

Karette Stensæth:

**MUSICAL
ANSWERABILITY**

**A Theory on the Relationship between
Music Therapy Improvisation and
the Phenomenon of Action**

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I dedicate this work to precious Mathea, Fridtjof and Regine.

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Preface and acknowledgements

To find the right words for complex musical processes is a challenge music therapists live with every day in their work. In order for me to gain a deeper understanding of music therapy improvisation and its connection to the phenomenon of action, which is what I sought to do with this research project, exploration and playing with words seemed to be a requisite. Not only does this allow the emergence of new perspectives; it also helps to elaborate upon old words as well as adding new ones. This could explain why this project has been labelled with a range of words throughout the research period. First I named it “*Play-ing music*”, *A notion towards an understanding of how two vital concepts, Play and Music, may interact in Music Therapy*. Then I changed the title to “*Homo Inter Ludens*”, *A Philosophic Theoretical Study on how Music Therapists describe Music Therapeutic Improvisation, framed in the perspective of Play*. Later on I changed the subtitle to, *A Study on how Music Therapists perceive Clinical Improvisation*. Yet, despite the fact that I have varied the heading, the core of the content has been stable and as we can see from the different versions, terms such as theory, play and music therapy improvisation are present in all of them. For a long time I thought I would keep the Latin version but when I came across Bakhtin’s “answerability” I felt that it was important to include this term in the title. Not only did it capture an essence regarding the project’s focus of investigation; it also recognized the inspiration that Bakhtin’s perspectives on human existence have had on me, and which I felt was transferable to music therapy improvisation. As I was working out my own theory I ended up calling the project, “Musical answerability”, *A Theory on the Relationship between Music Therapy Improvisation and the Phenomenon of Action*. I feel this title reflects the core elements of my pre-understanding as well as my interpretation of the collected empirical and theoretical material.

I have certainly needed guidance and support in the elaboration of the research project. I gratefully acknowledge the Norwegian Academy of Music, first represented by Harald Jørgensen and then Eirik Birkeland, for giving me the opportunity to do this project. I have felt very welcome at the Academy and I wish to thank you and the present director, Ingeborg Harsten, for that.

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encounters and sometimes even through silent comments. Thank you, Even, this all has been meaningful and enriching.

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I owe large debt to Haug school and resource center, first represented by Gunnar Risnes and thereafter Inger Johanne Hammerstad, for permitting me to be immersed in the research process over a long period of time whilst still keeping my job as a music therapist. Of course, I wish especially to thank Merete T. Arnesen and Ingelill Berger Eide with whom I have co-worked and laughed in a serious way during this period, and I also thank Elizabeth Wold and the rest of the staff at Haug for being so supportive.

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PART 1:

INTRODUCTION

As a music therapist and researcher it seems inevitable to me that action is linked to music therapy improvisation in a fundamental way. My pre-understanding, which creates the point of departure in the present research project, is that there is a larger complexity connected to this connection than that which has been discussed so far within the field of music therapy. Actions, especially those of a *less rational and/or paradoxical* kind, have received little attention in the existing theories. This is “unfair” if one considers music therapy improvisation to deal with the whole range of human actions. I believe it is worthwhile exploring this matter. I also believe that the way music therapy improvisation characteristically *affords* actions to unfold *between* a client and a music therapist, in a way that is not necessarily turn-taking, can be explored more thoroughly. By this I mean that music therapy improvisation gives life to a type of “active togetherness”, which both therapeutically and from an existential perspective is especially meaningful. This too deserves articulation. However, because the characteristic aspects that I am tracing are more or less “hidden” in my pre-understanding at this point in the text, I must first materialize them. The question is: How will I do that?

There are probably several ways in which to approach a process like this. My project is designed to explore the relationship between music therapy improvisation and action as a phenomenon, both empirically and theoretically.

The empirical exploration will be done first and is based upon a video recording of a music therapy improvisation involving a multi-handicapped boy and a music therapist. I assume the “hidden” aspects will emerge through the manufacturing of the video-recorded material. By observing and analysing an excerpt of the video recording, *and* by including other music therapists’ descriptive observations of the excerpt as a validation of my own interpretations, I expect to create a discourse that matches my pre-understanding. I must add though that since my own pre-understanding is so crucial in the present project, a lot of emphasis is put on my own observations and analysis as well as my own elaboration and reflection upon the process.

The results from the empirical material will thereafter direct my elaboration in the theoretical part. Considering that action and music therapy improvisation are both rather broad phenomena, delimiting is necessary in the theoretical discussion. I will therefore only discuss some of the established theories that I find to be relevant regarding the relationship that I am exploring. New theoretical perspectives will also be suggested. Therefore, in addition to reinterpreting theoretical perspectives from music therapy literature, I will introduce certain sociological and philosophical views into my discussion. As we shall see, it will be especially interesting here to include some aspects from the Russian thinker Bakhtin’s philosophy. Certain theoretical aspects of play as a phenomenon will also be treated here. This seems worthwhile since it was during the work on my master’s thesis, where I compared music therapy improvisation with play, that I first became aware of the role of the less rational or/and paradoxical actions in music therapy improvisation.

As it deals with human processes such as interpretation and understanding, the study is a typical qualitative research project that places itself within a humanistic research tradition.

Scope

My theory building can only be specific, not general. This is because of the *scope* of this dissertation, which involves only one dimension of music therapy as a discipline.¹ In the present study this dimension is *music therapy improvisation*.² My understanding is in large connected to a certain tradition within music therapy as a field, the Nordoff – Robbins tradition, which I will

¹ It is perhaps helpful to mention that the term discipline includes areas such as theory, practice, and research. The term profession points to the group of people using this discipline knowledge in their work with clients, students, colleagues, etc.

² Several names are applied to the same phenomenon. I will present the most common ones presently.

present shortly. The fact that I am more influenced by this tradition than other traditions makes my theory building even more specific. This means that I will predominantly speak of a certain way of thinking. I cannot therefore speak on behalf of every music therapist. However, since improvisation is a phenomenon that pervades music therapy in various ways, both as a field and a discipline, my theory development may also sometimes be general in its scope.

Focus of investigation

The *focus of investigation* involves explicating new understanding about music therapy improvisation and its relationship to action.³ The focus is however also influenced by the way I choose to investigate it. Basically, the idea behind my choice of procedure concerns how an excerpt of a video-recorded music therapy improvisation between a particular client and his music therapist could work as an exemplar, not a case study, around which the empirical and theoretical material is elaborated. How have I done this?

As the starting point in the empirical material I have chosen to use the making of the video recording. Here five sessions of music therapy improvisation have been recorded, where I am the music therapist. Also in the room with me were the client and his caretaker. After the recording has been made, I have let three independent and experienced music therapists choose an excerpt of the video recorded material to represent the exemplar by looking for characteristic events in the video recorded material. Then I have observed and analysed the recorded excerpt and thereafter collected 11 descriptive observations of it, done by other experienced music therapists from various nationalities. The main reason for including these observers was without guiding them in a specific direction, I wanted to see if there was something in their descriptive observations that either supported or contradicted my interpretations of the video recording as an exemplar.

In the subsequent theoretical elaboration I will focus on two tasks. One is discussing aspects of the results emerging from the empirical material. The other, as in a historical review, is investigating how some theorists speak about the relationship between music therapy improvisation and action as a phenomenon (Aigen, K., 1991; 1995; 2005; Bruscia, K., 1998; 2000; Garred, R., 2004; Pavlicevic, M., 1999; Ruud, E., 1998). Topics concerning play and theory building as well as philosophical aspects from external theories concerning action and interaction are also included here (Bakhtin, M., 1981;

³ See also Stensæth, K., 2005.

Bruscia, K., 2005; Kvernbekk, T., 2005; Steinsholt, K., 1998; Østerberg, D., 1993).

