. This theory not only focuses on *synchronization* and *embodied attunement*, which are both relatively mechanical ways of interaction with music. The third concept he presents is that of *empathy*, which "is seen as the component that establishes the link to expressivity and emotions" as Burger (2013, p. 15) wrote about Leman (2007). This idea is very similar to the concept of *emotional contagion* (Juslin et al., 2012), but goes a step further by presuming that these perceived emotions can be translated into movement.

To summarise: existing theories explain how music can evoke emotions. Since various kinds of emotions are triggered in different manners, they might be expressed through numerous means also. Some more relating to musical characteristics, others expressing the perceived emotional content. In the end music moves something in us, which in turn can be expressed through movement. However from another point of view, though, movement is not only the product of what a person hears or experiences, it can also be the cause for change. The ensuing chapter briefly explains this view and presents some research built around the importance of movement.

2.2.3 Benefits of movement and dance in a therapeutic context

Movement both initiates and changes emotional feelings and how we think conceptually.
(Hackney, 2003, p. 45)

Dance / Movement Therapy (DMT), like MT, utilises our natural way of being and moving as a tool in therapy. Instead of mainly focusing on sound and the creation of sound as the communicating medium, though, the whole body and the movements it engages in are important. Sometimes music can be part of that process. But since music in DMT is not the main area of interest there is a very limited amount of research explaining the relationship between movement and music. What does exist are accounts of the importance of the body and its movements in the therapeutic process, which is an interesting source of information for the topic of this thesis.

There are many studies trying to shed light on those processes in DMT, which lead to improvement. Mostly they are presented in the form of case descriptions, but some studies

conducted in the last years found ways to support those case studies with quantitative analyses. The basic principles of DMT are well summarised by Meekums (2002, p. 8):

Body and mind interact, so that a change in movement will affect total functioning (...)

Movement reflects personality (...)

The therapeutic relationship is mediated at least to some extent non-verbally (...)

Movement contains a symbolic function and as such can be evidence of unconscious processes (...)

Movement improvisation allows the client to experiment with new ways of being (...)

DMT allows for the recapitulation of early object relationships by virtue of the largely non-verbal mediation of the latter (...)

All of those principles are supported by various studies and some are closely related to processes in MT, which could mean, that those processes can be adapted and combined.

Like MT, DMT is beneficial for a wide variety of clients. Baum (1995) for instance described how a group of clients with multiple personality disorder (MPD) learned to integrate parts of themselves which had been slivered earlier in life, typically through the experience of a severe trauma. According to her, the expression of emotions through movement allows the patient to intertwine "(...) physical and psychological aspects of themselves" (Baum, 1995, p. 85), for "(...) movement stimulates the sensory motor components of repressed memories" (Baum, 1995, p. 89). With this she referred to the sensory and behaviour dimensions of the BASK model of dissociation: "Behavior, Affect, Sensation, Knowledge". Either one of those dimensions may be re-integrated through DMT if disrupted due to a severe trauma. In this article the author mentions the concept of *kinaesthetic empathy*, which facilitates the therapeutic relationship by building up trust through an empathetic response (Baum, 1995, p. 87). Especially, "Reflecting another's movements can help a patient get in touch with her own repressed material and can cause spontaneous abreaction." (Baum, 1995, p. 89)

DMT has been used in other settings as well. Bernstein (1995) described her work with women survivors of sexual abuse, which focuses on re-establishing a healthy relationship between the patient and her body. Lavender & Sobelman (1995) on the other hand focused on the process of mood regulation through improvised dance with borderline patients.

Fascinating is the fact that " (...) borderline patients, after experiencing dance improvisation in the group, often begin to dance at home. This appears to help regulate the intensity of their emotions and to replace the need to physically abuse themselves." (Lavender & Sobelman, 1995, p. 76) These observations highlight the importance and applicability of expressive movement even without a therapist, which suggests that giving a client a simple tool to express herself might be of high significance. If we assume that similar principles can be applied to MT, encouraging any kind of creative, emotional expression (through movement, music, or arts) might help the client in emotional self-regulation, even outside therapy. A more recent study by Bräuniger (2012) explored short and long term results of DMT used with the goal of stress reduction and wellbeing and showed that even a brief approach of DMT might show long-term effects and can elicit significantly more improvement than being part of a waiting-list group. Puncanen, Saarikallio & Luck (2014) piloted another brief DMT approach aimed at depressed, working aged clients with promising results. They concluded, that "Body movement is fundamental to the perception and production of emotion, and should be addressed more in the approaches and methods used for treating depression" (Puncanen, Saarikallio & Luck, 2014, p. 493) and expressed the importance of movement in emotion regulation. Another recently published study, by Atkinson & Scott (2015) explored the development of children's subjective well-being, when confronted with a more interactive approach to education applied by dance / movement therapists. Three month of movement or / and dance focused school life seemed to have a positive effect on the children, by encouraging them to explore new spaces, new ways of being and moving:

The paper thus considers how a creative arts intervention can act as the catalyst that unsettles, disrupts and destabilises well-being, and trips participants out of a performative habitus and the choreographed movements of striated space in ways that enhance rather than harm a capacity for subjective well-being. (p. 79)

Additional benefits were reported by teachers and parents, who remarked their children were more enthusiastic, energetic and often had developed more confidence, especially when dealing with adults (Atkinson & Scott, 2015, p. 82).

These are but a few examples of DMT studies and observations, but they all mention emotion regulation or integration through movement, which is another feature, DMT seems to share with MT and especially music making. Playing an instrument, or singing always involves movement, too. To enhance the effects of music experiences in MT it might therefore be

useful to introduce explicit movement interventions and give them room in their own right. This might feel uncomfortable first but hopefully enhance the client's subjective well-being by opening up new ways of expressing and being.

2.3 Integrating movement in music therapy

Music apparently can elicit emotions and cause even obvious bodily reactions (Juslin et al., 2012). When talking about Leman (2007), Burger (2013, p. 15) stated that through the process of *empathy* in the theory of corporeal articulations "(...) listeners feel and identify with the emotions expressed in the music and imitate or reflect them by using body movements." Thus music influences the way a person moves, on the physical level but also when the emotional content of the music is involved. Moreover DMT uses body movements, postures and awareness of those as a tool to regulate and work through emotions. In different settings movement can be used to enhance a person's emotional world, make it apparent and expressible, which can be a huge step with certain types of clients (e.g. Baum, 1995; Bernstein, 1995; Bräuniger, 2012; Lavender & Sobelman, 1995; Punkanen et al., 2014). Cuddy (2012) supports the notion that our body language influences the way our brain works. She carries this idea to extremes by stating that our presence changes everything: "Our bodies change our minds and our minds change our behavior and our behavior changes our outcomes" (Cuddy, 2012, min. 15:40). All these findings combined suggest expressive movement and body awareness would be a valuable element in therapy.

What is missing in practice to this point is an integration of movement and music. Both have the capacity to open the emotional world, make it tangible, but they are seldom combined in any kind of therapeutic approach. Music is rarely mentioned in DMT literature, while MT is seldom concerned with movement elements. In neurological rehabilitation and when working with degenerative diseases both elements are being considered and enhance the process immensely (Patel, 2010, min. 28). Furthermore a few music therapists are aware of these connections (Skrzypek, Schmidt & Timmermann, 2016; Nygaard Pedersen, 2002), or explicitly mention body related interventions (Bruscia, 1998, p. 117, 124). But overall there seems to be a gap in literature combining those elements. Though, in Norway and Denmark, bodywork is part of the MT education. This lack of literature encourages the question whether there are ways to implement movement elements in MT to enhance for instance the emotional

development. Who does allow movement its place in MT is Bruscia (1998) in defining different levels of engaging with music.

2.3.1 Different levels of musical experiences

According to Bruscia (1998, p. 107) it is not the music, which elicits change in the client in MT. The *music experiences* the client takes part in throughout therapy seem to make the difference. He argues further that "(...) the client accesses, works through, and resolves the various therapeutic issues directly through the medium (...)" (Bruscia, 1998, p. 107) in this type of experiential therapy. This does not just include music, but also art and dance for instance.

Depending upon the extent to which music is involved in the experiences they can be distinguished into different levels. Meaning even though music might just be used as inspiration for drawing or dancing – which can be categorised as *extramusical* (Bruscia 1998, p. 111) "providing a dual layer of meaning" independent from each other, but also interacting and possibly enhancing the respective counterpart – these interventions are still a vital element used in MT. Other levels are *premusical*, *musical*, and *paramusical* (Bruscia 1998, p.109ff). Using all of those different layers means taking full advantage of the medium music.

In an attempt to define MT very systematically Bruscia categorises music experiences further. He divides them in four main categories: *Improvisatory experiences*, *re-creative experiences*, *composition experiences* and *receptive experiences* (Bruscia, 1998, p. 113-125) - each with a set of possible applications. In this context Bruscia also mentions the use of *body improvisations* (Bruscia, 1998, p. 117) or body percussion, and *projective movement to music* (Bruscia, 1998, p. 124), one of the few times that expressive movement to music is mentioned in MT literature. The latter is mentioned under receptive methods, meaning the goals are mainly related to bodily awareness, the development of a receptive and auditory/motor skill set, relaxation, exploration of ideas, fantasies and images (Bruscia 1998, p. 121). In comparison *body improvisations* are listed as an *improvisatory experience*, used to enhance or establish non-verbal communication, giving the client tools for self-expression and identity formation, exploration and development of the self, the group or the relationship between therapist and client. Maybe most importantly improvisatory experiences help to "Develop

creativity, expressive freedom, spontaneity, and playfulness with various degrees of structure." (Bruscia, 1998, p. 116)

When looking at the different functions these kinds of interventions had in this clinical process it seems unlikely that this differentiation and classification applies to every situation. It can be seen more as an attempt to create clear boundaries, when they are quite blurry. There are indeed differences in why and how the therapist uses certain interventions, but they usually combine various goals. Therefore, it is hard to clearly categorise them in every occasion. Overall, though, many of the goals mentioned by Bruscia were relevant for the process with Claire, as can be seen later on.

2.3.2 Practical considerations

Since there are but a few authors interested in combining movement and music there is no standardised quantitative way of analysing expressive movement to music in contrast to dance. What might be applicable are Laban's (1956) *Principles of dance and movement notation*. Like dance / movement therapists Laban expressed his conviction, that through movement a person expresses her 'inner life' (Laban, 1980, p. 19). He explained further:

Each movement originates from an inner excitement of the nerves, caused either by an immediate sense impression, or by an complicated chain of formerly experienced sensed impressions stored in the memory. This excitement results in the voluntary or involuntary inner effort or impulse to move.

This notion, that a person's actions (speech, the music in MT, movement in DMT) are an image of their beliefs, their upbringing, and their experiences or short their self, is a basic idea employed by psychotherapy (Messer & Gurman, 2011) as well as MT or DMT. Which means the underlying assumptions of both are congruent with those in Laban's movement analysis as well as psychotherapy. Therefore it should be possible to combine the methods productively.

Due to the apparent lack of studies trying to shed light on how the expression of emotions and the therapeutic relationship can be experienced in the client's music and movement this study is going to be an exploratory one. The goal is to find ways to implement movement elements in MT and look at *how movement and body awareness can be integrated* and possibly enhance the therapeutic process. This has little to do with the use of movement in neurological rehabilitation. What would rather be interesting is the *interaction between music and*

movement, in how far they *relate to each other*, how they *influence each other* or how the *client's expression in both areas* differs. Additionally this paper aims at exploring the *emotional expression* observed in the client, whether it is different through different media or how it changes throughout the process. Since *empathy* seems to be an important subject, when talking about dance, emotions and music, the therapist's use of empathic intervention techniques as suggested by Bruscia (1987) will be an area of interest as well.

In the following chapter the method is explained in more detail.

3 DEVELOPING A METHOD

This paper summarises some reflections concerning the body, movement and the expression of emotions through music and non-verbal means in MT. For that purpose it is necessary to briefly define these concepts. MT is, as stated above, the use of music experiences and the developing relationship to enhance the client's wellbeing (Bruscia, 1998). The relationships between movement, music and emotions have been depicted. But to understand this case more in-depth information is required. Therefore one of the ensuing chapters elucidates the assumptions this approach to MT and psychotherapy is based on. Furthermore there is need for clarification regarding the scientific method used to examine the case and its different components. The research process will be described step by step. But, first, of all, it is necessary to illustrate my personal reasons for choosing this topic. This affords the reader with the means to understand where these ideas come from and to draw her / his own conclusions to whether my methods and arguments are well thought through. Thereby I hope to establish reflexivity and trustworthiness, which are important components of research presented in the form of a naturalistic inquiry (Aigen, 2005 a, p.215f; Aigen 2005 b).

3.1 The stance of the researcher

Dance and movement to music have always been part of my life and I experienced them as very empowering and beneficial for my wellbeing. This is probably where my passion for movement comes from, but I have seen it applied in a therapeutic context as well. Moreover I informed myself about DMT and took part in an Introduction to DMT (Summer school at the JYU, Finland, 2015) and other art therapies to get some idea, how movement could be used in therapy. I am not a dance/movement therapist, and I do not see myself as such. I just think that moving is a natural way of engaging with music and that this could be used more often in MT. In my personal experience women seem to be more open towards moving freely and 'aimlessly', that is playfully, to music. The dance classes I participated in were usually filled with about 90% women, case studies feature mostly female clients and the therapy group I encountered during an internship was mostly comprised of women, too. Hence I looked for a female client and was lucky to find a very open-minded woman, who enjoyed exercise and was willing to try out anything I suggested. This gave me the opportunity to integrate body

and movement based interventions into the process. Furthermore it became clear that traumatic experiences are stored in the body (van der Kolk, 2015), which enhances the importance of awareness in this area (4.3.1 *The communicating body - our musical instrument*; 4.3.2 *Trauma and the body*). By reflecting my motivation to investigate this topic I hope to avoid just stating opinions based on my biases during the course of this paper.

3.2 The therapeutic stance

To define your approach to MT it is necessary to know, what your core values are. (Trondalen, 2017)

As Bruscia suggests in his definition of MT (Bruscia, 1998, p. 20), music experiences and the therapeutic relationship are the most important agents of change in MT. The person centred psychotherapy formulated by Rogers (Bohart & Watson, 2011) informed the psychotherapeutic understanding of the human and its potential for development in this case study. According to person centred psychotherapy humans are capable of constant self-actualisation and growth. (Bohart & Watson, 2011, p.227ff) In other words, we possess the tendency to enhance our own self-development. Bohart & Watson even argue that "(...) the most important characteristics of the human being are the capacity for learning and creativity." (Bohart & Watson, 2011, p. 228) By constantly pushing our boundaries we can therefore change. Staying open to new experiences, ideas and concepts helps us in this process. For this openness to occur, though, we need to be able to be completely present and aware of what is happening in this moment (Bohart & Watson, 2011, p. 228). Otherwise we cannot truly experience ourselves, life, or an integration and self-actualisation as it takes place in creative play (see 4.2.2 *Improvisation and authenticity*).

This *actualising tendency* of the individual person describes the way we develop through learning and integrating our experiences (Bohart & Watson, 2011, p. 228), which implies the potential for resilience. Through an ongoing dialogue with ourselves and our environment, i.e. through our relationships, we constantly evolve and change. That is one reason why therapy can work: it is basically just a relationship which serves exactly this purpose – reflection, awareness, and thus self-actualisation and integration. By dealing with these issues the client

can develop a sense of agency, experiencing her capacity and prowess (Bohart & Watson, 2011, p. 229)

Furthermore, the openness towards the here and now affords the client with the capacity to not just be aware of relationships with others. It is equally required for an open internal communication. All internal voices can be heard and integrated, leading to the experience of a congruent self. (Bohart & Watson, 2011, p. 229)

One aspect, which is very much related to MT is the focus on experiences in person centered psychotherapy: "(...) both intellectual, rational thinking and feelings and experiences [are] important sources of information about how to deal with the world creatively." (Bohart & Watson, 2011, p. 229) But experiences help us to get an immediate, felt sense of ourselves, which cannot be acquired in any other way, for experiencing is the "(...) immediate, nonverbal sensing of patterns and relationships in the world and within the self." (Bohart & Watson, 2011, p. 229) This is what person centred therapy aims for, since this is what leads to change. Becoming aware of feelings (i.e. emotions and sensed patterns) is stressed as a source of information for the client and can be helpful in this process. Hence this case study focuses on expressive movement to develop awareness of sensations and emotions. The basic assumptions of person centred therapy are in accordance with the understanding of MT, which has been presented earlier. Affording the client with a safe space and a safe relationship allows her to strive for actualisation through her own experiences. This is the main goal. Everything else depends on what occurs in this relationship and in the client, as well as the resources the client can build upon. For that purpose it is necessary to establish a genuine, congruent form of contact with the client (Patterson & Edward Watkins, 1996, p.395f). Other prerequisites are unconditional positive regard toward the client and being empathetically attuned to her. The importance of the therapeutic relationship is not limited to person centred therapy. Patterson & Edward Watkins (1996) describe what all approaches to therapy have in common. "These characteristics of therapy relationship form the background for therapy itself. They are accepted as given by all approaches." (p. 496). In summary the therapist's stance included being there for the client in a congruent way, offering her acceptance or unconditional positive regard and being empathically attuned to offer Claire a safe and reliable relationship in which she could open up and approach her issues.

The next sections serve to justify and help the reader to understand all the decisions made concerning this research project and give deeper insight into underlying assumptions concerning the process.

3.3 Initial research decisions

3.3.1 Exploratory case study and data collection

The main part of this process is based on the exploratory case study itself; exploratory in so far, that this is a typical MT setting, but with an added layer of bodywork and movement interventions. Taking place in the MT clinic at the University of Jyväskylä, Finland, in a short-term MT setting with 11 out of 12 planned sessions. The author of this thesis is the same person as the therapist. The data collection includes the therapist's notes to the sessions plus thick descriptions, video and audio recordings from each session, supervision notes including peer feedback, and when applicable the client's feedback.

3.3.2 Qualitative methods and music therapy

MT as taught at the University of Jyväskylä, is a method of exploration. It is not used like a pill, which can be prescribed, but a process to which both the client and the therapist have to commit. Since every client is different there are no standards of how to 'distribute' the therapy, it is rather a testing out of what the client needs now, moment to moment, and how far the client is able to proceed at this time. This requires constant awareness and reflection of the process. Of course there are parameters that can be measured (e.g. physiological or musical parameters), but as soon as they require the client's involvement (like questionnaires, EEG etc.), they may influence the therapeutic process. Other processes involving emotions or thoughts are harder to track and measure without disturbing the therapy immensely. Furthermore, there are no right or wrong questions this research project tries to answer. Rather it aims at exploring the process of using movement in MT, the client's process and the therapeutic relationship as they become apparent in music and movement. Since there is no existing research to build on, it appears to be important to explore this research topic with a qualitative approach.

A combination of *Naturalistic Inquiry* (Aigen, 2005 b) and *Grounded Theory* (Amir, 2005) suited this case study. It was a naturalistic setting, a short-term MT process. By first going through the data (videos, session plans and notes, experiments, questionnaires and notes about watching the videos) and coding this collection, the next steps became clearer. Making sense of this experience seemed very confusing and overwhelming at the beginning. So by approaching it from a more creative angle with the graphic scores and sketches as well as from a very structured one as offered by grounded theory encouraged curiosity and an open mind, allowing for anything to show up. "Strauss and Corbin (1990) themselves do not necessarily urge researchers to do pure grounded theory research, but encourage them to get inspiration and to modify the method according to their needs." (Amir, 2005 p. 376) Combining naturalistic inquiry and grounded theory therefore should be possible. "Behavior and inner experiences [are] the objects of study, with theory development as the goal of research." (Amir, 2005 p. 376) Similar to grounded theory, naturalistic inquiry is a method of developing a theory out of the analysed data, which means both seem quite compatible. Additionally, it is crucial in this method for the researcher to be part of the system, which is being investigated. Being the therapist automatically makes the researcher part of the experience and is therefore in accord with the basic assumptions. The only reservation regarding naturalistic inquiry concerns the following point: "The researcher does not enter the field with preconceptions about what will be discovered and what interpretive categories will be most suitable." (Aigen, 2005 b, p. 353) There were no specific expectations at the beginning of the process, but as explained in the researcher's stance, the use of movement and bodywork is of personal interest. Paying attention to this throughout the process, and discussing thoughts and biases in the researcher's stance and the last chapter helps to create an awareness and reflexivity, which allows the researcher to look at the client and the process in a more neutral way.