Research subject, purpose of research, and research question

The *research subject* in the present study is the relationship between music therapy improvisation and action as a phenomenon. The *purpose* is to gain a deeper understanding of this relationship and, through the empirical documentation and theoretical elaboration, to build a theory about the relationship. Stated in another way, one might say that the purpose is to balance the existing theories on music therapy improvisation, so that action gets what I call a “rightful position”. In order to do so the study will undergo the process of *a reflective synthesis*, which according to Bruscia involves...

... reflecting on one’s own experiences with a phenomenon, relating these to existing ideas or perspectives of other theorists, looking at research, and intuitively synthesizing all these sources of insight into an original theory or vision (Bruscia, K., 2005, p. 545).

Hence, to construct a theory about the relationship between music therapy improvisation and action I will study, to borrow Bruscia’s words, “how the past and present can be re-visioned, in order to create yet unknown possibilities for the future” (Bruscia, K., 2005, p. 546).

Ultimately, this addresses the following *research question*:

What is the relationship between music therapy improvisation and action as a phenomenon?

In the empirical documentation relevant sub-questions are:

How will I describe the video-recorded excerpt in my observation and analysis?

How will a group of experienced music therapists describe and evaluate it?

How do the descriptions of the video recording correspond with each other?

In the theoretical elaboration relevant sub-questions are:

How do music therapists describe the relationship between music therapy improvisation and action as a phenomenon in their theories?

How do the aspects emerging from the empirical material match these theories?

How do the theories and the aspects emerging from the empirical material resonate with my understanding?

Can theories from sociology and philosophy contribute to a broader understanding of music therapy improvisation and its relationship to action as a phenomenon? If they can, what is it in the theories that contribute to a broader understanding of the relationship?

What is the role of play as a phenomenon herein; for example, can theories on play explain what the “hidden” aspects of the relationship are?

Relevance of the study

Generally, the relationship between music, therapy and improvisation involves human interaction, musical gathering, life improvement and quality of life. In this sense the study should be of interest to areas, professions or persons who are interested in these subjects. Relevant areas are for example musicology, music education, music psychology, music philosophy, special education, and pre-school education, etc.

However, the study is probably most interesting to the field of music therapy. This study is basically a theoretical contribution. I think that for music therapy to receive recognition and credibility outside its own field, theory building is crucial. Yet, theory building is also essential for music therapists in a more direct sense too. In order to improve our understanding of what we do and how we think, music therapists need to develop ideas and words to express our work. We can hereby gain insight and become better at advocating music therapy improvisation as a worthwhile approach for therapy.

Yet my theory building is not meant to apply to clinical practice. Rather my wish is that the present research, although without immediate obvious implications for what to do, will contribute to explicating new insight about music therapy improvisation and hereby influence its practice indirectly.

Personal and professional context

There are several reasons behind the choice of topic. Former studies, personal interests and clinical experience suggest some of them. Certainly, it would not have been possible to do this study without a personal fascination for music and improvisation as phenomena *and* my professional experience with, and knowledge about, music therapy improvisation as an approach. Therefore my pre-understanding can be seen in connection to my lived experiences both as a person and a music therapist.

Personally, improvisation has always fascinated me. This fascination involves an attraction towards the realms of intuitive and creative activities, especially those involving music. From an early age I actively participated in musical activities such as singing, playing instruments and composing music. Yet the greatest joy has always been to do these activities together with other people. Therefore, music and improvisation is, more than anything else, a joint experience for me.

Before graduating as a music therapist I also studied education and music. During this training I became aware of my interest in philosophical issues. I realized that I often searched for a connection between my life, my music, and improvisation. This could explain my interest in meta-theoretical aspects.

Still, the largest influence regarding the choice of topic is my long clinical experience as a music therapist. I can now look back on almost 20 years of clinical practice where music therapy improvisation has represented one of the core approaches. During this time I have mainly worked in the area of special education with children who have had various special needs. Because both the work and the children here have inspired my thinking so much, I will say a little about it in the following paragraph.

Some children in the school where I have worked for a long time have had severe handicaps, while others have had minor ones. The severely handicapped children have had large existential challenges; in fact some of them have been so weak that they have not outlived their schooling period. Nevertheless, and despite their various abilities to communicate through words, it is my experience that most of these children often prefer music as a means for communication. In fact, in contrast to some of the large mental and physical challenges, many of them show a great appetite, joy and motivation in being engaged with music. This is the case with the client involved in the empirical material collected for the present project. I have also seen with many other children that the combination of motivation and music creates a potential for

therapy in the sense that it contributes to being able to freely express and unfold both mentally and physically. It is also my experience that by being actively engaged in the music, these children cooperate and interact more positively with other people.⁴ Naturally, this is something that affects their lives; music therapy seems therefore to be a means with which to enhance life quality. It is my personal experience that music therapy, which implicitly includes support from a music therapist, helps these children to find their own personal resources in order to be able to communicate and unfold. Basically, I believe such help is accessed through music therapy improvisation. Hence in my opinion, one might say that music therapy improvisation, especially when connected to action, even defines music therapy with these children. This however is a discussion I will return to when I define the study's core concepts.

My pre-understanding

My pre-understanding, next to being derived from my personal interest and my clinical experience, has two sources. One is the tradition derived from Paul Nordoff and Clive Robbins, the two music therapy pioneers, whose thinking and practice has had the largest influence on me as a professional music therapist. This tradition, which I will present soon, involves an active rather than a receptive approach; it gives greater emphasis to *making music* rather than to listening to it (Bruscia, K., 1987; Nordoff, P. and Robbins, C., 1965).⁵ It is a way “to engage the client’s attention and diverts inner experiences outward” (Bruscia, K., 1987, p. 24). Also, it is seen as a way to keep the client active and interested, as well as a way to “keep the client’s emotional experiences in motion, thereby making them accessible to exploration and transformation” (loc. cit; see also Nordoff, P. and Robbins, C. 1965).

As previously mentioned, the other source is my master’s thesis.⁶ It was during these studies that I first became aware of how certain perspectives on

⁴ Every child is unique and hence any classification is problematic. When I say “these children” I refer to the children with whom I have worked in the special needs school.

⁵ I have placed my presentation of the tradition under the section called “Defining core concepts”. See the paragraph coming up called “The Nordoff – Robbins tradition”.

⁶ See Stensæth, K., 2002.

play resonate with my thinking about music therapy improvisation.⁷ If not directly comparable, one might say that play as an idea inspired me to reconsider my understanding of music therapy improvisation. Two aspects are especially interesting here and both of them relate to action and intrinsic motivation. One is that play keeps action in the foreground because the motive often lies in its *content* and not its result. This means that all actions, independent of being paradoxical or less rational, are crucial in order for play to maintain its intrinsic motivation. The other aspect is that play “proves” that human beings seek transcendental experiences. Perhaps more than any other phenomena, play shows how such experiences can be obtained. This has to do with the way people “lose themselves” in play and hereby constantly renew their possibilities to act. Curiously, the latter point, which I will return to later on, has an existential overtone to it, and this could be interesting to explore from a therapeutic perspective.

One could say that a consequence, which occurs if we place actions in the foreground, is that we must look for the goal *inside* music therapy improvisation, not outside it. This view suggests that its meaning too is placed inside the actions. I will explore from an emic position, from within the phenomena of action and music therapy improvisation. Moreover, because I will look from inside a cultural practice, I choose to call for an indigenous perspective in the present research project.

An indigenous perspective

Any work in a qualitative study such as the present depends on frame and perspective, and the stance taken in the present project keeps an *indigenous ideal*. I will explain what I mean by this expression in the following.

The term indigenous may refer to objects and people with origins in particular location(s).⁸ Here it refers to music therapy improvisation as a way to cultivate a specific form of practice. This means that its theory too, such as the one I will build, develops from within its cultural practice. It moves from the

⁷ Indeed, I am not the first music therapist to suggest that music therapy improvisation resembles play. The issue has already been treated by several music therapists (Ruud, E., 1998; Kenny, C.B., 1987/1988; Kenny, C.B., 1989 amongst others). Carolyn Kenny's major work is of course worth mentioning here. In her doctoral thesis, which is basically a philosophical elaboration on music therapy, she labels music therapy as “a field of play” (Kenny, C.B., 1987/1988; Kenny, C.B., 1989). I will return to her work later on.