The gathered data was therefore coded with the help of the Straussian approach of Grounded Theory in order so find out what kind of topics / problems would emerge. This entails two steps of coding: first an open coding phase, followed by a second step of theoretical coding (Croucher & Cronn-Mills, 2014, p. 197f). For a more detailed description see *3.4 The research process. Step by step.*

Furthermore, the data analysis included a comparison between music and movement styles from different parts of the process. Laban's principles dance movement notation (Laban, 1956) or rather the language he suggests for the description of movement was utilised to analyse important moments. The music analysis was based on Aldridge's (2002) modes of listening, which are explained in detail later on (3.5 *Method of analysis*). Movement descriptions following Laban's principles were handled in a similar way, following the different stages of *open*, *focussed* and *interpretive listening* or in this case *observation*. In addition to the *interpretive observation* each moment was condensed into a graphic score or sketch to allow the creative process of meaning making to take place. Also, this might help the reader to get a general impression of the whole process and specifically of the episodes chosen. These sketches are included in the text but larger versions can be found in the appendix.

In addition to the clinical process, the client agreed to take part in two experiments in the Motion Capture Lab. It included three distinct conditions, inviting the client to move along to the music in a way she felt was appropriate. These were analysed through observation.

3.3.3 Movement experiments

To enhance the process of triangulation (Aigen, 2005 b) two experiments were included in the data collection. They took place after the 2nd MT session and before the last two, i.e. before the 10th session. This is a description of what was done and why.

After a short warm up which included some walking and finding expressive movements for all body parts, the movement experiments consisted of three conditions each (see Table I). Claire was invited to move in a way that she felt matched the music in the first and second condition, (a) and (b). (a) *Music I* was a song Claire had previously brought to MT, (b) *Music II* an up-beat instrumental piece, which both Claire and the therapist/researcher moved to at the same time. The third condition (c) [*Music III*] was based on another instrumental piece with calmer, flowing and more powerful, playful parts. During this condition the researcher invited Claire to use imagery surrounding water, which was a recurring theme in the sessions, connected to her past and positive memories. The suggestion was to move like water to this music.

The experiments took place based on the notions discussed in the previous chapters. That is, music influences the way we move (see 2 *Integrating the body into music therapy*; 2.2 *Music, movement and emotions*), that it furthermore acts as a third entity when two people interact through it, allowing for them to interact with each other or with the music, and that we move differently depending on the emotional content of said music which an observer can then perceive. Differences in the music might therefore lead to differences in the movement style, moving together might influence Claire's movements as well, and focusing on imagery which is connected to emotions could enhance her creative expression. Moreover presumably there would be differences between each condition from the start to the end of this process. These were the underlying assumptions when comparing this data to the analysis of movement episodes taken out of the therapy sessions.

TABLE I : Steps in the experiments. Warm up and 3 conditions

<i>Steps in the experiments</i>	
STEPS	Instructions and explanations
Warm up	Body awareness and expressive movements in all body parts
(a) MUSIC I	Music: song brought to MT by C, connected to personal experiences Instructions: move in a way that feels appropriate, I'll be here to witness
(b) MUSIC II	Music: up-beat, instrumental piece (chosen by T). C and T moving together Instructions: move in a way that feels appropriate, and I will move along
(c) MUSIC III	Music: instrumental with different parts: calm, flowing then more powerful and playful Instructions: Base your movements on imagery surrounding water

These two experiments only afford us with a very limited amount of data measured at two distinct moments and exposed to all kinds of external, uncontrolled influences like weather, mood, stressors etc. The videos, created with motion capture equipment, allowed unconcerned observers to watch specific movement interventions without compromising Claire's privacy. Thereby more objective data was included and compared to the researcher's observations thus enhancing the process of triangulation.

3.4 The research process. Step by step

Applying the same method of analysis for every piece of data seemed impossible, due to their different nature. The musical excerpts required a different approach than notes written by the therapist or episodes taken from movement interventions in the videos. To establish trustworthiness (Aigen, 2005 b) and provide the reader with insight into how this case study developed the following paragraphs summarise what exactly happened. Those descriptions are based on the researcher's memos, which were written during the analysis process. Therefore, the text is written from a personal angle, leading the reader through the whole process.

To establish an overview over all material I watched all of the eleven weekly sessions and created rough transcripts with relevant information: what happened, which kind of interventions were used, which topics did the client bring up, how did the session / musical piece / movement episode develop as well as my impressions and feelings which came up while watching. In a second step I read all those transcripts, assigning colours for *standard codes* (Bruscia, 2005, p. 183). Standard codes are general categories, which can be applied to the raw data or later in the process to already coded data, which is then called axial coding in grounded theory (Bruscia, 2005, p. 183). In my case I just used them to approach the data, so they were fairly general. These codes were also applied to the session notes written by the therapist, to supervision notes and session plans. I used standard codes because it was a lot of material and it served well in optically structuring those texts. These codes were *Music* (what kind of exercises, which instruments were used, musical features, analogies, titles, what kind of interventions, why, often descriptive), *Movement* (similar to *Music*, but instead of musical features more descriptions of how therapist and client moved, typical movements, how both relate to each other), *Talking* (issues the client brought up, facts, info about the client, memories, people which are important to the client), *Client* (the way she expresses herself, verbally, in music or movement, what she did, how she communicated, also non-verbally), *Therapist* (thoughts, insecurities, inexperience, suggestions for the sessions or to myself e.g. time management, what the therapist tried to do incorporate or achieve musically, feelings), *Other* (supervision, suggestions by observers, issues related to outside factors and the setting, e.g. recording, cameras). Most data fit easily into one of those categories, but sometimes I grouped them in more than one code at the same time, since what the

therapist experiences while improvising had to do with the music as much as with her point of view. Later on, I added *Drawing* as another standard code.

The process of very roughly coding the data was helpful in summarising the individual sessions on a few pages, allowing the data to be boiled down to important or interesting ideas and moments. During the process of creating this next layer of more focused text, I wrote memos concerning the whole process, noting down all ideas and patterns I found.

One interesting point e.g. is that most of the topics mentioned in the first session appear later on, some more often or more in the spotlight than others, but most of them accompanied us throughout the process. In the analysis part of this thesis you will find chapters referring to each of these topics from a more general point of view. Instead of describing Claire's specific problems and the issues, which appeared, important topics are grouped together and related to relevant literature. This allows insight into Claire's development.

Other types of data I was interested in were the musical improvisations as well as the movement parts, facial expressions and gestures; basically to investigate what could be concluded from the non-verbal communication between client and therapist and the development Claire went through. I chose two musical improvisations, one from the beginning of the process and one from the end. I intended to use music examples from neither the last nor the very first sessions, because those were not so much concerned with the actual process but more of an intro and outro. Additionally both improvisations I chose show a step forward in Claire's development. This was usually concluded from the therapist's notes. Secondly the pieces were experienced and described as authentic by either participant, making them important to analyse, since authenticity was a big topic in the whole process. To make sense of the music I used the listening analysis suggested by Aldridge (2002; see 3.5.1 *Music Analysis*). Furthermore I transcribed both pieces into graphic scores to enhance my awareness of what was actually going on but also to afford the reader with a more expressive version than purely verbal description. I showed both graphic scores to a musician invested in contemporary music, who found them matching the sounds and atmosphere, but also suggested a few improvements. Based on this very detailed listening the MT commentary (see listening analysis tables in the appendix) and personal remarks developed, which ideally happens during the last layer of listening, the interpretive listening. This

commentary in addition to the scores serves as the heart of the music analysis and interpretation. So reading the analysis in combination with the graphic scores might give the reader a feeling of what is happening here.

Another way of looking at my data was to observe the non-verbal expression based on bodily movements. Here I also compared a piece from the beginning and the end of the entire process, but chose to focus on even smaller units than in the music improvisations. Each movement episode lasts only up to 1.5 minutes. Similar to the music improvisations, I intended to watch in multiple layers. The first layer had happened in therapy (Aldridge, 2002), the open observation took place while watching the whole data set and roughly summarising everything. The focussed observation then, similar to the listening again, consisted of transcribing everything that happened in tiny details. Here I followed the movement language suggested by Laban. Meaning I focused on which part of the body moved in which direction on what level, at what speed and how much intensity was involved. This way of talking about movement is intended to reinforce and highlight the expressive features in the movement. But instead of using this as my sole medium of understanding the movement, I chose to create a sketch to go along with each movement episode, too. These sketches are based on another, more intuitive level of observation and were created with the movement descriptions in mind. Additionally they incorporate the (background) music in case that it seemed important as well as the perceived atmosphere. Again, this serves to deepen the readers understanding of the case, as well as the researchers process of analysis. As stated in naturalistic inquiry, another piece of art can often better express what is important in this case than can words.

During the MT commentary in the interpretive listening or observation level I often focused on specific interventions I observed and any changes detected in Claire's behaviour. The latter usually made these chosen moments special in comparison to other moments. Another interesting area to focus on was the comparison between the different movement episodes in the same sessions. Both times I chose one moment from the beginning of this intervention and then one moment from an adapted version (S 3) since the first one felt very unsatisfying, or a moment from the end of the same episode (S 8). Both times the direct comparison showed big differences (4.2.3 *Music and movement analysis*).

The following chapter focuses on the method of music and movement analysis, to explain in detail the different ideas and approaches the analysis is based upon.

3.5 Method of analysis

In order to find the right interventions to promote the wellbeing of this client the three initial sessions were focused around getting to know each other and establishing a safe therapeutic relationship. The ensuing six sessions constituted the core of the therapeutic process and the last two emphasised the upcoming completion of the process through recapitulation and working with visions for the future. Many interventions were focused around mirroring each other's movements, body awareness and connecting sensations to our experiences. Often these interventions were based on or supported by music or music improvisations. To understand more in depth what happened in this process regarding movement and music, and to see which interventions seemed beneficial it was necessary to analyse not just the texts available, but most importantly focus on the communication, movement and musical expression by Claire and the therapist. The following theoretical background served to analyse music and movement.

3.5.1 Music analysis

To gain a deeper insight into the client's music, which might help to understand her experiences and possible development better, the music needs to be analysed in a structured way.

There are many ways to approach this analysis ranging from quantitative to qualitative, mixed method approaches and looking at different aspects of the music - each with somewhat different aims and purposes (Bonde, 2005; Wosch & Wigram, 2007).

Bonde (2007) provides a flowchart to guide the (inexperienced) researcher to an informed choice regarding the music analysis. Steps along the way include considering the available trace, decisions concerning the scope of the analysis, focus and purpose, as well as the representation and presentation (Bonde, 2007, p. 256ff). It encourages the reader to think

about these decisions, consider the answers and finally decide based on these ideas, instead of using whatever method she has heard about so far, or whichever method she stumbles upon.

The following is a description of how the decision to analyse the music in this way was made, referring to Bonde's flow chart.

The trace, which is the equivalent to the text in grounded theory, is no issue in this study, since there are audio and video recordings of all material available. In addition to the improvisations, comments from both therapist and client, and discussions concerning the music can be found, allowing for an attempt at interpreting the improvisation after a careful analysis. Making a selection of moments or segments to be analysed on the other hand, seemed a quite difficult step. The flow chart helped here in so far that it stated: "(...) it is acceptable to select segments/sequences/material based on the criterion that 'something important is happening here'." (Bonde, 2007, p. 258f) As we can see later (4.2.2 *Improvisation and authenticity*) childlike play or improvisation can lead to a more authentic expression. Hence moments described or perceived as authentic by either therapist, client, or an observer can be seen as an important moment. Of course in that case it is necessary to create a context for the reader by giving a holistic impression of the process/session/improvisation and explain, why this moment is important in this context; in a typical or atypical way. (Bonde, 2007, p. 259) Further questions would be whether a verbal description of the material is needed, and what focus and purpose of description and analysis respectively are. For instance it would be possible to focus on different layers of the music (the music itself, interaction in the music, functions of different elements), which would often require different types of analysis (Bonde, 2007, p. 259f). Moreover, if the researcher operates based on analytical or theoretical assumptions, it is necessary to express them. One important consideration concerned the representation: Is a visual representation necessary in this case? (Bonde, 2007, p. 261f) In this case the graphic notations were perceived as another tool for the researcher to work with the music. They were thought as another medium through which the data could be categorised and understood. Furthermore, a graphic score seemed more appropriate than a classic score, since most improvisations are rhythmically very difficult to put into a fixed meter. Transcribing the improvisations into a score would therefore demand an undue amount of time, without displaying much needed information in a realistic way.

Lastly, the presentation is quite clear, since this case study is presented in the form of a MA thesis, providing a clear frame.

Having established the scope of the analysis, the next step was to decide on a method. For the purpose of this thesis a listening analysis as devised by Aldridge (2002) seemed most appropriate.

Aldridge (2002) suggests using cycles of listening in the process of narrowing down the choices of relevant moments in therapy. Naturally, we hear music as a whole, she argues. "The unity of the cognitive, gestural, emotional and relational is the strength of active music therapy for it is directed towards the phenomenon of experience." (Aldridge, 2002, p. 87) Though, to analyse the musical experience, it seems necessary to take it apart first to understand it as a whole. While in the process of improvising with the client, music therapists also listen to the music as a whole, and to the client specifically, emphatically, to react in an appropriate way. But it takes a different kind of listening to understand what exactly it is, what we are doing in the therapy room. "To understand what we are doing in the clinical practice of music therapy, we need to listen to what has been performed in the therapy session and analyse this performance for its significance." (Aldridge, 2002, p. 88)

Therefore Aldridge proposes to distinguish between different modes of listening: *empirical listening* in the therapy room, which allows us to be there with the client; immediate, close, and participatory. The next step would be an *open listening* - outside the therapy context, but very intuitive, open-minded. The objective is to get an overall impression of what happened and observe essential features. (Aldridge, 2002, p. 89) Subsequently *focussed listening* "(...) may establish facts about technical aspects of the performance, the personal involvement, feelings, interpersonal responses and the direction of the therapeutic course." (Aldridge, 2002, p. 94) It is a more distant mode of listening, focused on observing and noting down facts. "Here we have 'What' (aspects of content: music, words, gestures, movement, and pattern of interaction) has been expressed, and 'How' (quality that refers to the aspect of relationship) something has been expressed." (Aldridge, 2002, p. 96) Eventually the step of interpretation follows, as a step intended to help the researcher develop the "faculty of therapeutic language and discourse" (Aldridge, 2002, p. 90).

By regarding the identity of a person as a musical form that is continually being composed in the world, we may be able to listen to the different modes of this person in the world. Thus we might gain an understanding of this person as a physiological, cultural, social, and sentient being. (Aldridge, 2002, p. 91)

Aldridge further advances to create a table, which clearly divides the musical, descriptive language from the therapeutic and interpretative language to learn to distinguish between what is happening and what the implication of this event might be.

Based on the phenomenological view of listening, the Index [the table suggested by Aldridge] reflects a particular way of organizing the material and stimulating consciousness on different levels of interpretation. The Index clarifies a process of abstraction that is unavoidable as soon as we start to describe situations. (...) The advantage (...) is that we gradually develop an awareness for our own quality of description and interpretative discourse. Focussing our attention to certain elements and knowing at which level we are talking will aid our discussion and prevent confusion. (...) [it] enables the therapist to explicate both what is taking place and her understandings related to what is taking place. (Aldridge, 2002, p. 97)

Another step was to attempt an analogous process with movement episodes. This was possible with the language suggested by Laban.

3.5.2 Laban Movement Analysis

At the basis of all Laban's theory and principles there is keen observation together with tested intuition. (Hodgson & Preston-Dunlop, 1990, p. 43)

Coming from a community with rich movement and dance traditions (Hodgson & Preston-Dunlop, 1990, p. 43), Laban studied various fields relating to movement. From the human body and nervous system to Jung's analytical psychology (Hodgson & Preston-Dunlop, 1990, p. 56).

He discovered a two-fold nature of dance through observing the use of dance in his community: "On the one hand, dance is an expression which arises out of the community (...). On the other hand, dance itself is community, in the preparation, in the organisation and above all, in the experience of dancing for the delight in the shared experience." (Hodgson & Preston-Dunlop, 1990, p. 43f) When coming across Jung's theories regarding psychology, Laban found many concepts, which could be related to his own ideas about movement.

His belief that movement was a mixture of the motion factors of space, flow, weight, and time, directly related to Jung's concept of the four functions of the mind: thinking, feeling, sensation, and intuition.

Observation led Laban to the conclusion that each function was evident in one motion factor. Thus thinking was manifest in spatial changes, feeling in flow changes, sensation in weight, and intuition in time changes. (...) Laban's term 'inner attitude' was built on this period of intense work. (Hodgson & Preston-Dunlop, 1990, p. 56)

Also the later formulated theory on effort was based on the earlier insights. Laban for instance explained effort behaviour as displaying a person's *individual preferences*.

"Effort qualities result from an inner attitude (conscious or unconscious) towards the motion factors of Weight, Space, Time, and Flow." (Laban, 1980, p. 11), which means the moving person has the potential to influence these factors by becoming aware of them. Basically Laban argues that our past experiences and behaviour shape the way we move now. Throughout our lives we develop certain *effort habits* which become visible as soon as we move. These movements can be an expression of an attitude, mood or reaction to this moment, an emotion, or even more permanent features of the person's personality (Laban, 1980, p. 2). But according to Laban those effort habits can be changed with exercise and awareness. He describes "Playing, dancing [and] acting as effort exercise" (Laban, 1980, p. 14). Changing the effort habits should in turn have an effect on *thinking, feeling, sensation, and intuition*. This is probably what DMT therapy draws on, as well as MT (in a slightly different version). By playing with movement or music, either therapy tries to increase awareness and provide (life-) changing experiences.

What the movement observer needs to keep in mind though, is the fact that our perception is generally biased. By describing the movement in functional terms, rather than in interpretative ones, the data might be represented better.

Laban therefore introduces the idea that thinking in movement, as opposed to thinking in words, helps a person to reflect on her inner world. "Movement-thinking could be considered as a gathering of impressions of happenings in one's mind (...) [which] perfects man's orientation in his inner world (...)." (Laban, 1980, p. 15)

3.5.3 Analysing simple body movements

It is possible to perceive *action-moods* by looking at the specific way the body (our instrument) is used, and at the directions and shapes which the movement utilises, by

determining the rhythmical development and the tempo of the movement sequence, and by paying attention to accents and the organisation of phrases. (Laban, 1980, p. 23)

Laban explains further that it is possible to "determine and to describe any bodily action by answering four questions.

- (a) Which part of the body moves?
- (b) In which direction or directions of space is the movement exerted?
- (c) At what speed does the movement progress?
- (d) What degree of muscular energy is spent on the movement?

(Laban, 1980, p. 23)

An analysis based on motion factors enhances the thinking in terms of movement, while an explanation of function of the body such as bending, stretching, twisting, would tend to stress mechanical rather than expressive awareness. (Laban, 1980, p. 50)

This quote guided the analysis of the short movement sections. After describing and attempting an interpretation of the movement in a first step, a comparison between movement description and musical (inter)actions, offers new insights. Additionally each movement or music piece used was 'transcribed' in a graphic score or sketch, possibly enhancing the researcher's as well as the reader's understanding.

The ensuing chapter describes the case study, Claire's situation, and the therapeutic process including music and movement analysis. Furthermore, important observations are outlined. In a last step all relevant topics and developments, which appeared through the analysis are then summarised and related to existing theories.

4 BETWEEN LOOKING BACK AND MOVING AHEAD

The client is the textbook. (Inspired by van der Kolk, 2015)

Though literature can be helpful at times, all the reading in the world will not magically make you understand your client. You need to observe her and follow the hints she drops you; these observations can then be related to literature. This interpretation of the quote above inspired the approach to this case: careful observation as a way of understanding what is going on.

4.1 Claire

The client who is the focus of this master's thesis is a young woman, Claire*. She is in her mid-twenties, studying abroad, apart from her family and partner.

With her mother's death in her early twenties she has lost confidence, direction and an important source of support in her life. This loss left her running away from everything she knew into new, dangerous and uncomfortable situations, trying to prove her strength, her worth and independence. Claire has found her way of handling this grief, has talked about her experience with people dealing with similar issues and was now interested in how music might help her to better deal with this part of her life. Unfortunately, she had not found anybody here to talk to, and share these difficult memories with. Part of this is surely related to cultural differences. Additionally to these issues her partner's health suddenly could not be taken for granted anymore. After an episode, which dramatically changed his life, she acutely felt a loss of security related to his health, their relationship but also generally related to the future. These were her main reasons for applying for MT.

When researching movement one quote came up, which seems to exactly describe Claire's difficulties: "You only need to give your children two things: roots and wings." (Hackney, 2003, p. 46) If either wings or roots are missing, our lives become unhinged. It seems like Claire lost the first and instead relied on the latter increasingly. Throughout the process she expressed her need for stability, meaning she probably was quite aware of being uprooted by the loss of one parent and the repeated absence of the other, but realised that she needed not

just the freedom and excitement of the flight, but also the grounding stability of roots. To understand her situation better the therapeutic practice was informed by literature regarding the process of grieving.