⁸ As a concept indigenous comes from Latin *indigenus* “native, born in a country” (retrieved 07-05-15 from <http://en.wiktionary.org/wiki/indigenous>).

inside and out so to speak, in order to make explicit its practice's theoretical foundation.

In his doctoral work, which seeks to build an indigenous paradigm for the field, Aigen suggests that indigenous theory in music therapy must derive from its practice (Aigen, K., 1991).⁹ I think this aspect is important but since I can only refer to various descriptive experiences of a video recorded music therapy improvisation, I prefer to say that the present project has an “indigenous ideal”. With this expression I mean that my theory does not always derive directly from the practice of doing music therapy improvisation but that the ideal is to come as close as possible to it, through different descriptive interpretations of the video recording. In other words I will relate to music therapy improvisation as a phenomenon that grows out of a particular cultural practice, the experiences and the way these are described. This, the indigenous ideal, may also be seen as a way to place the present study in the middle of the field of music therapy; as Bruscia puts it, it is *music therapy-centred*:

It deals with the phenomena as they appear in music therapy settings, as they unfold through music therapy intervention, as they change through music therapy processes, as they make sense within a music therapy context, as they are perceived and languaged by music therapists (Bruscia, K., 2005, K., p. 248).

Two ways are suggested in which the indigenous ideal is possible to obtain. One is to involve a setting in the discussion, which is as close as possible to a practical setting. This is necessary in order to include the more or less immediate experiences connected to the phenomenon I am studying. Since it is difficult to present the same live setting to all of the participants involved in the research project, I have chosen to apply a video recording of a particular setting. My main argument for doing so is that it brings the live setting close; hence it *revitalizes* and *resembles* experiences from the live setting.¹⁰ Another way, in which I believe I can keep an indigenous ideal, is to involve *insiders* in the project.¹¹ An insider is one who knows a culture and/or a practice from its inside. He/she has therefore lived experiences and first hand knowledge about it. Insiders in the present project are experienced and professional music therapists, including myself. They/we have been in touch with music therapy

⁹ See also Aigen, K., 2005.

¹⁰ See my discussion in part 2 regarding the application of video recordings in research.

¹¹ I will return to a discussion regarding the insider's position later on.

improvisation as a cultural practice from the inside over a long period of time and have therefore a privileged access to the indigenous knowledge embedded herein.

Defining core concepts

Every research project circles around some concepts that are more important than others. In the present work the core concepts are *music therapy improvisation* and *action*, as well as *music therapy* and *theory*. The terms *music therapist* and *client* need to be defined too. Also concepts such as *meaning*, *affordance* and *intuition* need a closer look.

As we shall see, I will spend a lot of time defining music therapy and music therapy improvisation. I have chosen to do so thinking that the present work can be seen as another plea in the larger discussion of how music therapists “really” think about these terms. Inevitably, music therapy improvisation is a large concept in the present work. Yet, as many music therapists will agree, music therapy improvisation is also, as process and theory, a way to approach and redefine music therapy itself. After all, the improvisational attitude is very characteristic. Therefore it is impossible to define music therapy improvisation without defining music therapy first. However, before doing this I will first define action, which, as is inferred, creates the foreground in my approach in the present project.

Action

Action is indeed a broad phenomenon but because I find it to be the most meaningful approach for the present project, I will begin by defining action by relating to the sociological perspective. I will also refer to Ruud, the music therapist and theorist, who defines music therapy within this perspective.

Action is often explained in connection to the process of socialization. Frønes, the sociologist, says that social science theory understands socialization as the external becoming internal (Frønes, I., 1995). This means that the external world becomes part of the internal, mental world during a process that is known as *internalising*. This process often happens unconsciously. Its opposite, *externalising*, is about the individual’s or groups of individuals’ influence, energy and actions. A central sociological point of departure is

therefore the relationship between socialization and the acting subject. This involves the development of the acting subject to the psychological “Self”. According to Mead, the social psychologist, this is constituted as an interaction process between internalising and externalising (Mead, G.H., 1962). For Mead, mind arises out of the social act of communication.¹² Thus, the relation between the social process of behaviour and the social environment is analogous to the relation between the individual organism and the physical-biological environment (Mead, G.H., 1962, p. 130). Mead’s concept of the social act is relevant to many facets of social philosophy. For the present project it reveals how the music therapy improvisation, as a social project between the client and the music therapist, connects to the social relations between the mind, the self and the society. It also includes the idea that both the client and the music therapist experience the music therapy improvisation within an environment in which these social relations occur.

An interesting aspect, which Frønes brings in, is that it is only a problem for the action performer if the socialization is interpreted as a process of manipulation. Frønes says that in this way the Self may become too I-weak, so to speak. He suggests therefore that socialization is about how the individual is shaped as a unique individual, as a social person *and* as an action performer. Hence socialization needs to be seen from both perspectives, from the ” I” and the Self (Frønes, I., 1995). It seems sensible to add this aspect here, especially when seen from the client’s position. It shows that as an individual, a social person and an action performer the client too, and not merely the therapist, influences the music therapy improvisation both as process and meaning.¹³

By basing his studies on video recorded analysis of the relation between mothers and infants Stern, the psychiatrist, suggests another perspective. He believes that the Self emerges through a biologically determined interaction with close “Others” (Stern, D., 2000). His studies reveal that the infant, to a larger degree than formerly presumed, is more active in his/her own development. The point is that the Others with whom the infant interact, are experienced as *close*. This means that the Others’ sense and ability to attune empathetically and creatively towards the infant are of large importance in socialization. This is an important perspective for music therapy improvisation where the therapy in large depends on the relation between the client and the music therapist. Many music therapists see therefore a parallel between Stern’s

¹² See also The Internet Encyclopaedia of Philosophy;
<http://www.iep.utm.edu/m/mead.htm#SH3b>.

¹³ I will return to this matter later on.

ideas, and their own thinking. His theories are often applied when they build theories (Hauge, T.S., and Tønsberg, G.E.H., 1996;, 1998; Holck, U., 2002; Trondalen, G., 2004; Tønsberg, G.E.H. and Hauge, T.S., 2003).¹⁴

There are challenges with importing theories such as Sterns', one being that due to the weight of the psychological aspects, the role of action is left too far in the background. This is not what I want with the present study.¹⁵ Here action, both as a phenomenon and a concept, creates the foreground. In my opinion music therapy improvisation *depends* upon actions. Odd Skårberg, a musicologist who has written about music therapy, supports this view when he suggests that the concept of action keeps the triad of client, music and therapist together. He says, "Actions are the glue from which musical forms become a net of layers of meaning" (Skårberg, O., 1998, p. 24, my translation).

The music therapist and theorist Ruud seems to agree with this line of thinking and he includes the concept of action in his theoretical framework defining music therapy. In his doctoral work he claims that what really happens in many music therapy settings is an *exchange of actions* between people (Ruud, E., 1987). Thus music therapy is defined as an effort to "*increase possibilities for action*" (Ruud, E., 1987, p. 39). He continues by explaining that accentuating the concept of action reveals how the music allows both parties in the musical interaction to perform as subjects, taking the initiative and making responses towards each other. In a later work Ruud puts his definition in a broader social context. His point is that increasing possibilities for action does not only involve directing music therapy to the individual needs of clients, trying to empower their developmental skills to increase their personal sense of agency; rather it means that because possibilities for action are often hindered by the larger structural barriers in society, there is a need to establish music therapy as something that could meet the broader sociological and cultural needs of the clients (Ruud, E., 1998, p. 3). This view requires that music therapists can see themselves as cultural workers, taking music therapy values and approaches into the community.

My definition of the concept of action resembles Ruud's. His view shows above all that action, both as a phenomenon and a concept, is inextricably intertwined with music therapy improvisation. In fact, it becomes difficult to think of music therapy improvisation without thinking of action.

¹⁴ I will also comment upon their theories later on, in part 4.