4.1.1 Bereavement – A traumatic experience

Grief is not a state that one enters and departs; nor is it an illness from which one can be cured. It is a gradually evolving process that irrevocably changes the mourner. (Seftel, 2006, p. 57) Grieving is a normal reaction to a loss, that everybody goes through at one point or another in their life. There are different theories as to how grief manifests and what is 'normal', but concluding from the literature everyone has a different grieving style, and goes through this process in a unique way. What every grieving process has in common is the idea that "However the process unfolds, we are striving for a return of the presence of hope and vitality." (Seftel, 2006, p. 58)

Silverman (Silverman, 2000) suggests the *stages of transition* to distinguish between the different episodes that are typically displayed by every grieving person: *impact*, *recoil*, and *accomodation*. Building on this theory, Seftel (2006) argues that especially in the intermediate stage the mourner seeks for help. Furthermore she expresses her conviction that art therapies are helpful in this stage since they provide "(...) a safe-haven in which to identify and express authentic feelings." (Seftel, 2006, p. 58) She goes on to explain: "Expressive therapy can be a very useful modality for the safe expression of intense emotions at this time." This is congruent with the needs Claire expressed and what she looked for in the therapy process. Also, integrating the body in grief work can be valuable, considering the way grief can be manifested physically, Seftel continues. "(...) creative modalities that allow for the release of grief held in the body can be a vital part of the healing process. (Seftel, 2006, p. 59)

4.2 The process

This case study is built around Claire, who was just presented as the client in a short-term MT process, consisting of 11 weekly meetings. The initial idea was to have about 3 sessions to focus on assessment and defining goals for this short process, followed by a working phase of about 5-6 sessions. The last 2-3 sessions would be dedicated to tying up loose ends. That

might include addressing concerns related to the end of the therapy process or the future from then on. Giving time to this part of the process seemed especially important when considering the client's history.

Usually the sessions were built around a theme, which emerged from the conversations. Different activities were used to work on those themes, often combining various art forms, to deepen the process. That might have looked like this: an improvisation might be based on the theme *teamwork*. The improvisation could then be used as background music for music listening, which in turn would bring up important aspects of this experience, like the feeling of *insecurity vs. confidence*. These feelings could be easily expressed in movement, while listening to the music again. When going through all these different stages, the client had the opportunity to deepen the experience by exploring and maybe recognising underlying emotions or patterns of behaviour.

Since the client was very talkative, but had also learned to talk in a detached manner about very serious issues, it seemed important to find additional, creative ways to express herself. To actively engage with each other and the music, music experiences allowing client and therapist to interact on a preverbal level were favoured. For Claire, an active approach seemed quite useful. She had the ability to talk fluently and elaborately about herself, but connecting to her emotions when discussing her issues appeared to be difficult. Instead the focus was on active music making, but varying between different levels of music experiences: mostly free or referential improvisations, moving to music - which is mentioned in the literature as being part of MT but rarely used or explained in case studies or other kinds of MT research - drawing to music, but also listening to the own improvisations or songs chosen by the client. Many of these decisions have been explained in chapter 3 *Developing a method*. On a relational level the therapist focused on being in the moment with Claire, based on principles from person centred psychotherapy (see also 3.2 *The therapeutic stance*). To give this short process direction and focus, goal attainment scaling was applied.

4.2.1 Setting goals

Goal attainment scaling can be used to quantify the achievement of goals. With a specific goal in mind it is possible to devise minute steps to assess the progress made. Starting with the status quo (-2) to the intended outcome (0), goal attainment scaling leaves space for outcomes

exceeding the initial expectations (+2) (Bowend'Eerdt, Botell & Wade, 2008, p. 354). The process of sitting down and thinking about our goals and the steps this could include was very useful. Especially in such a short-term process concentration and focus is needed from both therapist and client.

Claire expressed her goals when prompted in our fourth session. The topics she wanted to work on then appeared throughout the process. She explained she wanted to be *more authentic* to herself, *move forward* and make *good decisions*, while *trusting in herself*, and be *more confident* in herself and her decisions. Furthermore she wanted to be able to explain her needs in a way that others would better understand. The ultimate goal that Claire might be trying to describe here is *self-actualisation* (Patterson & Edward Watkins, 1996, p.504ff), with the immediate goal of *self-awareness*, which *includes self-disclosure, self-exploration* and *self-acceptance* (p. 507f).

One area that seemed especially blocked was the emotional content of her stories. She was well able to speak a lot, but it all remained very superficial. So to help her in achieving her goals the therapist set another goal for this process by focusing on *accessing her emotions* rather than the stories she told, as can be seen in Table II.

TABLE II: Formulating goals

GOAL: Enhance emotional awareness, expression and communication	
Steps	Indicators
+ 2	C uses metaphors to describe her internal experiences
+ 1	C refers to her emotions frequently or on her own accord
0	C recognises and expresses her emotions (verbally)
- 1	C initiates interaction / communication in music or movement
- 2	spontaneous communication happens in an improvisation

The steps involved ranged from spontaneous and thus maybe unconscious communication in an improvisation (-2) to the more cognitive integration of emotions, which can be experienced on a verbal level. It had become apparent in the first few sessions that she could talk in an indifferent manner about what had happened to her, but she never mentioned how these experiences related to her inner world. This might have indicated that she was still working on

integrating difficult or even traumatic experiences. When Claire then talked about her hopes for this process, they seemed to be in accord with the previously envisioned goals, since integrating her experiences would happen through accessing all parts of them. Being able to communicate what she felt might help to generally enhance communication and authenticity. One important point was also to help Claire to make sense of her experiences, to work on her personal narrative and help her discover her resources in order to build trust and confidence by relying on the power of music experiences (*2.1 Music Therapy*) and encouraging her in her creative process.

As one of Claire's main goals was to be more authentic and therefore to get to know herself better, it seemed important to incorporate playful, explorative interventions. Especially free improvisation gives us the opportunity to safely explore old and new ways of being. Some of these improvisations are analysed in the subsequent chapters to illustrate Claire's development throughout this process.

4.2.2 Improvisation and authenticity

Improvisation is one of the main tools in MT. Regardless whether completely free or referential, that is referring to a set theme; improvisation is a place where the client is allowed to experiment with new ways of being and expressing her self and her emotions (Ruud, 1998, p.124). Often improvisation is compared to play. In play children can try out anything they can imagine without suffering from real-life consequences. It is usually a completely absorbing activity and only limited by the players' creativity. Schultz and Lavenda (1990) see the importance of play in that it ...

(...) allows us to see that perspective in everyday life is relative and that there are other angles from which we can make sense of everyday experience. (...) Play makes us aware of alternatives and creates a space in which it is possible to choose between different actions, a situation basic to therapeutic improvisation. (Ruud, 1998, p. 119 about Schultz and Lavenda , 1990, p. 158)

Herein lies a potential for change through creative music making.

Another aspect of play and improvisation is that if we approach it like a child, candid and open-minded, "we can act more 'naturally', more 'in accord with our innermost feelings.'" (Ruud, 1998, p. 126) Moreover, Ruud argues, "To become fully human, we must disregard the intellectual perspective and become a child. The childlike perspective counteracts all

fragmentation and intellectualization." (Ruud, 1998, p. 126) In other words, integration of all emotions, experiences, and constructs becomes possible in this childlike state of mind. Furthermore Ruud links improvisation and play to a more *authentic* way of being. He understands improvisation as a liminal, transitional experience, or a rite of passage, a "(...) transitional ritual, a way of changing position, framework, status, or states of consciousness." (Ruud, 1998, p. 118) Making sense out of these experiences through signs and symbols increases our sense of authenticity (p.125). An additional reason for this might be, that "Improvisation is described as being more honest than language because music can express what is feared or hidden by language and intellect." (Ruud, 1998, p. 132)

Combining all these concepts of childlike absorption, intuitive and honest interaction due to the experience being nonverbal, and the creative expression of self seems to lead to authentic experiences. Often we avoid this in everyday life; therefore a therapeutic setting is a good place to start exploring this way of being.

Claire mentioned being authentic or congruent to herself as one of her goals in MT, as well as being able to express what she wants (and being understood). Hence, improvisation - whether in movement, music, or art - seemed to be important. Practicing a new and authentic expression of her emotions by playing with different ways of communicating would offer her ways to enhance her skills in this area. When choosing different moments to analyse in depth, the focus was therefore on moments which the therapist, client or researcher described as genuine, authentic or real and moments that are closely related but feel completely different.

What follows are analyses of different movement episodes and music improvisations. Subsequently all themes which came up in text or art analysis are brought together and related to existing literature.

4.2.3 Music and movement analysis

Movement Episode I – S 3

This first episode was chosen because it displays Claire's typical behaviour from the beginning of the process, but pushed to an extreme. The graphic notation (see Figure 1) shows sharp contrasts between the movement and the music. The movement is hinted at by the two

stick figures. Both Claire and the therapist are stuck in their places, moving only slightly, shifting their weight, moving their heads and limbs or upper body in a slow and controlled manner. In the sketch as well as in the frame shown by the video excerpt both Claire and the therapist are standing somewhat cramped in the left side of the room. There is a lot of space to be occupied but they do not attempt to fill it. Meanwhile the improvisation *teamwork* inspired the colourful surroundings in the sketch. The piano as played by the therapist is represented in the picture by a frame-like structure in blue and dark purple. In the music as well as in the sketch it holds everything together and opens a space for the drum set to explore in. Claire creates a very colourful but holey soundscape with the drum set: different sound-eruptions, volumes and textures occur, but she refrains from developing any part further. She tests and explores, but does not go into detail. While the therapist plays a steady rhythm on the piano, holding and structuring the improvisation, Claire does not connect to that rhythm. At some moments she attempts to connect with the rhythm but gives up very quickly.



FIGURE 1: Movement Episode I – Graphic notation. S 3. To own music: piano and drum set

This creates a huge contrast between the improvisation and the movement: during the improvisation Claire was open to trying out anything, but when encouraged to move to the

resulting music, she chooses to remain in the corner, moving only slowly, remaining with every slow movement for a while. Claire seems to be at a loss what to do. Though it might also be her way of focusing on the music and being aware of sensations in her body. This type of intervention might have been too unstructured, too free. By not giving an exact task, the therapist does not offer a lot of support, which hinder Claire from entering any kind of creative flow. This static part is reflected on the right side in the drawing by the brown, trunk-like structure. It seems to express Claire's determination to stay with the process, even when she is uncomfortable with the instrument, the music, or the instructions given by the therapist. Her perseverance and determination seem to be her biggest resources in dealing with difficulties. Adding awareness, acceptance and curiosity in the creative process might help her to address those issues with more flexibility and openness to build and enjoy positive experiences and relationships.

Movement Episode II - S 3 - Insecurity vs. Confidence

This second episode happened just a few minutes after Movement Episode I. There are huge differences in Claire's expression and movement and this episode reflects her genuine expression much better. Between the two episodes therapist and client talked about what Claire had experienced while listening to the music and a theme emerged related to the topic of the improvisation (*teamwork*). To work with the theme (*insecurity vs. confidence*) sensations and associations were considered in order to find movements for each.

This graphic notation (see Figure 2) also turned out very differently from the first one. The energy completely changed, as did the task and the way Claire and the therapist interact. The music is still the same, though.

One major difference is how the space is used. Claire and the therapist are both constantly on the move, taking advantage of the whole room. There are certain points of interaction, but they still flow more around and past each other, than with one another. This becomes visible in the sketch as well. Their paths cross, and the therapist attempts to follow Claire's lead, but they only connect in certain points. The colours surrounding the middle part are similar to the first sketch. Blue and purple are still related to T, while all other colours represent what Claire is doing, but also what is happening in the drum set. It is remarkable how the colours interact

This music improvisation seemed relevant because for the first time it felt like client and therapist connected in the music. They interacted and at some point Claire even smiled during the improvisation. The instrument of choice is the piano and Claire was encouraged to decide which side would better suit the topic. She chose the lower registers, which left the therapist with the higher registers.

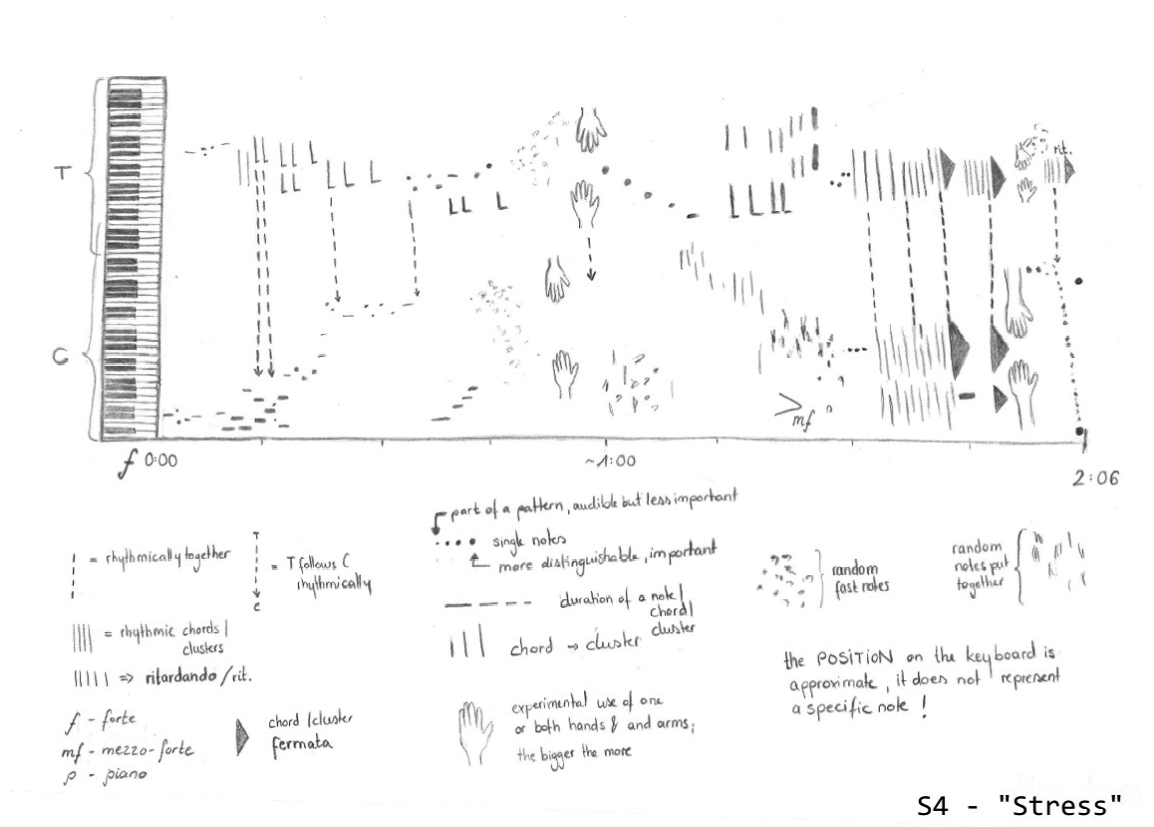


FIGURE 3: Musical Improvisation I - Graphic notation. S4. *Stress*

The music is aesthetically not very pleasing. Many parts do not follow a specific pulse, rhythm or tempo, nor does a melody develop. Instead the improvisation seems to build up in a wavy manner, sometimes erratic, which made it hard to play and uncomfortable to listen to. The therapist attempts to connect a few times by imitating specific patterns or matching the mood, energy level, intensity and speed (*spacing*) which the client displays (*techniques of empathy*, Bruscia 1987), but also by structuring and grounding. Together they explore the instrument and at the same time the improvisation's theme: *stress*.

The piece as a whole is very shapeless, confusing. No clear lines appear until client and therapist finally find a common rhythm. Melodic bits and pieces occur; only the clear

interaction between Claire and the therapist towards the end releases this tension a bit. There is a moment in the last quarter of the piece (see Figure 3) with repetitive, loud chord clusters wherein therapist and client join. Claire suddenly interrupts by 'stepping on the brake' (pressing her fingers into the keys), the therapist stops too and we can hear a loud cluster-like fermata. The therapist then intentionally repeats the pattern and Claire stops her after a few beats with another firm cluster. This is a very special moment, because for the first time Claire clearly acknowledges and interacts with her, but also shows clear initiative. She seems to deliberately test the therapist's reaction by interrupting her insistently. This repetition of the earlier pattern can be seen as one of the *elicitation techniques (repeating)* mentioned by Bruscia (1987), which can be used "(...) to elicit a musical response, and to establish an emotional climate or mood." (Bruscia 1987) And it clearly does trigger a response. This is definitely a change in contrast to earlier improvisations. Whether it was the more advanced technique that triggered this behaviour or whether it was due to a better-established relationship in the 4th session; something is happening in their relationship.

The shift towards closer contact becomes also visible in them both sharing an instrument. Moreover, Claire crosses over into the therapist's range (see 2nd half in the graphic notation, Figure 2) a few times.

After the improvisation Claire smiles openly, in a relaxed way, and breathes heavier than usual. Her verbal expression is also different. Usually she speaks very fluently and somewhat flatly but now the flow is a little fragmented when she talks about the improvisation "... chaotic, ... like how I used my hands, all over ... decisions in my head, how you change your mind, bad, good ...". She seems genuinely touched by this improvisation. These quotes stem from the moment when they are talking about the multiple decisions Claire feels pressured to make and how she feels unable to decide, which in turn leads into the stress they expressed on the piano. Not only is this the first time that a connection takes place in the music, it also feels very honest and authentic. The client seems to have found an expression for all this stress and frustration. Furthermore this intervention is also connected to body awareness: To enhance Claire's awareness of how the stress feels in her body, the therapist led her through a short guided body awareness exercise before the improvisation. This might have helped her to embody the sensations and express them in her music. Overall it was an important step in her development.

Movement Episode III - S 8 - FarFarAway. Beginning

Claire chose the background song for this improvisation because of its connection to the topic at hand. It reminded her of all themes connected to *FarFarAway*. Previously she had been invited to draw or write down words expressing themes connected to an ever-present dichotomy. The aim was to compare her home country *FarFarAway* with the place she lived in now. Each place represented very different ways of being and dealing with experiences for Claire. Since she brought up this contrast repeatedly it seemed worth investigating.

In the beginning of the movement episode, though, it seems hard for both Claire and the therapist to connect to the emotions, to the music or to each other. They seem to go through the motions, but they stay separate. No interaction takes place, and the movements appear somewhat random and disconnected. The energy is very low, no bounce is apparent in the movement. Flexibility, dynamics and integrity between body parts are sparse in their movements. Claire for instance never involves the whole body; some part is always busy with a different movement. In the drawing, Figure 4, you see her on the left side, skipping, with her right arm offered to a friend, but her head hanging loosely to the back and her left hand holding her braid as if she were very insecure or distracted.

This disconnection shows in every movement. And not just the movements in her body seem disrupted; the connection between Claire and the therapist is also at odds. The therapist seems to be looking for communication, but does not initiate interaction. Both avoid closeness in the space but also in their non-verbal communication. In the sketch this distance becomes very obvious. Each one is walking in her own direction, with her own movement, in her own little space, maybe lost in her thoughts, surrounded by a wall of associations. What connects them is the music and the shared topic. The music, the blue, wave-like structure surrounds and holds the two orange bubbles together. Ochre and orange represent some of the themes Claire brought up related to *FarFarAway*. *Sunshine, surf, possibilities, laughter*, but they do not become apparent in the movements, hence they are stored away with the other topics, *connections to family and friends, dynamic (tinged with a bit of sadness) and sorrow*. None of them seems to be very present - they appear to be locked away, not acceptable or accessible, yet. What is missing at that moment is a good, stable relationship in which both can express themselves freely. They share the space already, but are missing a real connection.

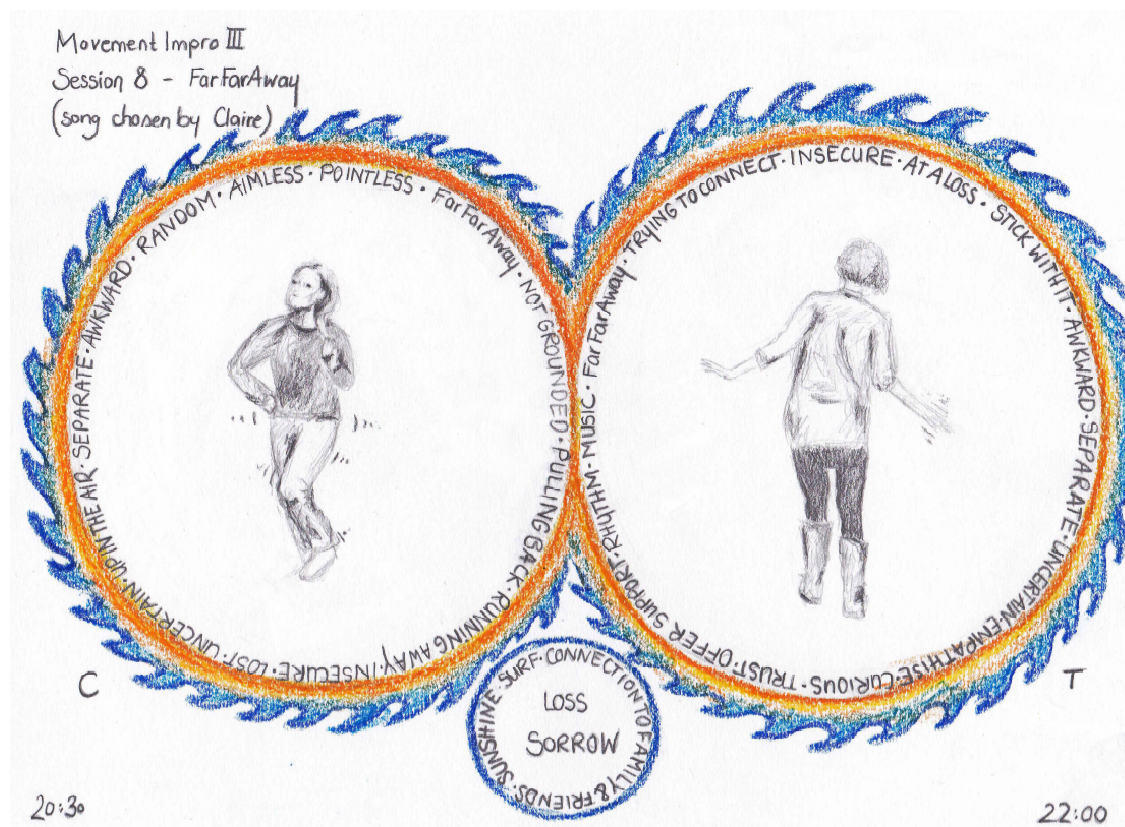


FIGURE 4: Movement Episode III – Graphic notation. S 8. *FarFarAway*. Beginning

Later during this improvisation something develops between the two of them. They begin to interact around 22:30, something starts to flow, dynamics develop and both seem more relaxed. One movement leads into the next without these disruptions. This might suggest that even though something is uncomfortable it is worth sticking with an exercise for a while; to give everybody the time needed to grow into it.

Movement Episode IV - S 8 - FarFarAway. End

This episode is especially interesting as comparison to the beginning of the same intervention (Movement Episode III), because the movements and the energy change throughout the song. The music is still the same; it is the last minute of the song. Musically there are no big developments or changes. The song structure is very simple and clear, which can be seen in the waves in Figure 4.

Overall more fluid movements developed during the song. Claire and the therapist both invest more energy, involving the whole body in their movements, though still not completely. For

instance you can see Claire in the left side of the picture (Figure 5) again. She is jumping with her whole body now, but her hands do not reflect the tension and integrity to support this action. Many movements get blurry around the edges like this. But clearly the movements become more dynamic, energetic and powerful, sometimes even joyful. Transitions between movements develop more fluidly, become even soft in some moments. It looks like both can be with themselves but are aware and accepting of the other in this space. There is less tension in their movements, both go with the flow naturally, and follow where the music takes them. Also it seems like all themes are integrated - the joyful, fun ones, as well as the difficult ones - which relates to the more energetic, open structures in ochre, orange and blue in the sketch. Still, there is not much time throughout the whole piece, when Claire works with the sorrow related movements (the blue colours), but she seems more open to approach them sometime. In the end the therapist initiates a variation of this movement and stays in it for the last a half a minute of the song. Probably in reaction to this, Claire wanders into the dark part of the clinic and comes to stillness, too.

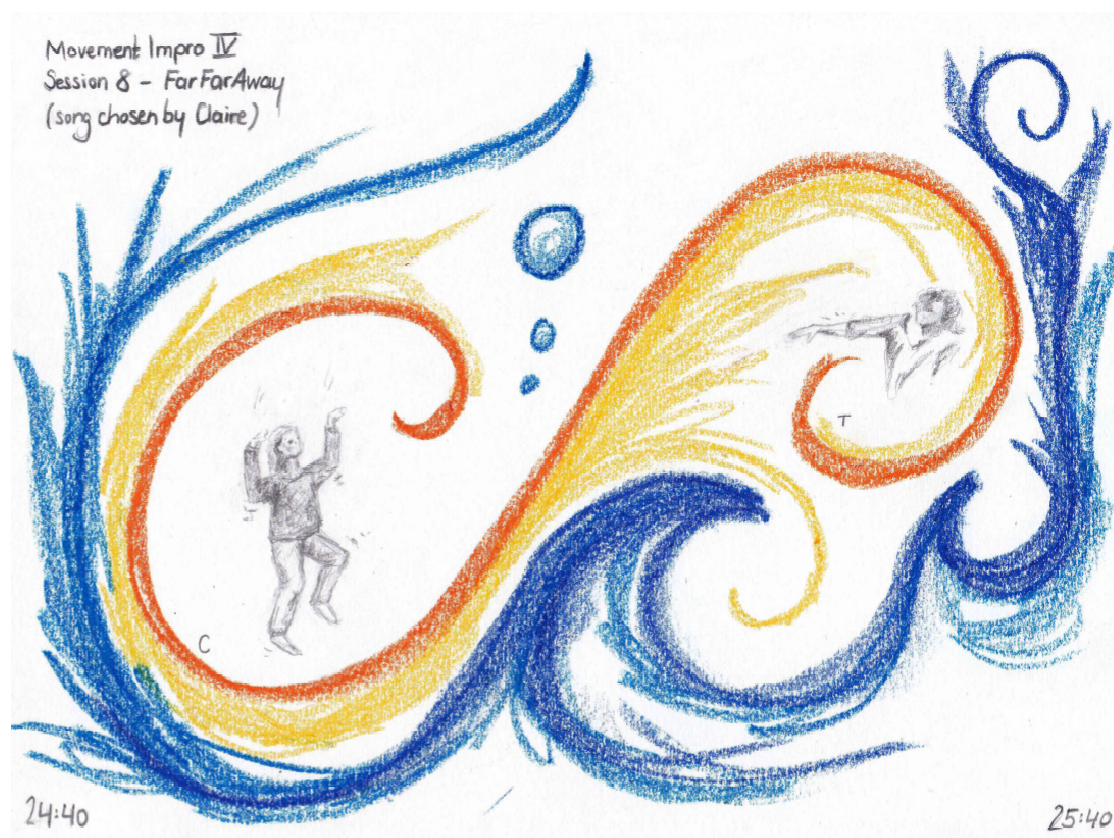


FIGURE 5: Movement Episode IV – Graphic notation. S 8. *FarFarAway*. End

When the music stops they both sit down again and talk a bit about this experience. Claire seems to have enjoyed herself: "it's good to remember ... good memories of being connected

with my family." She explains that this music reminded her of her family, of how she grew up. Afterwards they talk for the first time about what actually happened, about the day her mother passed away. She describes the atmosphere a bit and explains that the song covers the good and the bad memories. One quote from the song was especially important to Claire: "sometimes the light shines on me, other times I can barely see". It embodies the contrasting emotions connected to FarFarAway.

Furthermore, in the course of the improvisation she changed one of the movements she had suggested before for the different topics: the *sorrow* part happened in the darkest corner of the room now, which she perceived as more private in the new spot. Safer. Hidden. Which means she purposefully used the space in the clinic by choosing a different spot. On the other hand she still seeks out the most hidden and remote corner of the room to approach the topic. This could further suggest that Claire is not ready to really open up in this space and this relationship, that the therapist does not offer sufficient support. On the other hand this could also indicate that Claire starts to trust her own judgement regarding what feels safe and what does not.

Musical Improvisation II - S 8 – FarFarAway

During this session Claire explored one important theme that appears throughout the process: a comparison between Claire's home country and her country of residence, Finland. They appeared to represent the past and the present respectively. After working out concepts connected to each place, they created a movement improvisation (Movement Episode III & IV) and reflected these experiences. Instead of remaining with this, the movement improvisation inspired the creation of Claire's very own background song for FarFarAway, intensifying the creative experience even more. Later in the process a place connected with the future, hopes and dreams emerged.

In this improvisation, again, Claire does not seem very consistent rhythmically, but after a few beats the therapist joins with a grounding rhythm to create a safe space for Claire to explore. The therapist seems to be holding Claire very steadily, which makes this different from other improvisations. Previously they often explored together but here, the relationship seems to shift towards one holding 'adult' which frees Claire up to become very curious about

her own instruments and sounds. Though being very steady in her support, the therapist stays open to changes in Claire's music, adapts to her patterns and elaborates on them when Claire quickly gives up on each new idea (see Table IV, Figure 6). This in turn elicits more courageously displayed ideas and themes, which the therapist supports again. Both seem to be very much in synch, almost breathing together which can be observed in a shared dynamic development (Figure 6): decrescendo and break before continuing together (between min 1 and 2). In an attuned way, they test out a big range of dynamics, as well as smooth transitions from one pattern or theme to the next, which is an important development in comparison to previous improvisations. In this improvisation, the therapist's interventions focus around *making spaces*, which is one of the *elicitation techniques* mentioned by Bruscia (1987).

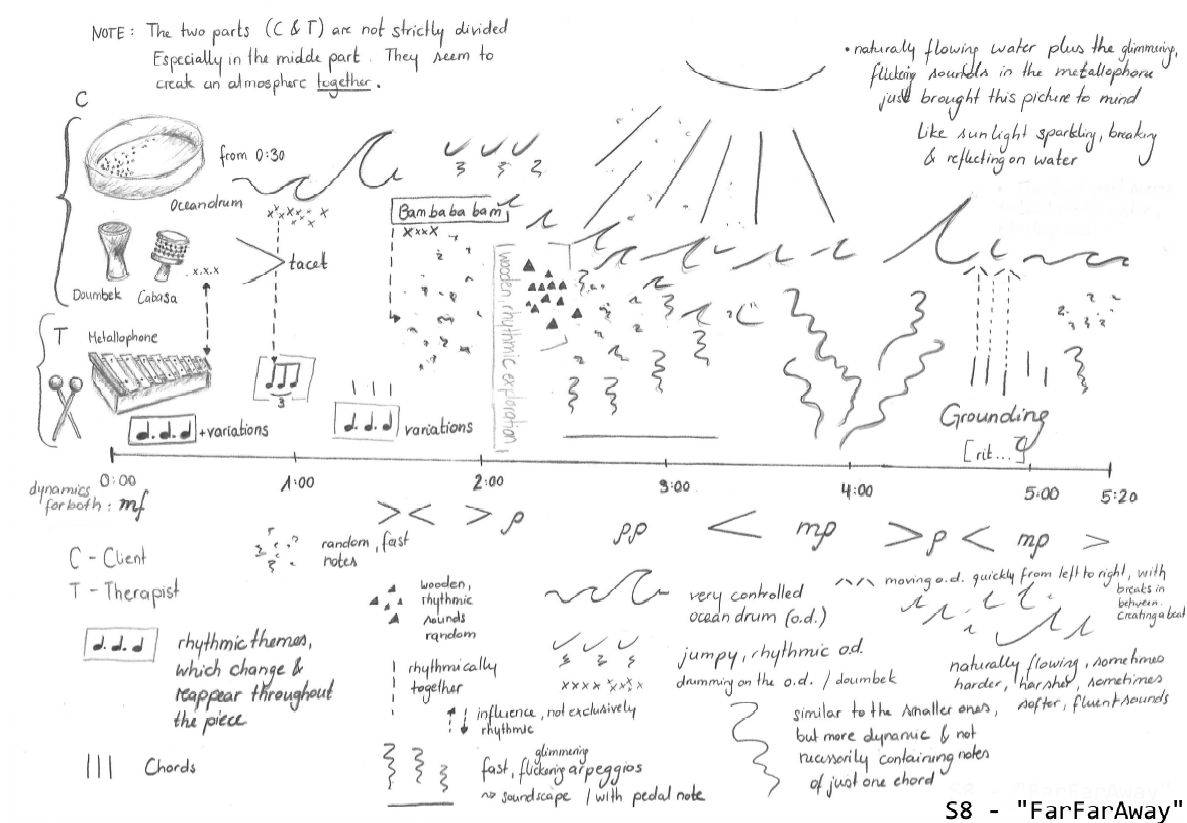


FIGURE 6: Musical Improvisation II - Graphic notation. S8. *FarFarAway**

Overall the whole piece leaves an impression of an atmospheric mood, reminiscing the movement and flowing of waves, also inspired by the ocean drum. The same theme shows up in the graphic score (Figure 6). Distinctive lines, transitioning to more dynamic, open ones can be seen as waves, sometimes very smooth, then rougher. The therapist especially plays the undercurrents on the metallophone, holding but also bringing up some things from the

depth of the ocean, metaphorically speaking. Though, in some instances the metallophone sound brings to mind the flickering reflections of light on the water. Most importantly they seem to create this atmosphere together. Towards the end the therapist focuses more on *grounding* again, then *exaggerating* and *incorporating* (Bruscia, *techniques of empathy*) Claire's ideas and rhythms as if to validate them. It is important to keep in mind that this whole improvisation is a symbolisation of a place and the people, experiences, and feelings connected to it.

Generally, the instructions were very clear and structured: the piece was based on the work surrounding a theme they had discussed previously. Specific memories and associations were the inspiration for a creative interpretation. In a first step they had already discussed the themes and worked them into a movement improvisation to a song connected with this place and time. This might have enabled them to really grasp the ideas and emotions connected to FarFarAway, because this improvisation felt very genuine again, one reason why it was chosen for the analysis. Additionally the relationship between Claire and therapist seems to have deepened, which can be seen as a good development for this case.

These short excerpts describing and analysing important moments throughout the process show some developments. The next chapter summarises the observations regarding the movement experiments (3.3.3 Movement experiments). Ensuing this analysis all important themes and developments will be discussed by relating them to relevant literature.

4.2.4 Does music influence movement?

One question at the beginning of this case study was whether different kind of music or interventions would influence the way the client moved. To be able to analyse what was going on in the experiments the different conditions (Table I, p.20) were recorded with MoCap equipment. Then the researcher's notes from these sessions and the comments by layperson observers were used to compare the two experiments, condition to condition. For that purpose the researcher wrote movement descriptions to each video. These descriptions include e.g. the overall atmosphere, which body parts were used in which way, new or recurring movements, flow, and interesting observations concerning tempo and space used. Furthermore the

unconcerned observers were asked to freely associate about what they saw in the stick figure videos as well as express their general impressions.

On the whole Claire was much more energetic during all conditions of Experiment 1 (E1). Experiment 2 (E2) was low on energy and Claire was more independent during condition (b), the condition where both the therapist and the client moved.

Generally during E1, Claire was very energetic, very curious to try out new movements, and very interactive with the therapist in E1 (b). This energy might be her natural way of being, but after E2 Claire expressed being far more relaxed now than the previous time. This could suggest her being nervous and overly excited during E1, which could account for higher energy levels. Moreover Claire seemed to very much relate to the music in E1 (a), which was the music she had brought to therapy before. Although she tests out lots of movements, her ability to express those emotions in movements seems restricted. During E1 (c) Claire's movements appear more integrated, involving the whole body, and more expressive especially in her limbs. Her gestures are more differentiated and bigger, suggesting that imagery supports the process of finding our own expressive movements. One interesting observation is that sometimes Claire moves contrary to or independent of the music. Especially during turns she is always right with the music, but steps or new movements seem somewhat off beat. According to Laban, the *time* dimension of movement relates to intuition (3.5.2 *Laban Movement Analysis*). That could mean that Claire's sometimes-awkward time changes relate to her not trusting her own body to intuitively follow the music, similarly to her not trusting her own decisions.

During E2 the observers repeatedly mention the stiffness apparent in Claire's movements and how they seem inhibited, heavy. Not as flexible as during E1. E2 (b) shows a very different picture than E1 (b). Claire and the therapist move very independently. Claire stays by herself, seems to go for a walk more than follow the music. Which could mean that she found her own way of dealing with a task that is just not for her, which overwhelms her. That is she creates boundaries, and becomes independent of the therapist, which would be good towards the end of the process. On the other hand this could also suggest a weak therapeutic relationship and isolation. Which would be a very negative development for Claire. Another interpretation suggests she might just be having a bad day and did not want to be here. Thus it becomes

obvious how difficult it is to interpret anything at all without letting the interpreter's own fears and hopes guide the way.

Moreover Claire shows a bigger movement repertoire than before and clearly reacts to different timbres in the music during E2 (c). Also she moves more dynamically than in the other conditions of E2. Sometimes it even seems like her whole body is reflecting the music. Again, imagery to music combined with more complex music seems to help her find more expressive movement. Whether that is related to emotional content, though, stays unclear.

What can definitely be said is that Claire moved differently dependent on the music and / or the task. On both days the music well known to her seemed to move or touch her but she was not able or willing to translate this into movement. Maybe being moved on the inside was more important than showing this to the outside. What changed from E1 to E2 was the interaction between Claire and the therapist. They mirrored each other far less, moving very independently in E2. Lastly the imagery task with appropriate music induced a wider variety and more dynamic movements, flexibility and flow. Depending on the goal of the therapy it seems therefore important to think about what kind of music could be supporting for which situation. This could be further investigated or addressed in therapy by being present and aware of our client's needs; openness and curiosity in discussing anything with the client like the type of music we would like to use could therefore enhance our music(al) choices.

4.3 Different types and roles of music and movement interventions

Looking back at the whole case there are many different levels of how interventions involving music, body movement, or both were used. First of all an ongoing assessment took place, especially in the music improvisations, since this is the main medium used in this process. This happened with any kind of music related intervention. Be it a more playful exploration to warm up, a *conversation* on drums, songs they listened to, or a themed improvisation, which usually lead to some kind of creative expression by the client. One feature of music, which is especially important, is that of ongoing communication. Neither of the participants have to be quiet; all can be expressive at the same time but it is possible to constantly support each other, to express how you are in this relationship. This requires one only to listen to what is happening, while never having to be the passive listener. Often there can be some kind of

shared rhythm that encourages this individuality experienced in a whole. This shared sense of time is the basis of communication in music, one could conclude. When more advanced, harmonies and melodies can be added to interact and enhance the musical expression, but on a basic level rhythm is what connects us. Lastly, in the end of the process the music created in the process can be used as basis for an evaluation.

Similarly, movement interventions were used to warm up and integrate the whole body to come to some kind of creative expression of themes or emotions perceived in a piece of music. To a lesser extent than when improvising music together, communication did take place. As can be seen in the analysis of the movement episodes, though, it is very easy to go out of contact. On the other hand there is one layer present in these interventions, which is less so in music: the integration of sensations and the whole body. This is a powerful tool, when trying to become aware of emotions and when dealing with traumatic experiences (2.3 *Integrating movement in music therapy*; 4.3.1 *The communicating body – our musical instrument*; 4.3.2 *Trauma and the body*).

Furthermore, music and movement interventions seemed to enhance each other like facets of a whole. The different elements analysed from S 8 show how one intervention and medium can build up on the next, allowing for more and more insight. In S 3 though it also shows that when both elements are not well connected, it can hinder the process from taking place (Movement Episode I). This might be especially true in our Western culture, where music and movement are often perceived as separate entities. When the interventions were building up on each other and clearly structured it seemed easier for Claire to come into a creative flow (Movement Episode II).

4.3.1 The communicating body – our musical instrument

Communication and the therapeutic relationship seemed fundamental to this process. Hence the following short description of how communication works and why the body and its movements play such an important role.

Aldridge (2005) theorises that "we are performed beings; that is, we realize ourselves in the world – mentally, physically and socially – as performances." (p. 27) Though Aldridge is talking about neurodegenerative diseases which impair many of the skills needed for this

performance, the same idea applies to a 'healthy' person: We are in the world through our bodies, which makes them an important part of communication. Gestures, postures, the voice and facial expressions help us to communicate way beyond words. Emotions and meaning on the other hand are transmitted through the way our body moves (Aldridge, 2005, p. 36) and allow us to establish and maintain relationships. MT requires the therapeutic relationship as a tool for change (*2.1 Music Therapy*) so this non-verbal communication is essential for any interpersonal process to take place. But this process or performance requires a temporal aspect. Like in language or music, to establish meaning different events or patterns need to happen in a distinct timely fashion. A rhythm cannot be established without a beat. A sentence only makes sense if the words are connected in the right way, and a pause or break can have many different implications depending on its length (and the body language supporting it). Therefore loss (of control) in any area - be it timing, body parts, motor skills, memory, or language - impacts communication which in turn keeps us from effectively building or maintaining relationships. This means the whole social, physical and mental being becomes impaired.

As explained earlier Claire probably experienced a traumatic loss shaping her further life significantly. As you will see any kind of trauma can cause a loss of coherence in time, which then interrupts the process of meaning making. Any experience which a person perceives as live threatening is a trauma (Levine 2008 p. 15) and per definition a process of disintegration: The connection to time, body, emotions or psyche can be disrupted and even stay (temporarily) impaired causing difficulties in communication.