¹⁵ I will return to this discussion in part 4.

Music therapy

What is music therapy?¹⁶ As a music therapist, this question is challenging. Bruscia says, “Many music therapists may spend their entire careers trying to find the words to describe their clinical work” (Bruscia, K., 1987, ix). To respond meaningfully to the above question depends upon who one is talking to. In the present project I will mainly talk to other music therapists. This means that I assume that the people with whom I communicate through this text already have some pre-understanding of what music therapy is. In his book, *Defining Music Therapy*, Bruscia has made a working definition, which I find useful as a starting point (Bruscia, K., 1998). The definition is meant to guide and help music therapists in their work:

Music therapy is a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change (Bruscia, K., 1998, p. 20).¹⁷

This definition is meaningful in the sense that it includes what I regard to be the most crucial aspects in music therapy. These are: client, music therapist, music, experiences, relationships, process and intervention. In addition, it is suggested that the aim is to “promote health” and that this happens through “dynamic forces of change” caused by the interaction of the various aspects involved.

A more or less fixed formulated definition does not however change the fact that the term music therapy is unclear, even to music therapists. Something that might explain part of the unclearness is that music therapy is a hybrid of the two phenomena *music* and *therapy*, each of which is complex. Music, for example, seems to withstand a complete or full explanation and so far there is no agreement on the nature of music in music therapy. Trying to capture the essence of a musical experience for example, a challenge that music therapists share with other musicians, is therefore very difficult or perhaps even impossible. The therapy part does not make the issue easier. According to Bruscia, therapy and music are both indescribable in their own right. This makes the art of music therapy even more elusive to the pen (Bruscia, K., 1998).

Obviously then, it is not the questions that are troublesome; it is the answers. I suggest therefore, as does Ruud, approaching the question *and* its

¹⁶ For more about this see Stensæth, K., 2003.

¹⁷ The definition is also a synthesis of 38 of the most known definitions on music therapy, which have been collected by him (Bruscia, K. 1998).

answers in the light of meaning and relation. Ruud's reason for doing so is that his view of music consists of sounds primarily characterized through being perceived as signs with meaning. Since this allows a study of the interaction between how signs or sounds are organized, as well as the social, cultural, or biographical processes that give these signs meaning, the question of meaning and signification in music becomes *relational* (Ruud, E., 1998). This means that the music provokes inter- or intrapersonal interaction. In turn this explains how the music becomes meaningful and leads to initiative and change/growth (Ruud, E., 1998). A crucial argument is that music and therapy are not seen as separate phenomena; rather they are bound together, as "dialectics that are inseparable" (Ruud, E., 1998, p.150).¹⁸

Because music therapy cannot be defined by looking only at music itself or by studying music from the perspective of a listener, I find together with Ruud that the relational perspective is meaningful to the present project (Ruud, E., 1998). My idea is that it is impossible to exclude the relational perspective, especially when relating to a type of music therapy improvisation that depends on relation. Since phenomena like music and/or therapy alone belong to other "universes" than that of music therapy, I would be talking of something else if I separated them. One point is that music therapy is indigenously a different phenomenon from music and/or therapy and therefore it must be approached differently.

Meaning and relation is not enough to define music therapy. Rather, for music therapy to become itself it must also refer to a situation in context and time. For the present project this means that I have to describe "everything" in the setting of the video recording that can be of importance to the music therapy improvisation and its process. The challenge connects to the choice of words. When I describe the situation with the unique live music experiences, I easily end up with the same words as I have used to describe other and very different situations. I have therefore a translation problem.

Ansdell, the music therapist and theorist, highlights this translation problem as part of the "dilemma" in music therapy (Ansdell, G., 1999). A claim

¹⁸ Interestingly, in popular usage, the word "dialect" refers to a lesser-known language (most commonly a regional language), especially one that is unwritten or not standardized. In Greek, dialect is a variety of a language characteristic of a particular group of the language's speakers (Wikipedia, the free encyclopaedia, retrieved 07-05-19). This use of the word dialect is often taken as pejorative by the speakers of the languages referred to in that way. These descriptions support the assumption within the present project that music therapists (e.g. as insiders) communicate their thinking through their clinical practice; music therapy improvisation is their dialect.

herein is that music therapy works the way music works, not the way words work (Ansdell, G., 1995; 1999). The dilemma then is the challenge related to verbally representing and theorising the complex non-verbal phenomena and processes of music therapy. This means that the challenge regarding translation is of a conceptual kind, not a clinical kind. However, partly because music therapists also place themselves within many different discursive practices, it is almost impossible to agree upon one unifying descriptive understanding. As Ansdell suggests, one consequence is that...

...the “discursive practices” of music therapists become of equal importance to their clinical practices - and should therefore be given equal attention in matters of training, theory building and research (Ansdell, G., 1999, p. 14).

I agree with Ansdell in his call for an awareness regarding music therapists’ discursive practices. This however, does not change the articulation problems. Understandably then, many music therapists borrow words and concepts to define music therapy from other and more established theoretical traditions, such as sociology, education, psychology, etc. However, in the last 10-20 years along with research and theory development within the field, we have seen music therapy develop its own paradigm from within. Several music therapists have constructed their own language to describe music therapy processes. Such development is for example visible in the change of one word in Bruscia’s definition.¹⁹ In the 1989-edition of his book *Defining Music Therapy*, Bruscia says that music therapy is to “achieve” health in his definition, but in the 1998 edition he says music therapy is to “promote health”. He explains that this is done to “signal a complete shift in my ideas about the nature of health; it is a continuum rather than an either-or state” (Bruscia, K., 1998, xii). In my opinion this shows that music therapists explain music therapy as prevention care affiliated to an ecological perspective. As we shall see later on in this text, this perspective is important for my theory.

Summing up then, my definition of music therapy unifies with Bruscia’s, especially his arguments for adding the ecological perspective. This means that to cause growth and change in a client, I think the music therapist needs to promote action as well as personal resources. One consequence is that orientations that are receptive or emphasize and even prefer verbal communication as the main aim of the therapy are excluded in my definition

¹⁹ See earlier on.

within the present project. Again, I find that my definition of the concept of music therapy connects with my ideas of the relationship between action and music therapy improvisation. What I mean by this will be discussed in the following.

Music therapy improvisation

Music therapy improvisation is a complex phenomenon within music therapy.²⁰ I will link my definition of the term directly to the present project. This means that I will basically relate to a dyad, where the client is without words and therefore is dependant on the music therapist's ability to engage, interpret and musicalize his actions and expressions. Before I continue here it is perhaps necessary to comment upon the fact that the concept appears by different names. Some music therapists use the term *clinical improvisation* (Aigen, K., 1991; 2005; Wigram, T., 2004) , whilst others use *improvisational music therapy* (Bruscia, K., 1987; Wigram, T., 2004). *Music therapy improvisation* is also common (Lee, C. and Gilroy, A., 1995; Pavlicevic, M., 1997; 2000). Terminology is important and in the following I will say a little about the reasons behind my choice.

In *clinical improvisation* the word *music* is left out.²¹ I find this to be misleading when referring to musical actions such as those on the video recording in the empirical material. I also think it is unfair to portray clinical and improvisation as the main allies. In the type of therapeutic approach that I am talking about, it is music and improvisation that are the close allies. The term *improvisational music therapy* is not satisfying either because it signals that the music therapy is improvisational. This too is slightly misleading, since it is really the method that is improvisational, not the field or its goals.

I do not intend to distance myself from interpretations presented by any of the above-mentioned theorists. I simply prefer *music therapy improvisation* as my terminology. To me, this seems like a better term in the sense that it describes the immediate and main means by which the music therapist

²⁰ Bruscia has for example written over 500 pages about the different *improvisational models* in music therapy (Bruscia, K., 1987).