Meaning is an activity demanding a temporal structure of connectivity and relationship between those events that we call 'consciousness' (...). Trauma, whatever its sources (...) disrupts this coherence and the horizon of time is limited. (Aldridge, 2005, p. 30; Aldridge 2000)

"Music therapy is one way of establishing a short-term coherence and thereby of re-establishing identity (...)." That is, any activity establishing a sense of being in the same time, rhythm or flow with another person helps to re-activate human communication and build a relationship regardless of differences in language or culture. From the point of view of neuroscience, the experience of synchrony with another activates the system of social engagement, allowing us to overcome fight, flight or freeze reflexes. This explains, why MT and bodywork might help client and therapist to connect, communicate and build a therapeutic relationship.

4.3.2 Trauma and the body

All trauma is preverbal. (van der Kolk, 2015, p. 43)

The study of neuroscience allows us to understand the processes taking place in the brain in case of a traumatic event. In short: the brain activity changes. Instead of doing business as usual the flight-fight-freeze mechanism is activated in the amygdala due to intense emotions (van der Kolk, 2015, p. 42). According to van der Kolk, the *emotional brain* (reptilian brain and limbic system) takes over in order to ensure our survival (2015, p. 56, 61). At the same time the Broca's area shows a significant decrease in activation as he observed in his clients when inducing flashbacks of those traumatic events. The Broca's area is one of the speech centers in the brain. "Without a functioning Broca's area, you cannot put your thoughts and feelings into words." (van der Kolk, 2015, p. 43) This appears to be the reason why it is very difficult for many clients to address the actual experience of the traumatic event. Instead many clients create a *cover story* to explain their experiences in a somewhat coherent narrative (van der Kolk, 2015, p. 43), without touching upon the actual inner experience. This could be the reason why despite telling her story fluently, Claire did not have access to the emotional content of the narrative.

Also, in this study the left side of the brain showed decreased activity during the induced flashbacks (van der Kolk, 2015, p. 44), while the right side was definitely active. Generally the two halves of the brain serve different functions. While the left side is more concerned with remembering facts and creating order, the right side stores sensual information like "sound, touch, smell, and the emotions they evoke" (van der Kolk, 2015, p. 45). This could explain, why a traumatic event can often not be integrated into a person's narrative: "Deactivation of the left hemisphere has a direct impact on the capacity to organize experience into logical sequences and to translate our shifting feelings and perceptions into words." (van der Kolk, 2015, p. 45) The right side of our brain on the other hand, communicates through facial expressions, sounds and body language (van der Kolk, 2015, p. 44). That is non-verbal communication.

When untreated, a traumatic experience can be triggered by a similar sound, smell or image. The person then does not only remember the traumatic experience, but relives it. Instead of going on with her live, a traumatised person basically remains stuck in this experience (van

der Kolk, 2015, p. 53). The nervous system is changed, and any attempt to control the physiological reactions can cause all kinds of physical symptoms. "This explains why it is critical for trauma treatment to engage the entire organism, body, mind, and brain." (van der Kolk, 2015, p. 53) Therefore verbal therapy alone does not resolve trauma. This fake reflection or *cover story* is seen as a buffer or resistance, but usually does not offer relief or introduce change.

Hence, MT and the involvement of sensations and movement seem very important in dealing with trauma. MT does not necessarily require talking; it builds on a person's capacity to produce sounds, making sense of musical events and to subsequently learn to become aware of sensations and emotions. If the latter steps are not possible, the musical experience in, and of itself, is thought to be helpful. Playing together creates a kind of non-verbal communication between client and therapist and allows for a relationship to grow, which according to Aldridge (2005) is very important in healing from or overcoming trauma. Generally relationships give us support, safety and a place to experience ourselves in contact. From a neurological point of view, this can be explained through the so-called mirror neurons, which allow us to learn from each other, to communicate and understand each other.

(...) trauma almost invariably involves not being seen, not being mirrored, and not being taken into account. Treatment needs to reactivate the capacity to safely mirror, and be mirrored, by others, but also to resist being hijacked by others' negative emotions. (van der Kolk, 2015, p. 59)

Not being able to mirror another's movements or rhythm, or to empathise, could therefore imply that the frontal lobes and hence the mirror neurons are not accessible at that moment due to feeling threatened or due to unresolved trauma (van der Kolk, 2015, p. 58f). During a traumatic experience as well as when experiencing flashbacks, several areas in the brain show significantly decreased activity. The dorsolateral prefrontal cortex and the hippocampus for instance are necessary to integrate an experience: context, meaning and temporal succession cannot be accessed when these brain areas shut down (van der Kolk, 2015, p. 69). According to van der Kolk, an integration of trauma can only occur when these brain structures are active while working through the experience. (2015, p. 70) Another brain structure affected by trauma is the thalamus. Usually it regulates attention, concentration and allows us to learn something new. When functioning properly, the thalamus collects all kind of sensations and integrates them into our autobiographic memory, which is not possible in a traumatised brain. (van der Kolk, 2015, p. 70).

Generally there are two opposing ways to try to solve trauma, or any kind of issue: top-down or bottom-up. Top-down meaning you talk about it, reason, explain, and consciously look for a solution. The opposite attempt to solve a problem lies in changing the client's physiology, "his or her relationship to bodily sensations (...)" (van der Kolk, 2015, p. 72). This is called bottom-up. Especially when a client is out of touch with her own emotions, or in a more extreme scenario when the freeze reaction to a trauma persists and the client enters a state of dissociation or even depersonalisation (van der Kolk, 2015, p. 71), the bottom-up approach is called for. Talking about something, which you cannot perceive is just impossible. "Rhythmic interactions with other people (...) – tossing a beach ball (...), drumming, or dancing to music." (van der Kolk, 2015, p. 72) seem to be an effective way of furthering a re-engagement with the own physiology.

"Being able to feel safe with other people is probably the single most important aspect of mental health; safe connections are fundamental to meaningful and satisfying lives." (van der Kolk, 2015, p. 81). On the other hand this entails, that "almost all mental suffering involves either trouble in creating workable and satisfying relationships or difficulties in regulating arousal (...). Usually it is a combination of both." (van der Kolk, 2015, p. 81.) This was also true for Claire. Her most meaningful relationships had been disrupted and trying to re-build at least one relationship seemed extremely important. To be able to trust and rely upon another person might have been the support she needed to feel more connected again, to feel safe. Moving together in a rhythmically attuned manner offers safety and social engagement, which leads to a sense of pleasure and connection. (van der Kolk, 2015, p. 86). Amongst others, van der Kolk lists chanting, drumming, group singing and dancing as activities which

(...) rely on interpersonal rhythms, visceral awareness, and vocal and facial communication, which help shift people out of fight/flight states, reorganize their perception of danger, and increase their capacity to manage relationships. (van der Kolk, 2015, p. 88)

Becoming aware of bodily sensations can help to overcome trauma and dissociation. Identifying and describing distinct sensations can be a start, as well as practicing awareness of breath, gestures and movements (van der Kolk, 2015, p. 103).

4.3.3 Towards synchronicity

In music making or moving to music, Claire and the therapist often did not reach a point when they were actually moving in synchronism. This could suggest that Claire might be sounding her innermost chaos (Pavlicevic, 1997), which had not been resolved, yet.

In music therapy, clients' expressions might be fragmented, asymmetrical, highly irregular and quite unmusical. (...) Assuming that there is no perceptual or cognitive dysfunction, music therapists would understand the 'musical disorder' not so much as absence of musicality or musical training, but rather as the client 'sounding their pathology'. (Pavlicevic, 1997, p. 67)

Throughout the process, though, a slow convergence can be observed, starting from the moments of rhythmic synchrony in Music Improvisation I and clearly showing in Movement Improvisation II, when client and therapist seem to be breathing together. In a prolonged process, this development might have become even more pronounced. In the comparison between Movement Episodes III and IV, this development appears as well: an experience, which they had not accessed from an emotional point of view stayed quite flat and superficial. In the movement episode this developed into a shared experience in which both could relate to each other, by imitating the other's movements, exaggerating, or just mirroring. This could be explained by the theory presented in the previous chapter. The so-called mirror neurons are involved in the processes of "(...) empathy, imitation, synchrony, and even the development of language" (van der Kolk, 2015, p. 58). Thus, they allow us to interact, communicate and create a safe relationship in which change can occur. Afterwards Claire was able to open up in this established relationship, allowing emotions and memories related to the difficult experiences to shine through. During the second part of the experiment, this development cannot be observed anymore, which seems somewhat contradictory to the process observed in the therapy setting.

4.4 Reflecting Claire's development

In this chapter, important observations, developments, and ideas that appeared through the analysis are gathered and related to literature in order to place them in a larger context.

4.4.1 Emotional expression in movement and music

The process of analysing and reflecting Claire's expression in music and movement sparked some new ideas regarding the similarities between music and movement: the same terminology describing movement should be applicable to music, too. Some verbal expressions used for both phenomena have been presented in the introduction and our everyday language can describe music as well as movement. The process of music analysis in this thesis was furthermore adapted to analyse the movement parts, too. To reverse this process and apply vocabulary specifically used to describe movement and transfer it to describe similar processes in music has also been done before (*1 Introduction*; London, 2016-06-10). Therefore applying a vocabulary specifically gathered to enhance our understanding of what movement expresses by describing the physical action of moving should be transferable to music, too.

Being able to express emotions in music as in movement could be understood as purposefully but also intuitively translating the sensations related to emotions into a different medium. To create a form resembling these sensations and to make them audible or visible through changes in weight, space, time and flow. Here the words suggested by Laban to describe movement (*3.5.2 Laban Movement Analysis*) were employed, because they seem to similarly apply to music: Musically dynamics are created through changes in weight; time is obviously part of musical rhythm and beat but can be used to create suspense or intensity, too. Curiously, though, it relates to space as well, since music exists in time more than in space. Additionally a more metaphorical space appears in music. By leaving room for others or for silence in the music we create spaces in the music, which suggests that it can be used like gestures and spaces in movement. In this way interaction can take place in music, too. The last dimension, flow, is as important in music as in movement and tells us a lot about the improviser's feelings. Therefore it was possible to describe and compare Claire's emotional expression through movement and music. The adapted vocabulary allows for a shared language and at moments even enhanced the music analysis.

For Claire's process it seemed that being able to communicate emotions in music was more accessible than finding a verbal expression for them, since musical expression is more intuitive and based on our unconscious expression (*4.2.1 Setting goals*). Therefore the markers suggested in Table II (p. 33) were used to describe Claire's ability to communicate

her emotions. The markers ranged from spontaneous communication in music, more conscious interaction initiated by the client, to verbal recognition. In a more conscious process she then might be able to communicate emotions through metaphors or symbols, i.e. on a more abstract level and verbally. Claire's development, though, was not as straightforward as that. It was more a back and forth between different levels. Sometimes we communicated openly in the music (S 4, *Stress*) or in movement, on other days that seemed almost impossible. In some improvisations Claire developed big dynamics (S 8), showing changes in weight, space, time and flow, while in other sessions our music stayed very blank and repetitive or as she said 'meditative'. Whether that is good or bad, though, is hard to determine. This expressionless music seemed to be like a blank for Claire, in which she could feel held and safe. So maybe these musical and movement experiences were as important as those she found her own expression in. On a verbal level, she used more metaphors towards the end and symbolisation in music and movement seemed to have increased, too.

4.4.2 Symbolisation, metaphors and images

One development throughout the case was an increase in the use of metaphors and symbols. Claire used metaphors more frequently to describe her experiences or the music. Although *water* as a symbol for instance had been present from the very first session, more and more complex ones were integrated into the improvisations.

It is important to consider that symbolisation can be seen as a defence mechanism. Instead of dealing with the conflict or frightening idea directly, the client can talk about a different object or metaphoric idea. When working with symbolisation in MT, though, this concept is used to explore challenging emotions or experiences from a safer point of view (Metzner, 1999). Carroll & Lefebvre describe the process of symbolising in MT as follows:

The music therapist asks the client to associate an instrument, sound, timbre, rhythm, melody, etc., with a specific event, person, emotion, etc. An improvisation follows in which the musical entity is used symbolically to refer to the non-musical entity. This technique is used to examine feelings about the nonmusical entity in relation to the musical entity chosen to represent it. (Carroll & Lefebvre, 2013, p.30)

Symbolising can therefore be understood as one improvisation technique to further the client's expression of conscious or repressed feelings as well as allow her greater insight and

awareness. (Carroll & Lefebvre, 2013, p.27) But they cannot only be applied in music. Like many other techniques, they apply to other ways of creative expression, too, like play, art or movement. In S 8 the increased use of symbols becomes apparent and seems to lead Claire to express herself more congruently. In a way she appears to have integrated more parts of her experiences. As if she had achieved some *reconciliation* as Claire called it in the beginning. This process is by no means complete at that point, but she seems to move into the right direction - towards a more integrated self-awareness.

Carroll & Lefebvre further explain how symbolising can look inside MT:

(...) the music therapist might provide a musical structure to contain and express the client's emotions, thoughts and feelings. (...) The spontaneous expression of feelings within a safe musical space, (...) [allows] for increased freedom of authentic expression. (Carroll & Lefebvre, 2013, p.27)

Although they utilise vocabulary from a psychodynamic point of view, the experience stays the same no matter what you call the processes. The idea was therefore to provide Claire with the experience of being able to find an authentic expression for her story and trust that her experience would be transformative in and of itself.

4.4.3 Places and attachment

Another theme throughout the entire therapy process was the significance of places, which turned out to be symbols, too. It started naturally by comparing the culture in Finland to Claire's home country and to places she had visited, but gradually developed into something more meaningful. Those places grew into symbols of phases in Claire's life. Exploring what each place meant to her gave us a safe starting point as can be seen in S 8, which focused around FarFarAway. In that session images and concepts she associated with her home country and meaningful experiences she had gone through were explored and translated into movements, accompanied by representative music chosen by Claire. Basically Claire had the opportunity to work through her past experiences but without talking about it much. Instead the reflections of the immediate experiences in that session were more important. In a next step, instead of being satisfied with a recorded soundtrack the creative process was enhanced by improvising Claire's own music for this part of her life. This turned out to be one of the most significant improvisations in this process.

In the last sessions, the focus shifted toward the future and how Claire could incorporate what had come up in this process in her life. The titles of our improvisations became more positive (*pieces falling into place, promise, warmth*) and her drawings reflected this shift of focus, too. An additional place which had been present from the beginning started to represent the future and future developments, acceptance and freedom (Figure 7). A place in this sense is more than the physical environment. Rather it represents the "(...) indivisible, normally unnoticed phenomenon of (...) people experiencing place. This phenomenon is typically multivalent, complex, and dynamic." (Seamon, 2014, p. 11) It can be seen as fundamental to the human experience, since we always exist in a place, an environment. Therefore, places can be understood as symbols for relationships, experiences and identities. (Seamon, 2014, p. 12)

For this process this complex understanding of place attachment presented a way of using un-reflected areas of Claire's life to explore emotions and experiences, without going into too painful details. At the same time, expressing and dealing with emotions and complex experiences through creative channels like music making, moving or drawing was practiced. In other words: "If much of the emotional fabric soldered to place is pre-reflective and thus typically beneath the level of conscious awareness, then developing a language and methodology for self-conscious elicitation is a formidable task." (Seamon, 2014, p.14)



FIGURE 7: Client's drawing. Amsterdam – looking in the future

Claire's loss therefore not only represented a loss of connection and familiarity, it seems to also have been a loss of a place, a home. The place she called home drastically changed. Moreover, other important family members changed in reaction to this loss, thus potentially intensifying Claire's experience of sudden *out-of-place-ness* (Seamon, 2014, p. 15). " (...) the most profound experience of place involves existential insideness, whereby experiences are entirely immersed unself-consciously in place." (Seamon, 2014, p. 15, referring to Relph, 1976) Therefore being propelled out of this safe environment constitutes a serious disruption, which could explain the existential importance it had in Claire's life.

Presumably, working with place attachments in this case helped to reflect an embodied way of relating to the world. For example when comparing concepts from Finland and FarFarAway in drawing and movements (e.g. S 7 - *torn between two worlds*), Claire used completely different postures and gestures. As discussed earlier (see 2.3 *Integrating movement in music therapy*) these changes in posture and gestures can be related to completely different emotional states and ways of being.

On another level, place attachment functions similarly to interpersonal attachment. Like the safe base for interpersonal attachment, which is usually the primary care giver, places can represent a safe base as well. Often that is *home*, but sometimes another place needs to substitute, because home is not really a safe place anymore. (Scannell & Gifford, 2014, p. 26). If interpersonal attachment is interrupted, it can happen that an individual uses deactivation as a strategy for survival.

When deactivating, individuals deny the need for proximity; instead they distance themselves from the relationship and become overly self-reliant. This is more likely when attachment figures disapprove of emotional pleas for help or are consistently unresponsive. (Scannell & Gifford, 2014, p. 26)

Claire's situation becomes clearer when understood based on this background. First she lost her primary caregiver, the other people available then distanced themselves from this place. Furthermore Claire expressed her need for emotional connection but no one else could afford her this way of communication. This might have led to a complete rupture in her safe attachment, leaving her spinning, running away on a quest to become self-reliant.

The whole topic of attachment and then place attachment appeared through movement metaphors found in the text analysis: Claire often talked about running away, not being

grounded, not being able to stay close or in touch with someone or pulling back from relationships. These movement metaphors also re-appear in the drawing for Movement Episode III (Figure 4. *FarFarAway*. Beginning, p. 42). They can all be related to avoidant behaviour. The goal here is not to diagnose any kind of attachment behaviour. What became clear through this analysis is that Claire feels insecure and instable. That she had been uprooted in a painful way, which led her to prove her independence and self-reliance in numerous ways, and is trying now to find stability and build trust in others and herself. In becoming aware of these processes, her emotional and physical awareness might help her to integrate, or as she wished to *reconcile* her experiences. Furthermore, the openness towards the here and now affords the client with the capacity for an open internal communication. As discussed before (3.2 *The therapeutic stance*), integration of all parts then leads to the experience of a congruent self (Bohart & Watson, 2011, p. 229). Moreover, being able to tolerate and embrace all her emotions and experiences might further her capacity for self-regulation, to become more flexible and vibrant. That is resilient.

During Music Improvisation II the safe environment created in the music allowed the therapeutic relationship to deepen and to create a very authentic musical representation of an important place. Similarly in Movement Episode IV the mirroring and attuned movement to music helped Claire to open up emotionally regarding a very difficult experience and express gratitude for beautiful memories connected to these experiences. This is a big development, which has been supported by creating representations of the symbolic meaning and embodied understanding of important places in the MT process.

4.4.4 Moving toward resilience

One question that arose towards the end of the process concerned the aim of this whole MT intervention. What is the goal in therapy generally? And what could movement contribute? One goal is surely to strengthen the client's ability for self-regulation, to be able to better deal with difficult situations, stress and challenges. This all can be summarised in one word: resilience.

Resilience is the process of and ability to bounce back from a disaster or difficult experience, i.e. flexibility in dealing with adverse events. Imagine a withy that bends under pressure, but does not break that easily. Instead, once the pressure decreases it bounces back. There are

various definitions concerning resilience in psychology (Glicken, 2006, p. 5), ecology, or sociology etc. (de Bruijne, Boin & van Eeten, 2010), which makes it hard to pinpoint what exactly we are talking about when referring to resilience. But helping a client to build up and rely on her resources, to become aware of incongruence between her behaviour and self-image, thus avoiding self-sabotaging behaviour, to become more confident and self-reliant in the process surely can be understood as building up resilience. These outcomes in personality and behaviour coincide with the aim and understanding of therapy according to Rogers (Patterson & Edward Watkins, 1996, p.395f). Looked at more in detail resilience also has to do with how much I feel I can influence my life and my situation. That is, who is in control, others or myself? The perception of being in control of what happens to me has been linked to resilience (Siebert, 2005, p. 21f). Siebert suggests to actively imagine and create a better life by using awareness, reflection, accepting what is now, and assuming responsibility for what happens to me (Siebert, 2005, p.32f). An additional interesting feature of resilience is, that describing it seems to require terminology linked to movement, too.

[Resilience is] associated with elasticity, buoyancy, and adaptation. Resilient people demonstrate flexibility, durability, an attitude of optimism, and openness to learning. A lack of resilience is signaled by burnout, fatigue, malaise, depression, defensiveness, and cynicism. (Pulley & Wakefield, 2002, p. 7)

These movement terms like flexibility, agility, vitality, fluidity, resiliency and openness seem to be related to the ability for (mood- or self-) regulation and resilience. Rigidity, stiffness or stuffiness, inertia and inelasticity on the other suggest a tense and hard state, related to resistance in therapy. Another question, which arose during the analysis is, whether this aspect of resilience can be observed in the actual moving person. The ability to adapt to the music spontaneously and fluidly seems closely related to the flexibility required for resilient adaptation. That said, resilience is basically the ability to comfortably adapt to change. "Developing resiliency requires that you pay attention to the complexities of your experiences, listen to your emotions, and be willing to learn from disappointment as well as success." (Pulley & Wakefield, 2002, p. 7) or in other words:

(...) resilience doesn't negate vulnerability to all outside stressors, but (...) it provides primary coping mechanisms that permit high levels of functioning even in the midst of emotional side effects, including depression (Glicken, 2006, p.9)

Pulley and Wakefield (2002) further argue that it is possible to develop our capacity for resilience.

It's possible to change your views, habits, and responses by modifying your thoughts and actions in nine areas: acceptance of change, continuous learning, self empowerment, sense of purpose, personal identity, personal and professional networks, reflection, skill shifting, and your relationship to money. (p. 9)

Many of those areas are essential in therapy. Therefore, enhancing a feeling of competence, empowerment and identity, creating healthy boundaries and a sense of purpose and meaning as aimed at in therapy can be understood as increasing resilience. In MT, this mostly happens through musical experiences and the reflection of those. In Claire's case many of these areas were addressed through creative reflection of her past experiences, how she experienced herself and areas of difficulty. Meanwhile just experiencing herself as able to create music and express emotions through this music or movement might have helped her in feeling empowered to explore new skills and maybe develop new resources. The last sessions were then more focused on her future, creating a sense of purpose and meaning. But aside from appearing more resilient than before, Claire's movement repertoire and musical abilities changed, too.

4.4.5 Authenticity

As described earlier, Claire expressed her goals clearly towards the beginning of the process. She explained she wanted to be *more authentic* to herself, *move forward* and *make good decisions*, while *trusting in herself*, and *be more confident* in herself and her decisions. Furthermore she wanted to *be able to explain her needs* in a way that others would better understand her.

The big goal of *self-actualisation* or *integration* is a huge process, though, and there might not have been time enough to get to where Claire really wanted to be at the end. During the last sessions recapitulating the process made clear what had helped her and what she had learned. Claire surely found comfort in the music and worked on issues she brought up. Her creative expression developed and she appeared more congruent in some sessions. On the other hand, she might still have felt uncomfortable with conflict and avoided criticising anything happening in the sessions. Therefore it is quite likely that she has worked on her goals but did not quite reach a fully integrated version of herself. In a drawing she summarised the toolbox she had built in this process (Figure 8), which shows a potentially very positive development.



FIGURE 8: Client's drawing. *Toolbox* – what Claire gained in this process, to be applied in real life

Analysing all movement episodes and musical improvisations showed that in general a very structured and clear approach helped Claire to become freer in her expression (4.2.3 *Music and movement analysis*). Allowing her the freedom to shape and structure the moments herself seemed too overwhelming. On the other hand, it was necessary to not rush through anything but to give every experience the time it needed to unfold. Especially when it seemed uncomfortable in the beginning, which coincides with observation in DMT research (Atkinson & Scott, 2015).

During the last session, then, Claire seemed to be more stable, confident and expressed gratitude for the support given to her, but she also voiced her concern that she might have been too difficult [for me as a beginning therapist]. She expresses the state of her wellbeing in different ways, for instance when using her image of *high highs and low lows*, which reappears several times throughout the process. In the end she refers to being on a peak right now. Therefore I suspect that we were able to activate some of her resources and creativity with the help of music and movement interventions.

5 REFLECTIONS

In the following, you will find conclusions and reflections surrounding Claire's case and how the integration of body and movement might have contributed to its development. Subsequently limitations concerning the case study are discussed. A very short summary of the process concludes this paper.

5.1 How the body and its movement contributed to Claire's case

Movement improvisation begins where early restrictions were imposed and frees both mind and body. (Schneer, 1994, p. 29)

Overall this exploration of the body and its movements in a MT case study has generated many ideas and questions. As presumed in the beginning, music and movement have a lot in common and often enhance each other. During this research process methods created for music analysis were applied to movement and combined with the vocabulary suggested by Laban, which is specific to movement descriptions. Later, this process reversed and this very vocabulary helped to understand the expressive qualities not just in Claire's movements, but also in her music. Both art forms share many qualities and influence and enhance each other. Music is created through human movement and music on the other hand often initiates physical and emotional movements.

Furthermore it became clear that movement as well as music can serve many purposes. So in the end it is not so much the intervention, which leads to change in the client, but the intentions and the therapeutic relationship. This relationship can be communicated through music and movement, and of course verbally. But often we rely on non-verbal communication to build our relationships. The importance of our body in this communication has been explained, as well as the impact of traumatic events: a trauma can seriously hinder this side of our communication. These findings underline the importance of integrating movement even more in MT, though through active music making movement is already present.

One example of a question appearing through the analysis is whether it might be worthwhile to investigate the relationship between movement and resilience further, as well as the analogous relationship between music and resilience. Since resilience has been described in movement metaphors, is there a difference noticeable in the motion factors between more or less resilient people?

Another question that arose is: how is it possible to determine whether combining music and movement is helpful? Is the personal experience of flow or complete emersion what makes it meaningful? Also, movement or bodywork was not integrated in all sessions. Rather it was seen as another facet or type of intervention, which played a more or less important part in many sessions. Does that change the conclusions drawn so far?

There are a few types of intervention, which would have been interesting to include as well. For instance, it might have been worthwhile to focus on problem areas in movement range and body. Another interesting idea, based on Nygaard's psychodynamic movement (Nygaard Pedersen, 2002) was to build up to a process of live interaction between music and movement.

Overall this client seemed to benefit from all types of creative expression, which made the integration of body or movement related interventions an interesting addition. A few times Claire addressed her insecurity regarding dancing and playing music. Though she grew more confident throughout the process, mentioned that she enjoyed dancing and even initiated a movement intervention.

5.2 Limitations and conclusion

There are certain limitations to the construction of this thesis. First of all, the initial research design is problematic, leading to issues with the data collection and analysis process. Lastly the researcher's stance regarding this topic required constant awareness and some explanation, ensuring trustworthiness, which is necessary for an academic paper.

On a formal level, the structure of this case study is somewhat problematic.

In music therapy treatment, isolating variables and subjecting the client to an experimental procedure is not always feasible or desirable. It is also important for the music therapy process to be able to develop freely (...). Hence single-case research should be observational and non-experimental. (Smeijsters, 1996, p. 37)

The idea, that MT single-case research needs to flow freely instead of being of experimental nature encouraged thoughts that maybe the research design could have been different from the beginning.

One problem with solely relying on qualitative methods presents when the researcher is biased in favour of her approach. This will influence the analysis and interpretation. In order to prevent the outcome from being too biased or skewed, Wheeler (2005, p. 15) suggests using some qualitative techniques, without adapting the positivist research paradigm. To comply with this idea, two experiments were added at the beginning and the end of the therapy process. Ideally the quantifiable aspects of the motion factor suggested by Laban (1980) would help to support the researcher's observation and analysis of the qualitative data. Towards the end of the analysis process, though, it turned out that the quantitative data gained from the experiments would not answer the questions that were being asked. Therefore, instead of integrating these numbers the researcher relied on descriptions of detached and therefore more objective observers and compared them to her own observations for analysis. In addition to the therapy process and the experiments, Claire was asked to fill in two questionnaires that seemed to relate to the topic at that time. The Big Five as well as the Empathizer / Systemizer seemed interesting and appropriate to provide an idea of what Claire thought about herself and possible implications for her wellbeing. Claire's personality traits and the impact they could have on her movement style were considered to be of interest – as personality traits have been shown to correlate to the way people move to music. Hence, I initially decided to use those two questionnaires. During the process of analysis the focus shifted away from this area of questions. Also, there was a huge amount of qualitative and very interesting data to look at and interpret. Finally the questionnaires were excluded from the data analysis.

There are many different angles and lenses through which you can look at this case, which has a big impact on how to describe it, how to make sense of the narrative. By looking at the whole case in analogy to looking at the whole person in therapy, it is easy to lose sight of what is really important for the research aspect. As a therapist this broad view might be a

better preparation for future practice than choosing one aspect of the process to reflect; which in turn might be more correct from a researcher's point of view.

The beginning researcher often does not have the research judgment to know when the data are theoretically saturated and as a result becomes bogged down in mountains of data with no clear plan or data analysis infrastructure to analyse the data. (Amir, 2005, p. 376)

This statement made me smile while in a quite desperate place! Apparently, it is common for the inexperienced researcher to get lost in their data. That was at least the feeling I had. Not knowing where to start climbing this huge, confusing mountain, covered in brambles of knowledge. Tackling it bit by bit did indeed make it easier to digest. So I focused on being with the data, exploring it in a curious fashion instead of constantly trying to have the goal in sight. This is comparable to being in therapy: being open minded and curious in order to perceive everything that is going on. But I was not just a 'beginning researcher' I was a quite inexperienced therapist in this process. Meaning I went through a similar process as in doing my research. Thanks to my fellow students I had invaluable insights and suggestions from an observer's point of view. Many issues they addressed reappeared when I watched the therapy sessions myself. Others did not, which is a reminder that I have blind spots and preferences regarding where I focus my attention. As I said invaluable advice!

Altogether the case remains one of contrasts. *High highs and low lows* as Claire described it. Flat expression, but also big dynamics. Finland vs. FarFarAway. The main focus therefore was integration or, again in Claire's word: *reconciliation*. For Claire that mainly required building trust and courage in making her own choices, develop curiosity and acceptance towards her emotions and to find her genuine expression; to reconcile her experiences and become a whole person. On the other hand this also included integration of different interventions surrounding music, movement and the body to create the process as a whole entity. Establishing synchronicity between all parts – interpersonally, physically and emotionally. Furthermore it required the integration of therapeutic, academic and personal considerations. Therapeutically this meant especially to always try and figure out the right balance between complete freedom and a safe structure in the work with Claire as well as in the relationship. The balance between looking back on old experiences and moving forward from here to become a more integrated and resilient person.

References & Videos

- Aigen K. (2005 a). Writing the Qualitative Research Report. In: Wheeler B. (Ed) *Music Therapy Research. Second Edition*. Barcelona Publishers, Gilsum. 210-225
- Aigen K. (2005 b). Naturalistic Inquiry. In: Wheeler B. (Ed) *Music Therapy Research. Second Edition*. Barcelona Publishers, Gilsum. 352-364
- Atkinson S. & Scott K. (2015). Stable and destabilised states of subjective well-being: dance and movement as catalysts of transition, *Social & Cultural Geography*, 16:1, 75-94
- Aldridge D. (2000). *Spirituality, Healing and Medicine*. London: Jessica Kingsley Publishers.
- Aldridge G. (2002). Cycles of listening for identifying incidents of therapeutic significance in clinical improvisation. *Music Therapy Today*, August. Accessed on 2016-06-23 at www.musictherapyworld.net
- Aldridge D. (2005). Gesture and Dialogue: Music Therapy as Praxis Aesthetic and Embodied Hermeneutic. In: Aldridge D. (ed.). *Music Therapy and Neurological Rehabilitation : Performing Health*. London, GB: Jessica Kingsley Publishers. 27-38
- Amir D. (2005). Grounded Theory. In: Wheeler B. (Ed) *Music Therapy Research. Second Edition*. Barcelona Publishers, Gilsum. 365-378
- Baum E. (1995). Multiple personality disorder. A group movement therapy approach. In Levy F.J. et al., *Dance and other expressive art therapies. When words are not enough*, New York, Routledge. 83-91
- Bernstein B. (1995). Dancing beyond trauma: Women survivors of sexual abuse. In Levy F.J. et al., *Dance and other expressive art therapies. When words are not enough*, New York, Routledge. 41-58
- Berrol C. (2006). Neuroscience meets dance/movement therapy. Mirror neurons, the therapeutic process and empathy. In: *The Arts in Psychotherapy* 33, 302–315
- Blacking J. (1973). *How Musical is Man?* Farber. London.
- Bohart A. & Watson J. (2011). Person-Centered Psychotherapy and Related Experiential Approaches. In: Messer A. & Gurman S. (eds). *Essential Psychotherapies. Theory and Practice. Third Edition*. The Guilford Press. New York. 223-260
- Bonde L. (2005). Approaches to Researching Music. In: Wheeler B. (Ed) *Music Therapy Research. Second Edition*. Barcelona Publishers, Gilsum. 489-624
- Bonde L. (2007). Steps in Researching the Music in Therapy. In: Wosch T & Wigram T (Eds.). *Microanalysis in Music Therapy. Methods, Techniques and Applications for Clinicians, Researchers, Educators and Students*. Jessica Kingsley Publishers, London. 255-269
- Bovend'Eerdt T. Botell R. & Wade D. (2008). Writing SMART rehabilitation goals and achieving goal attainment scaling: a practical guide. In: *Clinical Rehabilitation* 2009; 23: 352–361

- Bräuniger I. (2012). Dance movement therapy group intervention in stress treatment: A randomized controlled trial (RCT). In *The arts in psychotherapy* 39.5, 2012, 443-450
- Bruscia K. (1987). *The improvisational models of music therapy*. Charles C. Thomas Publisher.
- Bruscia K. (1998). *Defining Music Therapy. Second Edition*. Barcelona Publishers, Gilsum.
- Bruscia K. (2005). Data Analysis in Qualitative Research. In: Wheeler B. (Ed) *Music Therapy Research. Second Edition*. Barcelona Publishers, Gilsum. 179-189
- Burger B. (2013). Move the Way You Feel. Effects of musical Features, Perceived Emotions, and Personality on Music-Induced Movement. Dissertation, Jyväskylä Studies in Humanities 215, Jyväskylä University Printing House.
- Carroll D. & Lefebvre C. (2013). Clinical Improvisation Techniques in Music Therapy. A Guide for Students, Clinicians and Educators. Charles C Thomas, Springfield.
- Croucher S.& Cronn-Mills D. (2014). Understanding communication research methods: A theoretical and practical approach. New York, NY: Routledge.
- Cuddy A. (2012). Your body language shapes who you are.
http://www.ted.com/talks/amy_cuddy_your_body_language_shapes_who_you_are seen 2015-02-28
- de Bruijne M., Boin A. & van Eeten M (2010). Resilience. Exploring the concept and its meaning. In: Demchak C. Boin A. & Comfort L. (eds). *Designing Resilience : Preparing for Extreme Events*. Pittsburgh. University of Pittsburgh Press. 13-32
- Glicken M. (2006). *Learning from resilient people: Lessons we can apply to counseling and psychotherapy*. Thousand Oaks. SAGE Publications
- Hackney P. (2003). Making Connections. Total Body Integration Through Bartenieff Fundamentals. Routledge, Florence, US.
- Hodgson J. & Preston-Dunlop V. (1990). *Rudolph Laban. An introduction to his work & influence*. Northcote House, Plymouth.
- Hove M. & Risen J. (2009). It's all in the timing: Interpersonal synchrony increases affiliation. *Social Cognition*, 27(6) 949–960.
- Juslin P. Liljeström S. Västfjäll D. & Lundqvist L-O. (2012). How does music evoke emotions? Exploring the underlying mechanisms. In Juslin P. Sloboda J. (Eds.), *Handbook of Music and Emotion. Theory, Research, Applications*, Oxford University Press. 605-642
- Lavender J. & Sobelman W. (1995). "I can't have me if I don't have you". Working with the borderline personality. In Levy F.J. et al., *Dance and other expressive art therapies. When words are not enough*, New York, Routledge. 69-82
- Laban R. (1956). Principles of dance and movement notation. New York.
- Laban R. (1980). *The Mastery of Movement*. Fourth edition. Revised by Lisa Ullmann. Macdonald & Evans, Plymouth.
- Leivitin D. (2008). This Is Your Brain On Music. Understanding a human obsession. Atlantic Books. London.

- Leman M. (2007). *Embodied Music Cognition and Mediation Technology*. MIT Press, Massachusetts.
- Levine P. (2008). *Healing Trauma. A Pioneering Program for Restoring the Wisdom of Your Body*. Boulder. SoundsTrue.
- London J. (2016-06-10). *What is musical tempo?* Keynote at SysMus16. Jyväskylä, FI.
- López-Torres Hidalgo J. Navarro Bravo B. Párraga Martínez I. Pretel F. Latorre Postigo J. & Escobar Rabadán F. (2010). Psychological well-being. Assessment tools and related factors. In: Wells I. (ed). *Psychological Well-being*. New York: Nova Science Publishers, Inc. 77-113
- McNeill J. & McNeill W. (2003). *The human web. A bird's-eye view of world history*. W.W.Norton & Company.
- Meekums B. (2002). *Dance Movement Therapy*. In Wilkins P (Edt) *Creative Therapies in Practice*, SAGE Publications.
- Messer S. & Gurman A.S. (Eds). (2011). *Essential psychotherapies – theory and practice*. third edition. The Guilford Press.
- Metzner S. (1999). Psychoanalytically informed music therapy in psychiatry. In: Wigram T & De Backer J (eds) *Clinical Applications of Music Therapy in Psychiatry*. Jessica Kingsley Publishers, London. 102-118.
- Nygaard Pedersen I.(2002). Psychodynamic Movement. A Basic Training Methodology for Music Therapists. In: Eschen J. Hadley S. & Kowski J.(ed.). *Analytical Music Therapy*. Jessica Kingsley Publishers. 190-215
- Patel A. (2010). *On Music and Evolution*. Published: 18/06/2013 Aniruddh Patel Professeur à l'Institut de Neurosciences de San Diego (USA) 11 octobre 2010.
- <http://www.musicpsychology.co.uk/you-are-the-music/> seen 2014-09-12
- Patterson C. & Edward Watkins Jr. C (1996). *Theories of Psychotherapy. Fifth Edition*. HarperCollins. New York
- Pavlicevic M. (1997). *Music Therapy in Context. Music, Meaning and Relationship*. Jessica Kingsley Publishers. London.
- Punkanen M. Saarikallio S. & Luck G. (2014). Emotions in motion. Short-term group form Dance/movement therapy in the treatment of depression: A pilot study. In: *The Arts in Psychotherapy* 41. 493–497.
- Pulley M. & Wakefield M. (2002). *Building Resiliency*. Greensboro: Center for Creative Leadership.
- Relph E. (1976). *Place and placelessness*. London. Pion
- Ruud E. (1998). *Music Therapy: Improvisation, Communication, and Culture*. Barcelona Publishers, Gilsum.
- Saarikallio S. & Erkkilä J.(2007). The role of music in adolescents' mood regulation. In: *Psychology of Music*, 35. 88-108. (2013-08-14, University Essen)

- Saarikallio S. (2011). Music as emotional self-regulation throughout adulthood. In: *Psychology of Music*, 39. 307-327. (2013-08-14, University Essen)
- Scannell L. & Gifford R. (2014). Comparing the Theories of Interpersonal and Place Attachment. In: Lynne M. & Devine-Wright P. (eds). *Place Attachment*. Routledge. 23-36
- Schneer G. (1994). Movement improvisation: In the words of a teacher and her students. Champaign. Human Kinetics.
- Seamon D. (2014). Place Attachment and Phenomenology. The Synergistic Dynamism of Place. In: Lynne M. & Devine-Wright P. (eds). *Place Attachment*. Routledge. 11-22
- Seftel L. (2006). *Grief Unseen : Healing Pregnancy Loss through the Arts*. London, GB: Jessica Kingsley Publishers.
- Siebert A. (2005). The Resiliency Advantage. Master Change, Thrive Under Pressure, and Bounce Back From Setbacks. San Francisco. Berrett-Koehler Publishers.
- Silverman P. (2000). *Never Too Young to Know: Death in Children's Lives*. New York: Oxford University Press.
- Skrzypek H. Schmidt H. & Timmermann T. (2016). *Der Körper in der Musiktherapie*. Wiesbaden. Reichert Verlag. zeitpunkt musik.
- Smeijsters H. (1996). Qualitative Single-Case Research in Practice. A Necessary, Reliable, and Valid Alternative for Music Therapy Research. In: Langenber M. Augen K. Frommer J. (Eds). *Qualitative Music Therapy Research. Beginning Dialogues*. Barcelona Publishers, Gilsum. 35-53.
- Spiro N. Schofield M. & Himberg T. (2013). Empathy in Musical Interaction. In: Geoff Luck & Olivier Brabant (Eds.) *Proceedings of the 3rd International Conference on Music & Emotion (ICME3)*, Jyväskylä, Finland, 11th - 15th June 2013.
- Valiente-Ochoa D. & Payri B. (2009). Analysis of corporal gestures in dance students' improvisations as a response to controlled musical parameters. In: Louhivuori J. et al. (Eds.) *Proceedings of the 7th Triennial conference of European Society for the Cognitive Sciences of Music (ESCOM)*, Jyväskylä, Finland, 548-552.
- van der Kolk B. (2015) *The body keeps the score: brain, mind and body in the healing of trauma*. Penguin books. New York.
- Vuoskoski J. & Eerola T. (2012). Can sad music really make you sad? Indirect measures of affective states induced by music and autobiographical memories. In: *Psychology of Aesthetics, Creativity, and the Arts*. 6(3). 204-213.
- Wheeler B. (2005). Overview on Music Therapy Research. In Wheeler B. (Ed) *Music Therapy Research. Second Edition*. Barcelona Publishers.
- Wosch T. & Wigram T. (Eds.). (2007). *Microanalysis in Music Therapy. Methods, Techniques and Applications for Clinicians, Researchers, Educators and Students*. Jessica Kingsley Publishers, London.
- Witek M. Clarke F. Wallentin M. Kringelbach M. & Vuust P. (2014). *Syncopation, Body Movement and Pleasure in Groove Music* . PLoS ONE 9(4): e94446. doi:10.1371/journal.pone.0094446