²¹ Interestingly, *clinical improvisation* is defined in Wikipedia, the free encyclopaedia, as "one of the main techniques of music therapy whereby the therapist improvises music according to the development of the patient/client, rather than the musical needs of the situation" (retrieved 06-01-19 from http://en.wikipedia.org/wiki/Clinical_improvisation). As a public opinion, I find that the Wikipedia-definition works well in the sense that it indicates that the main idea, which is identical to the clinical task, is to put the client in the centre of the musical improvisation.

improvises and expresses his/her impressions of the situation. Basically, by saying *music therapy improvisation* I think I point to the aspects that I experience the phenomenon to be about, namely the intertwining of music, therapy and improvisation. By including *music therapy* in the label, it is clear that I talk of a particular field. Because improvisation as a phenomenon impresses the phenomenon, it is also important to include *improvisation* in the term.

When I define music therapy improvisation I also think of its goals, which I expect to be more or less stable. For Bruscia relevant clinical goals are:

- Establish a nonverbal channel of communication, and a bridge to verbal communication
- Provide a fulfilling means of self-expression and identity formation
- Explore various aspects of self in relation to others
- Develop the capacity for interpersonal intimacy
- Develop group skills
- Develop creativity, expressive freedom, and playfulness with various degrees of structure
- Stimulate and develop the senses
- Develop perceptual and cognitive skills (Bruscia, K., 1998, p. 116).

I think Bruscia has collected the main goals. I want to add however, that in my understanding of music therapy improvisation, any of the above mentioned goals must be understood in relation to one aspect, which I find to be crucial. This involves how the musical improvisation becomes a way to deal with the here-and-now situation. According to my experience, this aspect in turn creates an attitude amongst the client and the music therapist, which allows us to experiment with meaning, or as Ruud suggests, “to invest our fantasies and test other possible ways of being” (Ruud, E., 1998, p. 179). This requires above all action.

Because the Nordoff – Robbins tradition is my main influence I will continue by presenting my interpretation of this perspective.

The Nordoff - Robbins tradition

The Nordoff – Robbins’ approach, which is sometimes referred to as “creative music therapy” after their book with the same title, has had great influence on Norwegian music therapy. I will however present their theory the way I have personally understood, internalised, and cultivated it. It might be relevant to

know that my clinical practice as a music therapist (as is Nordoff and Robbins') is connected to the work with handicapped children.²²

Basically I find that music and relation, including a clear perception of the role of the music therapist, construct the main concepts in their approach and in the following I will emphasize my understanding of these.

Their positioning of the *music* is one of the core ideas in the Nordoff – Robbins theory. Music is the creative force through which the therapy becomes possible. The *musical* improvisation is seen as a predominant means of interaction and communication between the therapist and the client, and becomes therefore the main “crucible” for therapy.²³ Musical parameters like timing, tempo, rhythm and pauses are the entry points for the music therapist's intervention and interpretation. The creation of music becomes the “sphere of experience” out of which the therapy grows.²⁴ Implied in this image is their assumption that in every child, regardless of ability or disability, lives an inborn musicality and musical sensitivity, which is referred to as the “music child”.²⁵ Nordoff and Robbins assert that the music child refers to the universality of musical sensitivity, the heritage of complex...

...sensitivity to the ordering and relationship of tonal and rhythmic movement; It also points to the distinctly personal significance of each child's musical responsiveness (Nordoff, P. and Robbins, C., 1977, p. 118).

Regardless of whether one agrees with their assumption that the client's personality is developed from within using inner resources, or is moulded from the outside, it is the *therapist's* role and attitude towards the client that I find most interesting. The way I understand them, it is what the therapist manages to do with the music child that is of greatest importance to the therapy process.

²² However, in contrast to my situation where I am the only music therapist, in their work and training there are two therapists working together. One of them has the role of a co-therapist.

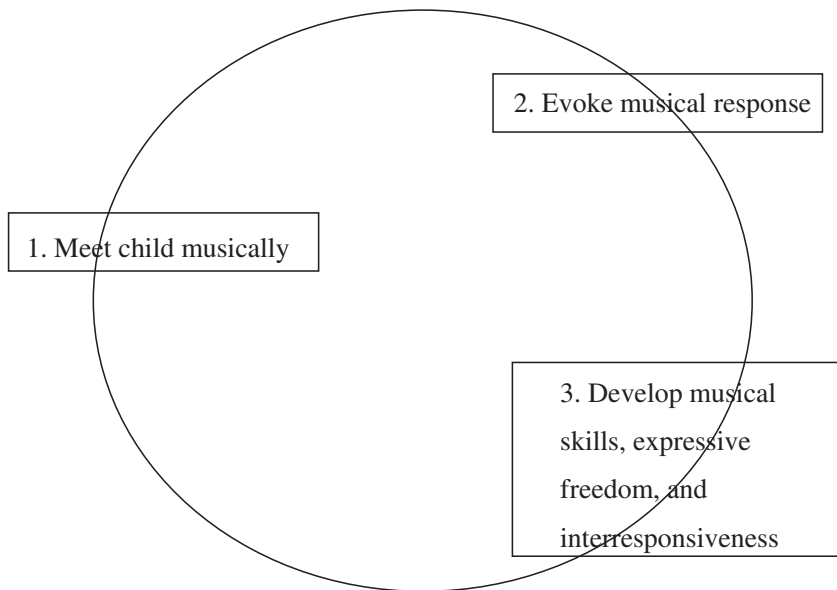
²³ This is Bruscia's expression (Bruscia, K., 1987, p. 24).

²⁴ It is Nordoff and Robbins who express it this way (Nordoff, P., and Robbins, C., 1971, p. 16).

²⁵ It is worth mentioning that several aspects of the Nordoff – Robbins approach can be traced back to the ideas of both Rudolph Steiner, the humanistic anthroposophist, and Abraham Maslow, the humanist psychologist. Bruscia expresses it in this way: “Like Steiner, Nordoff and Robbins believed that within every human being there is a musical self which responds to music, resonates with emotions, and mirrors other aspects of the personality”... “Concepts of Maslow found in the Creative Music Therapy include: the channelling of impulses, growth motivation, self-actualisation, intrinsic learning, creativeness, and peak experiences” (Bruscia, K., 1987, p. 68).

This includes meeting the client as he/she is and for example not with a particular normalized picture of how he/she should be. It also means meeting the client with a willingness and belief that it is possible to achieve betterment through the music. Such an attitude towards the client encompasses a fundamental trust that the music contains many possibilities in which the music therapy improvisation can unfold. This is what creates the needed “sphere of experience”, which is the basis for the client’s growth and well-being. Progression is directly connected to the musical process and the competence of the therapist. Three areas are described as being the most important: 1) meeting the child musically, 2) evoking sound or music-making responses, and 3) developing musical skills, expressive freedom and interresponsiveness, something which is illustrated in the following model (Bruscia, K., 1987, p. 45).²⁶

Figure; Areas in the Nordoff - Robbins oriented approach



Each work phase is characterized by its own objectives and techniques and is at a different level of development or readiness. The model is not linear and

²⁶ Bruscia’s figure has arrows. See Bruscia, K., 1987, p. 45.

Bruscia interprets it such that with some clients an entire session or period of therapy may be devoted to one or two phases; with others, a single improvisation may involve all three phases (Bruscia, K., 1987, p. 44). It is also possible to see the phases and their interrelation as a *move* and/or *structure* of the progression within a single improvisation. The beginning of an improvisation is perhaps mostly connected to phase one, which is to meet the client musically. Thereafter there may be more focus on phase two, evoking musical response. Sometimes the improvisation develops towards phase three, developing musical skills, expressive freedom, and interresponsiveness. This phase however, includes the former two, since developing musical skills, expressive freedom, and interresponsiveness alone is not possible to achieve without an intention to meet the child musically and to evoke sound or music-making responses. In the same way the second phase predicts the first phase: Evoking sound or music-making responses is based on meeting the client musically. In the end the music therapy improvisation turns into a hermeneutic circle in which parts and whole are interrelated and integrated with each other. This move between phases, parts and whole, necessarily requires a music therapist's ability to move between levels of theorizing in one and the same improvisation. Yet the therapist should not play to express him/herself, but instead play "clinically". Garred, the music therapist and theorist, interprets this as a way to...