List of Abbreviations & Symbols

BASK	model of dissociation. behavior – affect – sensation – knowledge
C	client
DMT	dance / movement therapy
E1, E2	experiment 1, experiment 2 with conditions (a) (b) & (c)
MPD	multiple personality disorder
MT	music therapy
S	session. referring to one of our 11 sessions, hence consecutively numbered
T	therapist
*	name changed for the sake of confidentiality

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TABLE III: Musical Impro I. Session 4 - 'Stress'

<p>Musical Impro I - Session 4 - 'Stress'</p> <p>Technicalities: 35:25-37:32. 2:07mins, Instruments: piano</p> <p>Before: short guided body awareness, stress in the body, so many decisions to make</p> <p>Based on Aldridge G (2002)</p>			
<p>Focussed listening descriptive Musical Language</p>		<p>Interpretative listening interpretative Therapeutic language</p>	
<p>Basis of musical and extramusical Data. 'What' and 'How'</p>		<p>MT commentary</p>	<p>Personal remarks</p>
<p>Patient</p>	<p>Therapist</p>	<p>Significant moments</p>	<p>Personal responses</p>
<p>left hand on the piano, chosen by her</p> <p>start: long looow note, then melodic phrase. M1</p> <p>no rhythm established, but then something develops, slow walking, threatening, into something faster</p> <p>BAM, bambam, BAM bambam is a preferred pattern</p> <p>same dynamics throughout, forceful, loud, f roaring, tempo fluctuates from slow, ponderous to almost frantic cluster repetitions</p> <p>then C has a one handed phase which is more melodic, middle register, DAM, dada dada dam, in 3s(then C finds her own pattern again, two fingered), mf leading into a crescendo with repetitive beat</p> <p>Then there is a whole part missing, quite confusing</p>	<p>right hand on the piano</p> <p>repeats similar patter in the right hand, quite high M1 varied</p> <p>then establishes a beat with high cluster like chords, repetitive, not very dynamic</p> <p>T repeats pattern</p>	<p>C can deal with the closeness, sharing an instrument for the first time, new development</p> <p>Trying to establish contact, imitating (techniques of empathy, Bruscia 1987)</p> <p>many of T's interventions focus around structuring & grounding and on the other hand establishing contact matching the C's mood, intensity, etc., exploring the instrument with her</p> <p>Actually C sometimes crosses over into T's space, and seems to feel comfortable with this closeness</p> <p>Pacing, matching C's energy, intensity, speed (techniques of empathy,</p>	<p>From an aesthetic point of view, the improvisation is not very pleasing. Many parts do not follow a pulse, rhythm or specific tempo. It is more a wavy development. Sometimes erratic, which makes it very hard to follow (as a player) and sometimes it is hard to listen to, as well.</p> <p>On the other hand, when I listen to it I do feel stressed, because it is so shapeless in a way. No melody develops. Rather there are melodic bits and pieces, randomly happening throughout the piece. The only relieving parts are those, when there is clear interaction between the two of them.</p> <p>Apparently this contact is very important to T</p>

<p>37:00 crescendo with repetitive beat, changes fingers in between from round to flat</p> <p>stops, fingers on the keys-break / fermata</p> <p>stops T's cluster with a long, f cluster / fermata</p> <p>from there into experimental, whole hand movements on the keyboard, big arm gestures</p> <p>tries out some single fingered melody patters and plays a scale back to her side of the piano.</p> <p>arrives at the lowest not, plays a playful staccato in the middle register, smiles at T when the impro is over, "done"</p> <hr/> <p>Overall the volume stays quite the same throughout the piece, mostly f. Some parts sound a little softer, mf, but usually this is mentioned in the text</p>	<p>T join repetitive loud chord cluster</p> <p>T joins in the break, listens and then repeats the repetitive chord cluster</p> <p>T copies and then plays some faster, flickering melody fragments (displayed by C earlier in impro, see graphic notation)</p> <p>T repeats the repetitive pattern from before but with ritardando, diminuendo, mf</p>	<p>Bruscia 1987)</p> <p>seems to be an important moment, especially when T picks up this pattern after a moment of silence</p> <p>clearly interaction is going on, C shows T what, almost like C tries out her power over T? like a child testing out a parent and their reaction?</p> <p>this could be 'repeating' one of Bruscia's 'elicitation techniques' (1987), which can be used "to elicit a musical response, and to establish an emotional climate or mood." (Bruscia, 1987)</p>	<p>For the first time it feels like some tension can be released. Like C acknowledges T, they are playing together! in a conversation. That is a change from the improvisations, which happened before this.</p> <p>Also, this is a less basic technique, which might have caused the explicit interaction. Maybe a reason, why it felt like something happened here.</p> <p>Verbal:</p> <p>breathes heavily and smiles openly, though her verbal expression is somewhat fragmented</p> <p>chaotic, like how I used my hands, all over... decisions in my head, how you change your mind,, bad, good,...</p> <p>so that is stress</p> <p>what makes this music so stressful?</p>
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TABLE IV: Musical Impro II. Session 8 – FarFarAway

<p style="color: green; margin: 0;">Musical Impro II - Session 8 - FarFarAway*</p> <p style="margin: 0;">Technicalities. Video: 33:33-38:36 (5:03 mins), Instruments C – Ocean drum (Doubek, Cabasa); T – Metallophone Before: Inspired by a comparison between FI and FFA (Far Far Away*) in an image and a movement improvisation based on FFA * name changed</p>			
Focussed listening descriptive Musical language		Interpretative Listening interpretative Therapeutic Language	
Basis of musical and extramusical Data. 'What' and 'How'		MT commentary	Personal remarks
Patient	Therapist	Significant moments	Personal responses
<p>starts on the doubek, sometimes exchanging to the cabasa, almost a steady rhythm, but has difficulties following T in the pattern. Only twice they're actually together</p> <p>seems dissatisfied with cabasa and doubek, changes to the ocean drum (0:30), starts slowly and very controlled, drums a little bit on the ocean drum (ca 0:50-1:00)</p> <p>then back to a very controlled use of the ocean drum, trying out a little.</p> <p>both: decrescendo, and then C initiates a new theme by drumming on the ocean drum again, and starts shaking the drum, which creates an interesting new sound.</p> <p>crescendo</p> <p>the both play very softly for a while sometimes C plays a little louder, playing little soli while T just creates the background</p>	<p>After a few beats T joins C and creates a stable pattern, playing in fourths and fifths. While the lower note only changes after every fourth pattern or so, the right hand plays a stable and simple melody within a small range which encourages T to change her pattern. A faster rhythmic pattern in triplets emerges, while the melodic structure stays pretty much the same (-1:15) around 1:15 the metallophone falls back into the previous pattern (and variations)</p> <p>both decrescendo (T is resting on one note) and immediately follows C when she starts the drumming, then shaking. It initiates a new phase in the impro. T imitates this sound a little bit, tries to play along with C by using the wooden part of the metallophone as sound percussion, then translates the same quality into random, flickering arpeggios with a pedal note grounding the melody which can be heard from these arpeggios is similar to the slower rhythmic variations before. But all very softly, leaving</p>	<p>T immediately starts grounding, to create a safe space for C to explore. Instead of following C in her instable rhythm (which happened in earlier improvisations), T persists</p> <p>T stays open to change in C's behaviour. Once C finds something she wants to try out, T adapts, supports and follows. Instead of immediately going back to the first pattern, though, T elaborated for 15 more seconds</p> <p>quietly incorporating C's music, only time in the impro that there's no melody at all... so kind of leaving space for C, but still matching rhythmically</p> <p>T is 'making spaces' (Bruscia 1987, elicitation techniques) for C to be heard, to respond</p>	<p>I'm really not sure, which is the right thing to do, create stability and safety through simple rhythmic and melodic patterns, even if C cannot follow, or to always follow what C is doing. In this impro it seemed to work well, once C chose to stick with the ocean drum.</p> <p>when both play a decrescendo, ritardando like that, there is a small break. it sounds like they are breathing together, and seem to be very much attuned, since there is no overlap between old and new pattern</p> <p>C's new pattern, jumpy (shaking the ocean drum up and down) alternating with the usual roundish gestures creates a very ocean and</p>

<p>slow crescendo round 3:35 C gets even louder</p> <p>meanwhile C explores the sounds on the ocean drum further. She seems very intent and focused,</p> <p>round 4:25 –4:30 she introduces a shifting movement, moving the ocean drum quickly from left to right, creating a beat. after a while C goes back to very fluid, flowing playing, wavy..</p> <p>C ends the improvisation</p>	<p>space for C's soli</p> <p>T follows and creates more forceful variations of the flickering arpeggios, more dynamic and more random, the pedal note stops</p> <p>T picks up this beat, reinforcing it. T keeps on playing around with these beats. After a while, round 5:10 she starts following C's movement more explicitly again, going back to the flickering arpeggios, which create a very wavy movement, like the ocean drum, with strong dynamic changes within each phrase ends very softly</p>	<p>or interact</p> <p>T keeps on grounding with these beats. and persisting for a while, using C's idea, exaggerating and incorporating (Brusica 1987, Techniques of empathy)</p>	<p>surf-like sounds</p> <p>overall it seems a very atmospheric improvisation (visible in the graphic score)</p> <p>What is important to keep in mind: this whole improvisation is a symbolisation of a place, and people, experiences and feelings connected to it. I don't really know whether it would be worth trying an interpretation of the different aspects in music and the conversation, which happened before and afterwards. But what can definitely be said is, that this piece is very atmospheric, huge dynamic changes like never before happened, often initiated by C, maybe due to the instrument, but after all it was C who chose this specific instrument. My imagery is very water inspired. Maybe by the instrumentation or just by the concepts and words we had been discussing before. The words describing FFA were: 'sunshine', 'surf', 'sorrow', 'possibilities', 'laughter', 'connections with family and friends', 'dynamic ("tinged with a bit of sadness")'</p>
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TABLE V: Movement Episode I. Session 3

<p style="text-align: center;">Movement Episode I - Session 03 to own music – piano and drum set Technicalities: 25:05-26:20 Situation: Moving to impro. shaking the body out before, wake up. Instruction: 'move the way the music makes you feel.' From the beginning until new elements get introduced.</p>			
<p style="text-align: center;">Focussed observation descriptive Movement Language</p>		<p style="text-align: center;">Interpretative observation interpretative Therapeutic language</p>	
<p style="text-align: center;">Basis of movement, musical and extramusical Data. 'What' and 'How'</p>		<p style="text-align: center;">MT commentary</p>	<p style="text-align: center;">Personal remarks</p>
<p style="text-align: center;">Client</p>	<p style="text-align: center;">Therapist</p>	<p style="text-align: center;">Significant moments</p>	<p style="text-align: center;">Personal responses</p>
<p>C walks to a spot on the floor, stands there, hands before her body, pushed in her pockets.</p> <p>head is rolling over the neck, the shoulders. feet a little wider than hipwidth apart. head hanging to her chest</p> <p>hands into her back pockets. pushes her centre for and up knees and feet follow that, a little circular impulse, then torso starts to move, first left shoulder back (C lifts head and can see T), whole torso and hips follow, knees stretched, left foot on the outer edge, then right side takes over, moving back and forth like that for a while. The face is following the body in its movement around the middle axis (C is angled away from T while T is angled towards C, observing?) Then head starts moving in a different way again, right ear towards shoulder, heavy towards the front, to the left, nose high and then back to the right while the body remains in its movement. Head rests on the right side, movement gets a little stiffer, the feet stay</p>	<p>walks hesitant flow to the open space, shaking hands out, but straight arms next to the body.</p> <p>stands angled towards C, moves fingers, stretching then moving them in towards the palms of the hands, slowly, directed, controlled. tilting back and forth, leaning from the centre, with the whole body. makes a big step to the left, changing weight, angling slightly away from C. shifting weight from left to right foot then back. finds balance and starts gentle movements with her head, testing out the different sides. shifting weight back and forth at the same time. head tipped to the left, having C in the line of sight. arms hanging freely. a few hesitant steps. L forward /side (in), head towards the back always in slow movement, flowing, shifting weight back and forth / side to side . R forward / out, closer to C but angling away still. now turning around middle axis as well but with weight shift between left and right leg</p>	<p>SPACE, WEIGHT and FLOW: C is angled in a way, that T would have to come very close in order to stand in front of her. T on the other hand faces C but chooses to leave her lots of space, they're standing probably 3 / 3.5 metres apart. C doesn't move away from her spot on the edge of a carpet. By spinning roughly 45° around her own axis, C can see T every now and then. T chooses to follow C in use of space, but explores weight as well, shifting first and then actually taking steps. C only uses weight to let her head drop.</p> <p>FLOW is slow, steady, and controlled in T. C seems less controlled while C, almost like self-soothing somehow</p> <p>trying to introduce change, something new</p> <p>T often reflects C's movements, not exactly the same but something similar, also C comes back to movements which T picks up from her</p> <p>C stops with her head on one</p>	<p>a safe space to her?</p>

completely on the ground, while the torso still moves	at 26:00 both have their heads tilted to the right , T plays with this a little, C changes to left, seconds later, T does, too	side, T continues to explore those movements. clearly mirroring is going on between the two of them, though maybe not consciously	
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TABLE VI: Movement Impro II . Session 3 – Insecurity vs. Confidence

<p style="text-align: center;">Movement Episode II - Session 03 - Insecurity vs. confidence (to own music) Technicalities: 36:36 –37:24 Situation: Moving to the same impro as before., but with more instructions. They talked about a theme and tried out different movements for this topic</p>			
<p style="text-align: center;">Focussed observation descriptive Movement Language</p>		<p style="text-align: center;">Interpretative observation interpretative Therapeutic language</p>	
<p style="text-align: center;">Basis of movement, musical and extramusical Data. 'What' and 'How'</p>		<p style="text-align: center;">MT commentary</p>	<p style="text-align: center;">Personal remarks</p>
<p style="text-align: center;">Client</p>	<p style="text-align: center;">Therapist</p>	<p style="text-align: center;">Significant moments</p>	<p style="text-align: center;">Personal responses</p>
<p>walking, throwing legs forward from her centre with gentle impulses/pushes, legs are relaxed, stepping with heels first while arms are both swinging to the front/low and then the back/low (but together, not alternating), not quite balanced (upper body is used for adjustments). the gait changes, arms swing alternately, C is more erect, holding her weight with her core, less weight on the feet, stepping with toes first, steps become smaller, faster, weight is held tightly, hands in a 90° angle pointing away from the body, arms stretched down, then arms relax a bit, hands only in a less sharp angle, head lowered, facing down/forward, folds, unfolds the fingers, shakes them out, arms held tightly, lifts and releases shoulders,</p>	<p>always keeping C in her sight, keeping in touch, pulls shoulders up to her ears, stiffens arms, tightens hands first fingers stretched in all directions, then pushes them into fists, front/deep, neck seems tight, though not completely. it is flexible enough to turn to C. lower body seems flexible, from this a smooth transition into directed movement, walking, arms moving in this direction, too, facing there... to change the volume of the music</p> <p>changes setting, then looks for C again, orientating in the room and</p> <p>they look at each other, T lift up her shoulders, tightens</p>	<p>Using the whole space in the clinic but in a non-directive, indecisive way, like stumbling around</p> <p>concerning the movements in space T seems to be indecisive, open to influences from C, but when concerning the decision to change the volume level, she seems very focused and can fluidly transition into a directed, very different movement</p> <p>that looks like insecurity: looking for safety, protecting / shielding the body from harm, like the shell or a turtle, pulling back into this shell becoming</p>	<p>Interesting how they move so dance like in this space, once C reaches one end and comes back, T responds by coming towards C. T seems very aware of T, doesn't use the whole clinic, but stays in one side – but they never come really close. they keep their distance. neither ready to really open up?</p>

<p>then (when she looks at T), she lifts and holds shoulders tightly, arms stretched down in front of her body, fingers stretched, tight in front of / loosely in contact with her thighs, smiling, teeth showing, head between the shoulders, looks quite cramped</p> <p>they walk past each other and C relaxes, shoulders lowered, head held high, arms relaxed at her side, turns around, walking into the room again, sees T, lowers head, hands folded in front of her body / solar plexus,</p> <p>they walk past each other, her hands relax down, smoothing her jumper, looks up, shoulders lowered, just a few steps then her shoulders go up again, tightening the neck, head between the shoulders, looking (suspiciously?) to the side, back rounded, arms in front of her body, hands spread and resting on the front of her thighs then head lowers, hangs forwards (defeatedly?), arms hang, all tension leaves the body, into confidence: tightening / lifting in the whole body, more on her toes, neck straight, head held high, changes from normal walking to a bouncy movement on her toes, hands wander to her front pockets, quite relaxed, but it doesn't really appear confident</p>	<p>the neck, head between the shoulders, arms tight and next to the body, then her arms and upper body shiver in a jerky, stiff way. lifts forearms in front of the body, arms are close to her upper body, pressed against it. transition into the next movement is rapid, almost without connection, no clear origin of the movement, more a sudden straightening of the back, still hunched, shaking out hands. body seems to be somewhat split: only the shoulders and stiff holding of the neck / head, upper arms show expression, the rest is moving quite relaxedly. always keeping C in her field of sight, tightening arms again, in front of her abdomen now, holding everything in, neck seems crushed in with pressure, facing up, stiff turning from her bellybutton with upper body, like self-soothing</p> <p>transition into less tension: arms slowly relax, the side to side movements become more fluid, everything relaxed, arms relax to her sides. walks backwards, slowly, steady, keeping C in sight, but aware of the room around, shifting weight from one foot to the other, more observing C than her own movements? hand and feet always in movement, fingers tightening and relaxing, feet off the ground, tightening and then stretching on the ground, upper body, neck lengthens, only the direction is not very clear. it seems to be always determined by what C is doing. T reacts. both walk in a relaxed way</p>	<p>tight and stiff (freeze reflex?) and showing teeth at the same time, afraid also both are doing it at the same time! enhancing / mirroring the effect</p> <p>Also, both are clearly communicating via facial expressions, gestures and movement, as suggested by Aldridge</p> <p>maybe T is concerned with C, making sure she feels safe, but also exaggerating the movement C suggests in order to make them apparent,</p> <p>[is here the right place?!: overall T seems to utilise mostly structuring and empathy techniques (as mentioned before: Bruscia, 1987), which are both basic techniques in order to create a safe environment and relationship. musically speaking that is rhythmic grounding, tonal centring and shaping (structuring) and imitating, synchronising, incorporating, pacing, reflecting and exaggerating (empathy)]</p>	<p>Both are becoming aware of the non-verbal part of their communication, thus this exercise might help to enhance and encourage otherwise neglected layers of communication. that is, creative ways of relating to each other by exaggerating facial expressions and gestures. does this lead to awareness? and to enhanced communication? by training empathic attunement?</p> <p>→ communication / empathy</p>
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TABLE VII: Movement Episode III. Session 8 – FarFarAway. Beginning

<p style="text-align: center;">Movement Episode III - Session 8 - FarFarAway* (20:30 – 22:00)</p> <p style="text-align: center;">Technicalities: 20:25-25:40 I will focus on 20:30-22:00 and 24:40-25:40</p> <p style="text-align: center;">Setting: topic is FarFarAway (C's homecountry), we had been talking about associations, to capture what this place represents and developed movements for every concept or idea. A song which reminded C of FarFarAway was chosen to encourage exploring these movements. C focused on the positive parts and almost skipped the negative ones almost completely.</p>			
<p style="text-align: center;">Focussed observation descriptive Movement Language</p>		<p style="text-align: center;">Interpretative observation interpretative Therapeutic language</p>	
<p style="text-align: center;">Basis of movement, musical and extramusical Data. 'What' and 'How'</p>		<p style="text-align: center;">MT commentary</p>	<p style="text-align: center;">Personal remarks</p>
<p style="text-align: center;">Client</p>	<p style="text-align: center;">Therapist</p>	<p style="text-align: center;">Significant moments</p>	<p style="text-align: center;">Personal responses</p>
<p>starts in a corner (chairs, and wall behind /next to her). hands pushed on the back of her hips / lower back then into her front pockets, body facing the room, shoulders tense and lifted towards head (protective?) rolls her head over backwards to the front (loosening muscles, tension?) head turned toward T.</p> <p>20:50 when music starts, C immediately starts moving. first head nods (very slightly), then small but direct movements in the hips, side to side, quite stiff, like the whole torso and neck are in one piece, only the head and knees balance this movement by bobbing in the opposite direction. the feet stand completely still.</p> <p>with more volume (music building up) C quickly involves the whole body, hands out of the pockets, fixes her clothes (getting ready to move?) and moves forward (along the wall of chairs into the room), steps, with little bounce, but not quite undirected, upper body stretches into the air (arms and torso), head still faces forward and feet move normally (not a whole body stretch), following</p>		<p>what becomes clear pretty quickly is, that SPACE is used very differently from the first example. both are almost constantly moving, jumping, skipping, diving forward, there is no moment of stillness. also although they're both moving their paths do not cross until T deliberately counteracts. one picture that came to mind is like two animals pacing in a cage, since initially they're both just following their path. wondering whether this is due to the somewhat cramped place, or avoiding each other.</p>	<p>generally low energy voices when peeking into the session</p> <p>feels a little like either flexibility or integrity is missing. like she can't hold her head, it is just bobbing along, there is no inner integrity between the body parts</p> <p>C never involves the whole body to stretch in one direction / or more directions. the body does not seem integrated. more</p>

<p>than the legs / knees / feet walks a few steps, arms falling down to her sides, turns around again earlier this time (T is close by, avoiding close contact?) jumpy walk, head hanging to one side (trying to ease tension?), uses her hands to fix her hair and goes back into the skipping movement with arm offered to a friend, when she sees T? other hand still on her braid. but this time the movement seems more energetic, for 2 jumps / skips involving the whole body (besides this arm), looking up, not forward, ends in this slowing down, throwing walk again, walking farther this time (T is on the other side of their space) transitions into a full body movement (diving into the surf and grabbing sand from the bottom of the ocean). seems to become more fluid somehow, one movement transitions into the next without many steps in between (why?), uses her arms continuously, not losing touch with them</p> <p>at the end of this excerpt, C walks towards a spot, where she had initiated another movement while practicing. (testing out the spot again?) but she stays in one of the movements connected to the positive experiences, not the difficult non-movement she had developed before, and walks out of the spot again</p>	<p>not a second later T jumps to, with her back turned towards C, turns in the air, so that she can see C in her peripheral vision? T involves whole body, jumps with knees bent, pushing into the ground and in the air, arms are stretched, looking up, legs and feet are stretched, too... coming out of the movement T stumbles back a step (out of balance), turns head towards C, focused on her rather than T's own movements? then walks in a wavy line towards the area, where C normally walks, (trying to initiate contact) and starts funny jumps, skip-slides in a non-directive way towards the place where C started, and over her own starting place back on her earlier path. sometimes arms held controlled from the elbow onwards parallel to the floor, sometimes arms are swinging</p> <p>doesn't stay on these earlier paths, but uses C's path from before, something like a circle through the open space, (trying to establish some kind of interaction)</p> <p>then skips to the control and turns up the volume while C is standing at the door, next to the curtains, stretching her arms high behind her head</p>	<p>this is funny how they jump at almost the same time, as if they are somehow in the same space and in a similar mindset, but not really connected</p> <p>T seems to confront C a little bit, trying to establish contact, connection</p>	<p>Maybe the space is just too restricted because of the chairs, it would have been nicer to have more room, freedom. it feels cramped</p> <p>what is missing for me at the moment is a good, stable relationship in which both can express themselves freely. they seem so distant, avoiding any kind of close contact</p>
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TABLE VIII: Movement Episode IV. Session 8 – FarFarAway. End

<p style="color: green;">Movement Episode IV - Session 8 - FarFarAway* (24:40- 25:40)</p> <p>Technicalities: 20:25-25:40 I will focus on 20:30-22:00 and 24:40-25:40</p> <p>Setting: topic is FarFarAway (C's homecountry), we had been talking about associations, to capture what this place represents and developed movements for every concept or idea. A song which reminded C of FarFarAway was chosen to encourage exploring these movements. C focused on the positive parts and skipped the negative ones almost completely.</p>			
Focussed observation descriptive Movement Language		Interpretative observation interpretative Therapeutic language	
Basis of movement, musical and extramusical Data. 'What' and 'How'		MT commentary	Personal remarks
Patient	Therapist	Significant moments	Personal responses
<p>24:40 C is in the darker part of the clinic, at the very opposite side of where T is moving around, walks slowly, with bouncy steps towards the open, well lit space, where T is. distance decreases (facing T). Her whole body seems to be reflecting the music / rhythm, she seems to move less restricted, even sings along, turns, steps are way more energetic, knees and feet are lifted higher from the ground, very pronounced. some on the spot knees high, jumping steps, turns around, arms high, stretching, more flexible in her lower body movements, hips move along,</p> <p>fixes her hair again, C is in the far left space, with access to the poorly lit part</p> <p>looks up to the ceiling, her legs and feet keep embodying the</p>	<p>out of the picture very right side of the frame, spinning / jumpy movements, arms stretched to both sides, like an airplane, following the bigger rhythmic entities, not the smallest ones like C, looking down, facing the floor, fluid motions (hands following arms, following upper body) into looking up, changing directions (spinning right then left), jumpy steps into one of the movements: hands clasped in front / down then up then down of the upper body, arms long, but bent and flexible, whole body is involved in the movements, originating in the upper body, but involving the feet as well, then the point of origin changes, movement changes: standing straight up, arms stretched, facing forward, but almost no contact to C, involving the jumpy, bouncy steps, arms swinging, upper body turning along, moves into a left corner of the well lit area. T faces wall, bows head forward, back still straight, hugs her own</p>	<p>both seem more energetic, into it, moving with more directed and determined effort, with natural transitions into softer movements, the range between faster/slower heavy/light movements increases in comparison to the former example</p> <p>T introduces a movement, which C had previously (while discussing the</p>	<p>C keeping distance, finding her own space?</p> <p>both seem to be comfortable and into the music, T not always focusing on C but executing her own movements, trusting in C to be able to cope.</p> <p>they seem very independent</p>

<p>rhythm then out of the frame for a while..</p> <p>walks with one hand pressed on her neck, walks normal, relaxed, more directed, determined, also hesitant (but also like she has something to do that she needs to get over with, not sure why I think that) then uses the way to skip/jump a bit again, with facing up, involving the whole body walks to the darkest part of the clinic, stands in the corner and then sinks into a squat, maybe facing down, music stops</p>	<p>shoulders tightly, legs slightly bent, feet open, steps in a place</p> <p>turning towards C,</p> <p>comes to stillness (25:12) and stays there until the music ends</p>	<p>different concepts) suggested. it is a variation, but definitely related. making space for her? but remaining in a position where she is able to observe</p> <p>T seems observant: she remains with herself, but is able to observe C, seems to allow C to come to some kind of more reflective, calm part, though the music is not encouraging stillness. Does C need the permission and modelling to allow quiet and stillness? or negative emotions which are maybe related to this (non-) movement.</p> <p>seems to be a very important, though short moment, when both become really still.</p>	<p>it is very remarkable, how late the movement related to sorrow appears in this movement sequence. also T introduces it, not C.</p> <p>feels like a permission to stop and look at what is there, instead of doing and running all the time.</p>
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FIGURE 1: Movement Episode I – Graphic notation. S 3. To own music

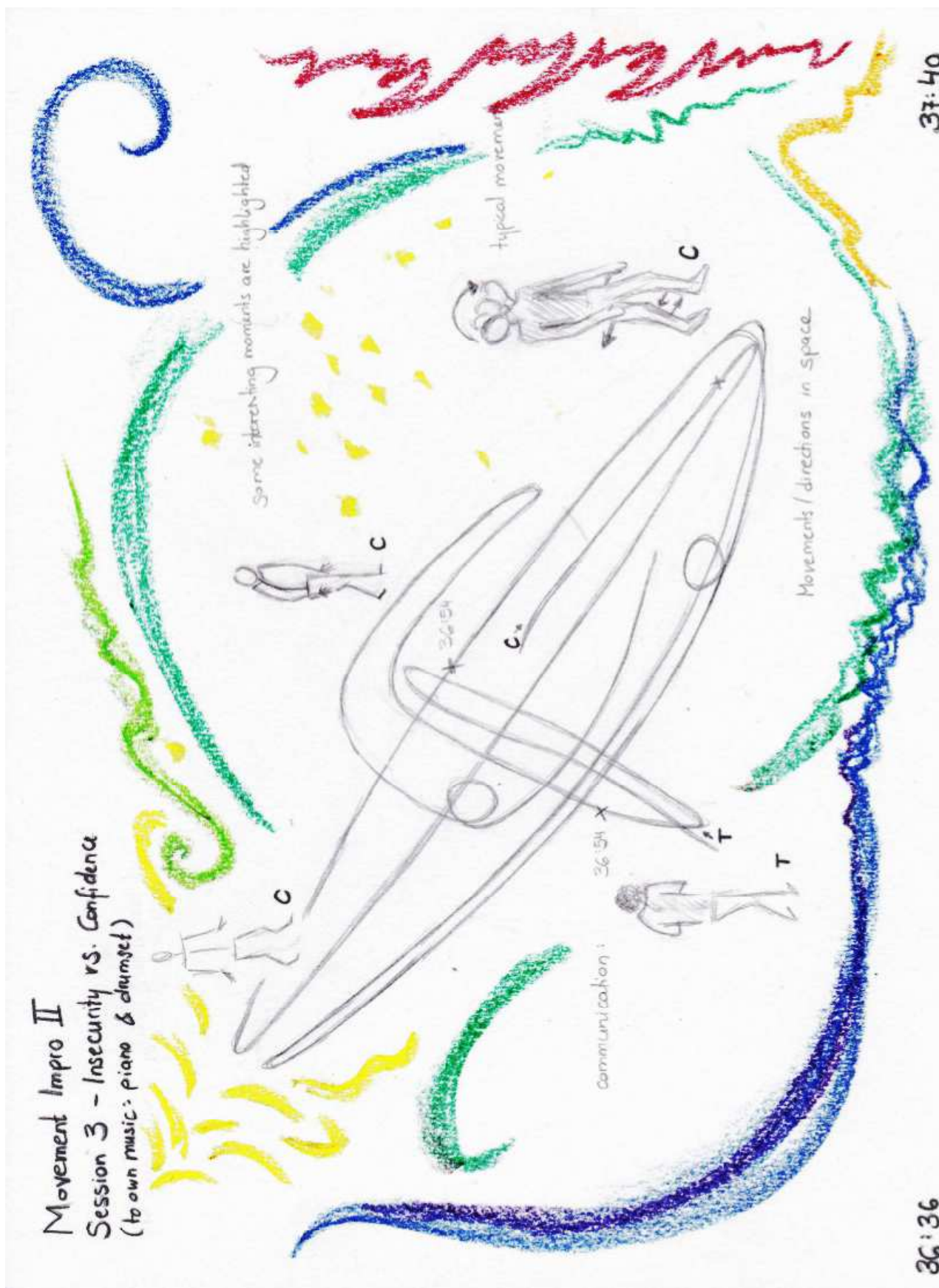


FIGURE 2: Movement Episode II – Graphic notation. S 3. *Insecurity vs confidence*

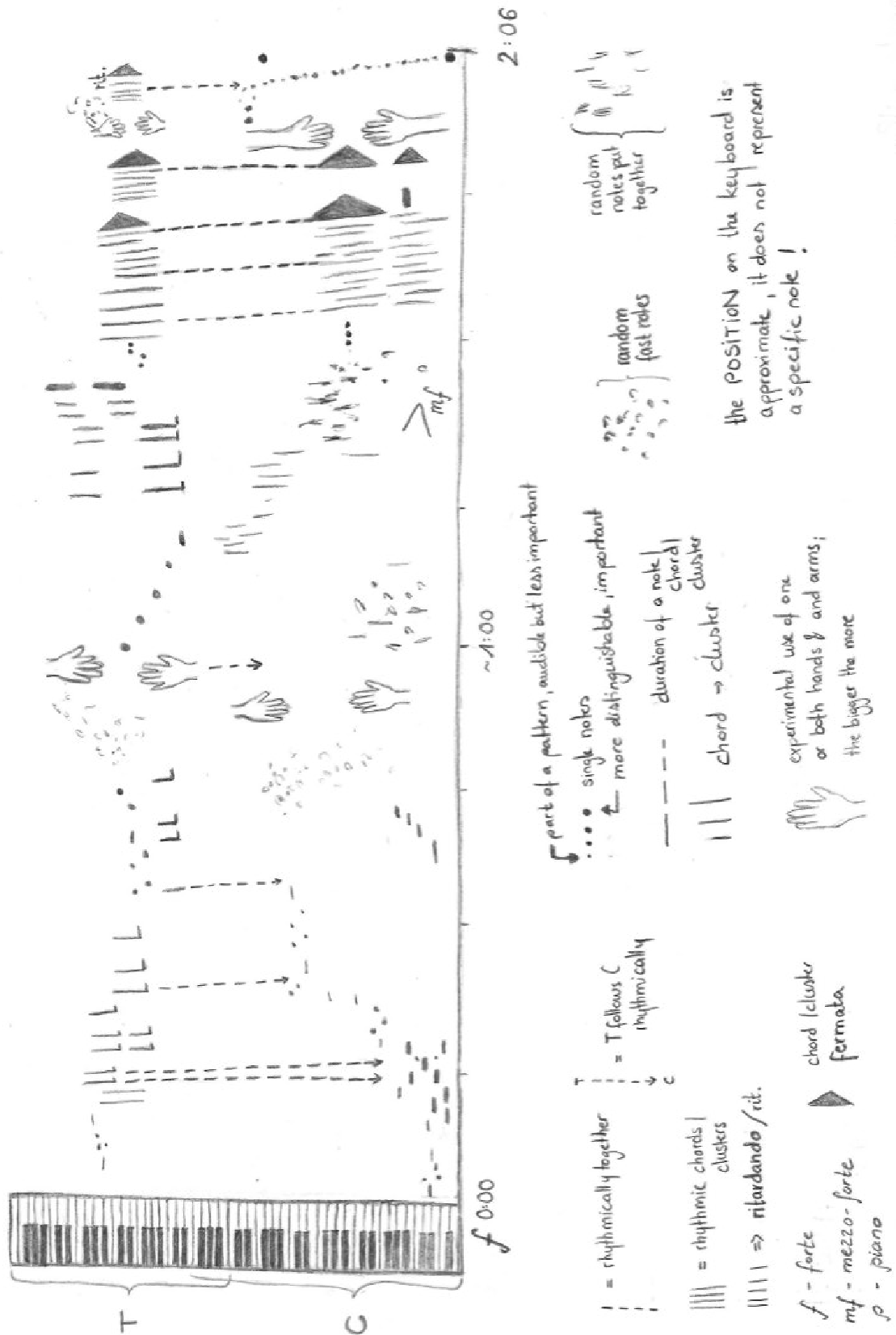


FIGURE 3: Musical Improvisation I – Graphic notation. S 4. Stress

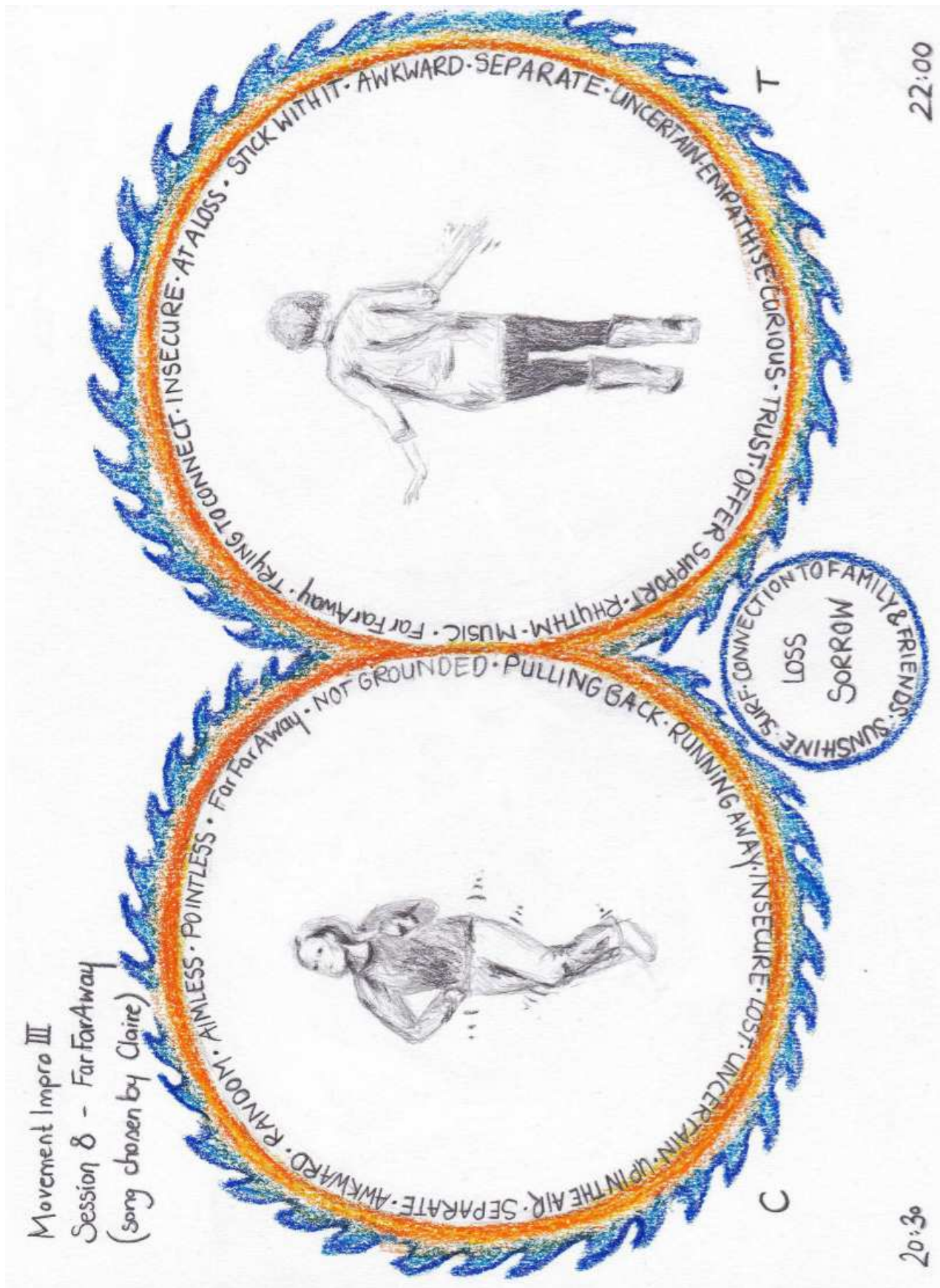


FIGURE 4: Movement Episode III – Graphic notation. S 8. *FarFarAway**. Beginning



FIGURE 5: Movement Episode IV – Graphic notation. S 8. *FarFarAway**. End

NOTE: The two parts (C & T) are not strictly divided
Especially in the middle part. They seem to
create an atmosphere together.

• naturally flowing water plus the dimming,
flicking sounds in the metallophone
just brought this picture to mind
like sunlight sparkling, breaking
& reflecting on water

from 0:30

Ocean Drum
Dumbek Cabasa
Metallophone

tacet

Bambaba bam
X X X X

wooden, rhythmic exploration

variations

variations

0:00 dynamics: *mf* for both

1:00 random, fast notes

2:00 ><> p

3:00 very controlled ocean drum (o.d.)

4:00 mp > p < mp >

5:00 5:20

Grounding [rit...]

C - Client

T - Therapist

||| Chords

rhythmic themes, which change & reappear throughout the piece

wooden, rhythmic sounds random

rhythmically together

↑ ↓ influence, not exclusively rhythmic

fast, flicking arpeggios no sound-scape / with pedal note

glimmering

naturally flowing, some times harder, harsher, sometimes softer, fluent sounds

similar to the smaller ones, but more dynamic & not necessarily containing notes of just one chord

naturally flowing, some times harder, harsher, sometimes softer, fluent sounds

moving o.d. quickly from left to right, with breaks in between. Creating a sea

naturally flowing, some times harder, harsher, sometimes softer, fluent sounds

pp

p

mp

p < mp >

mp > p < mp >

S8 "FarFarAway"

FIGURE 6: Musical Improvisation II - Graphic notation. S8. FarFarAway*



FIGURE 7: Client's drawing. Amsterdam – looking in the future



FIGURE 8: Client's drawing. *Toolbox* – what Claire gained in this process, to be applied in real life