...harmonize with the mood and the emotional level of the client, as perceived in the given situation, rather than trying to play out his or her own feelings there and then (Garred, 2004, R., p. 276, who is also referring to Bruscia, K., 1987).

I find that the above citation shows the need for the therapist to be emotionally engaged, and aware of the situational differences when meeting with the client.

The second main topic included in the present portrayal of a Nordoff – Robbins-centred theory concerns the relational aspect. Both from what I have learned from their writing and seen from their recorded improvisations, the therapist – client relationship is particularly treasured. There is great emphasis upon the therapist to express acceptance, joy and motivation of being in music as well as making music with the client. For them it is important that the client enjoys participating. When his/her interest and pleasure in the activities increase, the client is motivated to further his/her expressive musical skills. Nordoff and Robbins also think that every human being deserves to be met as a unique individual in a unique situation. The mix of factors such as personality,

time, place, context, interaction history, atmosphere, etc., constructs the setting. Basically, and as I understand it, it is through the uniqueness of every setting that the musical and relational aspects develop.

The client²⁷

A concept that is often left out of the definitions is “client”.²⁸ What does client mean and what role does the client have in the music therapy improvisation?

Obviously, the client is the very reason why the music therapy exists. He/she is the one who needs help and it is his/her connection with a problem that the therapy seeks to solve.²⁹ Yet, in music therapy improvisation, especially when preferring an ecological perspective wherein the client is seen as a whole person with own personal resources and qualities, client is defined within a larger perspective. In her research project, Kenny reminds us that the client and the music therapist are both human beings; each one is a field full of conditions, an environment “similar to the alpine meadow, the swamp, the prairie, and full of beauty, surrounded by beauty” (Kenny, C.B., 1989, p. 74). She suggests therefore adding the following image to the definition of client:

We can say that the client, being a *field of beauty*, is whole and complete, unique, an aesthetic. In a sense, the process of development is to expand this field through increasing certain conditions, or merely re-organizing or creating new patterns of conditions (Kenny, C.B., 1989, p. 74, my italics).

For me this image works as an ecological precondition for the music therapist to meet with the client as a human being with many personal resources. In this sense the image, romantic as it may seem, reveals that the client becomes the *map* for the therapy: It is his/her feelings, expressions, reactions, and responses that guide the music therapist in his/her intervention. This does not mean that the therapist should be blind to the difficulties or particular challenges the client has. Without losing sight of beauty and uniqueness, it is just as important to relate to the client’s concrete limitations and need for preparation. This is

²⁷ I must add that although I often say “the client” in this text, I do not always speak of the client participating in the present project. When I relate to the video recording I speak of him in particular, but otherwise I speak of “the client” as an exemplar.

²⁸ I could have used “pupil” seeing as the multi-handicapped boy participating in the present project was a pupil at the special needs school where the music therapy improvisation was recorded. However, in order to differentiate between labels such as “education” and “therapy”, I prefer client.

²⁹ This problem might be more or less articulated.

necessary in order to work towards achievable goals and avoid undesirable development.

Although the client is not responsible for initiating the music therapy improvisation, it is important to add, albeit implicitly, that the client also has the role of an *engager*. This is important in order to be able to classify the therapy as *serious work* (Nordoff, P. and Robbins, C., 1977). It also explains why Bruscia characterizes the relationship between the client and the therapist in the Nordoff – Robbins tradition to be a “working relationship” that develops continuously through intense work and participation from both parties (Bruscia, K., 1987, p. 63).

More importantly, at least when seen from the present project’s point of departure, is the idea of the client as a *co-actor*. This perspective includes depending upon the client’s actions in order to realise the music therapy improvisation. This also means that the client’s own will and personal commitment to being *actively* involved with music therapy improvisation, even his/her approaching it actively as “serious work” as Nordoff and Robbins suggest, is of importance in promoting health. In this sense the client, to play with Nordoff and Robbins’ terminology, has a role as a *serious co-worker*.

The music therapist

The fact that many and complex areas and practices represent the field of music therapy makes the term music therapist challenging to define. Many labels have been suggested. Nordoff and Robbins talk of the music therapist as a *supportive teacher*, a *helper*, and a *creative musician* (Nordoff, P. and Robbins, C., 1971a; 1977; 1983; 1985). Sometimes, because the therapy process depends upon him/her being capable of determining the needs of the situation, they almost describe the music therapist *as* the music therapy improvisation. This is visible in the following citation:

The therapist will find the essence of music therapy to lie in his improvisational creation of music as a language of communication between him and an individual child. The “words” of this language are the components of music at his disposal; its expressive content is carried by his use of them. In the clinical situation he becomes the centre of musical responsiveness himself; the music his fingers draw from the instrument arises from his impression of the child: facial expression, glance, posture, behaviour, condition – all express that presence his music will reflect and go out to meet. The flexibility of his playing searches out the region of contact and sets the musical ground for interactivity. The timing of his playing –

its tempo, its rhythms and pauses – attentively follows, leads and follows the child’s activity (Nordoff, P. and Robbins, C., 1971b, p. 143-144).³⁰

Other music therapists define music therapist differently. Ansdell and Pavlicevic call the music therapist a *companion* and an *accompanist* (Ansdell, G. and Pavlicevic, M., 2005). The latter involves not only accompanying the client in sound; rather it also involves the therapist accompanying the life of the client. For example, when referring to the influence of theories coming from theorists such as Stern, Trevarthen, and Malloch, the music therapist is often compared to the role of a “*mother*”.³¹ In particular it is the mother’s caring and instinctive way of relating and attuning to her child that is emphasised in these comparisons.

Still, because of a manifold of practices and professional backgrounds, the role of the music therapist is unclear. Ruud says that the difficulties connected to the identification of the music therapist’s role have to do with the amount of roles he/she has as social worker, special educator, caregiver and cultural worker. He concludes:

In sum, this “trickster” identity not only makes it hard for the public to grasp what professional music therapy is really about, it makes the rules of transaction and interaction and the common basis for a contract upon which to establish any intervention difficult (Ruud, E., 1980a, p. 147).

Really music therapists, as Ruud shows, must negotiate to create a space for intervention in almost every new situation and often a lot of effort has to be spent upon “securing boundaries and identities, aiming towards some sort of credibility” (loc. it). For me however, there are other characteristics that are foundational when we define the term music therapist. One is the role of the music therapist as a *participating observer*. The music therapist does not just help, support, accompany or interpret the client and his musical actions. He/she also participates and observes the client actively. For instance, in order to respond and interact empathically towards the client, the music therapist perceives attentively; he/she sees and listens carefully, be it musical sounds,

³⁰ Curiously the citation “could have been” one of the collected observations of the formerly mentioned video recording collected in the present research project with the multi-handicapped boy. See later on, in part 3.

³¹ As we shall see later on in the theory part, several music therapists are influenced by the theories of Stern and Trevarthen when they build theories about music therapy improvisation.

verbal language, bodily gestures or facial expressions, while participating. This requires that the music therapist becomes a *personal motivator* for the client.

Because it belongs to the professional side of being a therapist, it is perhaps odd to require authentic personal involvement. In music therapy improvisation however, the situation is rather special. My point is that by being actively involved with the musical actions, the music also stimulates the music therapist by creating energy, motivation and pleasure to continue working with the client. Therefore, just as he/she expects the client to be, the music therapist too is energized by the music.³²

One last aspect, which I think identifies the music therapist and also intersects with the project's point of departure, relates to the music as an *action- and interaction promoter*.³³ In order to construct a situation through which the musical interactions create a meaningful coherence, the music therapist must often quicken the client to act, something which can be a challenge with children who are severely handicapped. Bruscia labels this *interactor* (Bruscia, K., 1996). The term refers to general human interaction and processes such as matching and mirroring, terms that are well known within music therapy improvisation.

My experience, which relates to my pre-understanding of the relationship between music therapy improvisation and action, is that the role of the music therapist as an interactor is wider than that. Seen from a philosophical perspective, the prefix *inter* is interesting in the sense that it that action is seen as something occurring *between* the client and the therapist. The music therapist therefore cannot be seen as being isolated within this task; he/she also depends upon the client responding to his/her actions *and* that together they manage to create something between them.³⁴ If the music therapist enters the music therapy improvisation by relating to the client as a mutual and reciprocal partner, one consequence will be to regard the client as a *co-creator* of his own therapy process.

I think that the term music therapist can be defined in many ways, also within this particular project. However, and as the above presentation shows, it seems clear to me that the role of the music therapist, although unclear and

³² How can a therapist expect the client to be stimulated by the music if he/she does not experience it him/herself? Talking about the role of music in music therapy, Garred says that we need to relate to it as music (in contrast to a means for achieving non-musical goals); if we do not approach it as music, we cannot expect any beneficial results to come from it either (Garred, R., 2006).

³³ I will return to action as a phenomenon within music therapy improvisation.

³⁴ The prefix *-inter* means between. For more on this see the description of my pre-understanding earlier on, or see later on in part 5.

difficult to identify with one word, demands several *qualifications*. In order to sum these up, one might say that in order for the music therapy improvisation to be successful it depends upon the music therapist's abilities to work musically within the here-and-now together with the client. This requires him/her managing to work within different mental modalities. Here it is meaningful to mention Bruscia's call for a move through modes of consciousness (Bruscia, K., 2000). He suggests that the therapist in music therapy improvisation does not need to adhere to a particular "perspective" while maintaining the same focus; rather he must be able to move around in relation to the phenomenon until a more meaningful construction is possible:

This to me is the essence of therapy, for it is this deconstruction and reconstruction, decontextualizing and recontextualizing, and moving from one mode of consciousness to another that therapist and client do in the process of therapy that lead to more fulfilling meaning as the outcome. Here again, I am saying that meaning is at the centre of both process and outcome, and adding that moving into different modes of consciousness is the key variable (Bruscia, K., 2000, p. 90).

I wish to add this perspective here since such mobility within modalities says a great deal about what it really takes for a music therapist to manoeuvre a music therapy improvisation.

Meaning

In general all thinking is connected to semiotics and the very question of meaning. As is shown in the above citation, Bruscia puts *meaning* in the centre. What does meaning here actually mean? Basically, I would say that meaning occurs when a person experiences meaning. Apparently however, people experience meaning differently. During my years as a clinician I have learned that a client experiences meaning when others do not. Therefore to me, meaning is a fuzzy concept. In order to come to terms with a definition that works for me in this text I will present those aspects that I believe are most crucial to this particular project.

Because it requires both perception and communication there are several processes that could be considered when we define meaning. I wish, however, to emphasize those processes that incorporate aspects of music as well as action and interaction, and not purely the verbal aspects. In this sense I believe that the

following definition constructed by Aksnes and Ruud is relevant for the present study:

By “meaning” we mean simply the conceptualization of something, regardless of whether this something is of linguistic or non-linguistic nature. Thus, both auditory images, visual and kinaesthetic images and linguistic associations evoked by sounding music all contribute to the complex network of musical meaning (Aksnes, H. and Ruud, E., 2008 (accepted for publication), p. 6).³⁵

What I like about this definition is their inclusion of the *body*. For the client who participates in the present project this perspective is crucial because he is without words and basically experiments with meaning through bodily actions. Meaning is not entirely an intellectual process, rather the body experiences meaning too, such as through the sensory system.

In the same article, Aksnes and Ruud also stress that meaning is an *emergent* phenomenon. This aspect is important for the present project, especially since the phenomenon I am dealing with is improvisation; it is about creating and/or finding meaning, or as I said earlier on, experimenting with meaning. One could also say that music therapy improvisation is about creating meaning; in other words meaning emerges through improvisation. This means that meaning unfolds along with the process, which must not mistakenly be understood as excluding systematic work.

Yet, meaning is also *perceived*; it has a cognitive aspect too. Aksnes and Ruud assert that by including several modes of cognition in a complex network of cognitive processes, meaning is contingent upon our personal life experiences and particular mental and emotional dispositions at any one time (Aksnes, H. and Ruud, E., 2008 (accepted for publication)). The picture

³⁵ In defining musical meaning, Aksnes and Ruud refer to the special circumstances of musical communication within the BMGIM (The Bonny Method of Guided Imagery in Music), which is a receptive music-therapeutic method wherein the client listens to a specifically selected program of classical music in a deeply relaxed state, whilst reporting his/her concomitant musical imagery to the music therapist. Keeping the BMGIM as a point of departure they believe that music is so *indeterminate* (a term that they have borrowed from Maus and Walton), that it can be interpreted in a myriad of manners. This means that we can relatively freely project our own beliefs and concerns into its meaning and that we often take several different perspectives on music during one and the same listening (Aksnes, H. and Ruud, E., 2008 (accepted for publication), p. 6). Although my approach to musical meaning is different from theirs, mostly because I relate to musical actions, doings and makings and not just listening as such, I find their discussion of the concept interesting. In fact some aspects, despite the different points of departure, are transferable to my discussion and it is these aspects that I have included here.

however is complex. It becomes even more complicated when taking into account that underneath each conscious experience lies a myriad of unattended cognitive processes. According to Aksnes and Ruud (who borrow words from Johnson, the linguist), this means that the “preintentional, nonrepresentational background of shared capacities, practices and stances towards objects in the world” must be included (Aksnes, H. and Ruud, E., 2008 (accepted for publication), p. 6).³⁶ This shows that meaning includes processes that we are not aware of. Even obvious intentions may be influenced by more or less unknown intentions. This reveals that for the persons participating in music therapy improvisation, meaning includes both *conscious and unconscious processes*. Hence one could say that for meaning to emerge depends on the culture and ecology that the music therapy improvisation affords, and whether it is of a conscious or an unconscious kind.³⁷

Of importance to the present project is the perspective that meaning, in order to be expressed, also connects to *action*. Hence meaning is above all something the client and the music therapist actively negotiate through their improvisational interaction, whether it is bodily - through gestures and facial expressions - or musically - through sound and rhythm, etc. Therefore, meaning requires actions; it is not something the client and the therapist passively pass over to one another, rather it is something they both actively create together by taking part and “working seriously”.³⁸

Affordance

Instead of applying labels such as culture and/or ecology in the above paragraph I could also say “affordance”. When interpreted in the context from which I am talking, I find it meaningful to present affordance in relation to action and experiences.³⁹ The idea is then that any given environment *affords* a number of actions and experiences. This means that the environment itself, including the uses, functions, or values of an object, offers opportunities regarding actions and experiences. Implied in this view (and here I admit that

³⁶ Authors’ underlining.

³⁷ See my definition of the concept affordance in the following section.

³⁸ The expression relates to the statement made by Nordoff and Robbins when they characterize music therapy improvisation as “serious work”. See earlier on.

³⁹ Aksnes and Ruud explain affordance by relating to actions and perceptions (Aksnes, H., and Ruud, E., 2006). They refer to James J. Gibson’s ecological theory of perception from 1979, which seeks to throw light upon the interactions between perceiver and environment. Instead of *perception*, I will use *experience*. My reason for doing so is that I feel perception is too associated with cognitive processes. Experience is wider and welcomes processes that are unconscious - an important point for me.

my description is borrowed from Aksnes and Ruud's interpretation of Clarke, the music psychologist) lies the idea that experience and action are inextricably linked in music therapy improvisation, as in a *dialectical relationship*.⁴⁰ Experience requires action, and action requires experience. What this all means is that I suggest affordance within music therapy improvisation to be seen as a result of the "ecology" of the dialectic between the two. Neither the client nor the music therapist must impose their needs to the environment afforded by the music therapy improvisation; rather this is more like a cultural condition in which they take part, through action.

Theory

Another concept that needs to be defined is "theory".⁴¹ Bruscia says that basically "a theory is a way of thinking about what we do or what we know" (Bruscia, K., 2005, p. 540). Yet in general, theory is abstract. Kenny suggests that since every new situation brings new and varied elements into our thought structures which are specific to the context, an important goal is to describe the constant elements of our experiences while excluding the unseen structure of our theory (Kenny, C.B., 1989). I think that both Bruscia's definition and Kenny's suggestion are meaningful for the present project. One reveals that theory is personal and around us all the time. The other describes that to theorize is to get hold of the constant elements connected to how music therapists experience and describe the relationship between music therapy improvisation and action. Both definitions show however that theory is a complex concept, especially since it is very much connected to a context and the person who constructs it. As a way to define theory within the frames of the present project, I will shortly discuss those aspects that seem to be most crucial for my thinking.

One challenge connects to the personal perspectives of the theorist. Considering that someone creates a theory, the theory is always dependant on the theorist's constructs and propositions. Being the theorist in the present text, this means that my theory is based on my views of what music therapists do in music therapy improvisation, or how we describe what we do.⁴² Another challenge is the role of practice. The confusing part here is that theory both

⁴⁰ For more information see Aksnes, H. and Ruud, E., 2007.

⁴¹ *Theory building* as such will be discussed in part 5, parallel to the process of synthesizing my own reflections upon the empirical and theoretical material deriving from the present study.

⁴² I say "we" since I regard myself as one of the music therapists and because I include my own experiences as a music therapist in the empirical material.

shapes and is being shaped by practice as well as research. This means that because there is often a close relationship between theory and practice regarding music therapy improvisation and because both include tacit knowledge and intuition, it is not easy to trace back the original idea.

These challenges imply that defining theory within the present project is very much linked to me personally, both as a music therapist and a researcher. Because processes of understanding, explicating and articulating aesthetic experiences will be included, I must ask myself questions such as: When is my theory speculative and when are my arguments based on empirical “evidence”? As the point of departure in the present study is my pre-understanding, I suggest that some degree of *introspection* is required.⁴³ This means that in order to lift my pre-understanding and intuition to a surface where it can be tested and evaluated, I must look inside myself in order to understand how I construct my own theory. I also need to be aware of the fact that as I seek support from a group of experienced music therapists, I can only deal with their way of thinking and talking. A relevant question here is: What aspects are kept in the foreground and what aspects are left in the background in their descriptions and how does this affect my theory? I must also reflect upon what it is about the phenomenon that receives attention. Ultimately this means that theory in the present project is *making explicit that which is implicit within a specific group’s way of thinking*.

From an epistemological point of view theories are classified differently and basically the distinction involves two categories. One is the practice-oriented theory. This theory type tells us *how* to practice it, so to say. Its intention is to realise a meaning, an idea or a value. In a way it tends to modify the world. The other category is the “pure” theory. This theory type tells us *what* the world looks like. It describes, explains and sometimes preaches and does not initially intend to modify or realise anything. Many theories on music therapy belong to the first category in the sense that they have a tendency to *guide* practice (Bruscia, K., 2005). However, I assume that the theory I will end up with in the present project will be closer to the latter type. My intention is to understand what the “world” of music therapy improvisation and its relationship to action looks like; I do not intend to explain why and how it has become so, neither do I intend to change it, nor the way it is being practiced.⁴⁴

⁴³ Aigen believes that the nature of the music therapy process requires introspectational observation and explanation (Aigen, K., 1991, p. 91).

⁴⁴ On the contrary, I believe that music therapy improvisation as practice works well, at least from what I have seen over the last twenty years.

Thus the problem that I am trying to grasp through my theory building is of a conceptual kind rather than a practical kind.

Intuition

As I will define the term intuition thoroughly in the next part (part 2), I will only comment upon it briefly now. Intuition is a term that has many related meanings. Usually these are connected to the “ability to sense or know immediately without reasoning” (Wikipedia, the free encyclopaedia).⁴⁵ In the present project I will relate intuition to this type of quick and ready insight, knowledge and understanding that is internalised without apparent effort by me as a person, a music therapist and a researcher. Thus, intuition refers to both immediate experience and cognition without the use of rational processes *and* the perceptive insight gained by the use of this faculty. Within the present study intuition is also understood as a link to unconscious processes. By accepting that certain aspects in the relationship between music therapy and action as a phenomenon are hidden from me, I recognize their existence and regard them as being possible to discover throughout the research process. I also regard intuition to be connected to actions, including those that are of an embodied kind. The reason for saying this is that it is basically through actions that my insight, whether it is more or less hidden in my understanding, becomes possible to “prove” and/or acknowledge. Here actions include interactions between the client and therapist in the video recording, because it is through their interactions that my intuition of music therapy improvisation and its relationship to action becomes possible to reach and apprehend. This means that it is not only the music therapist who acts intuitively in the music therapy improvisation; the client also acts intuitively, whether or not he has verbal language.

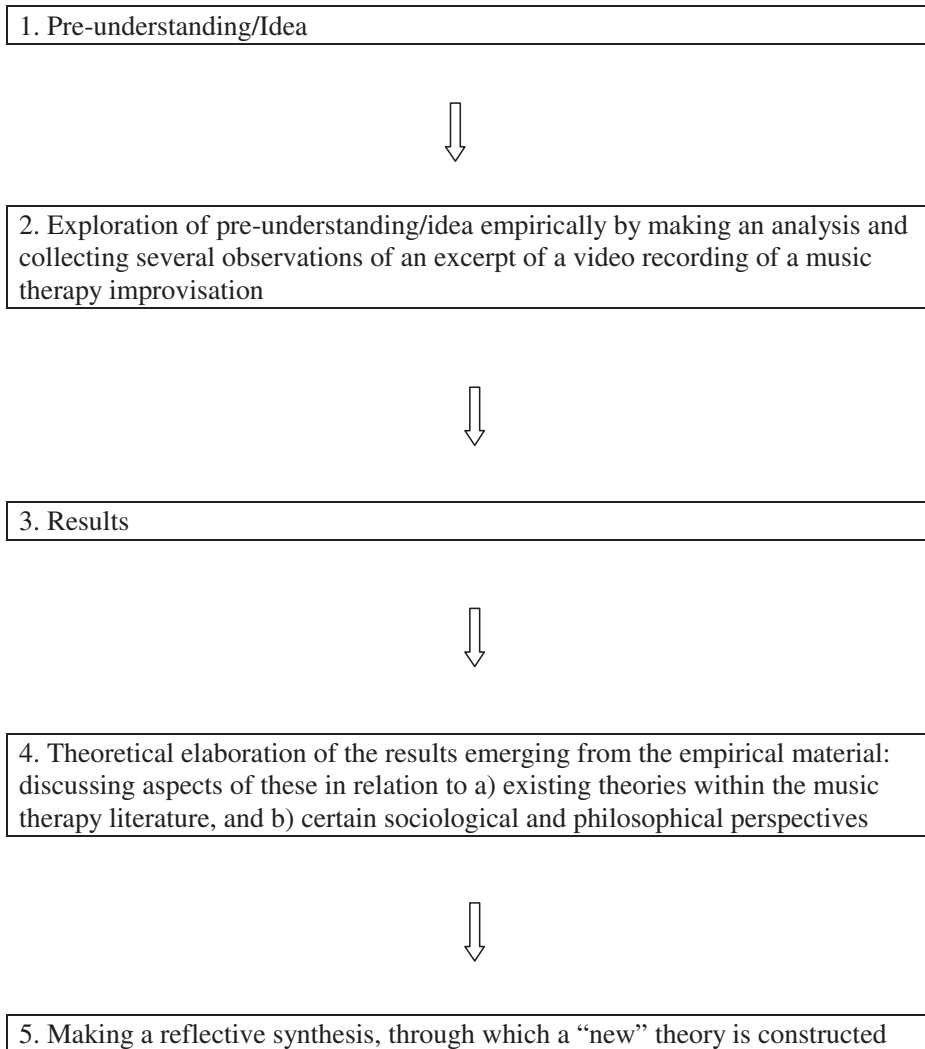
Research design

Finally, it is time to present the research design but before doing this I will comment upon the following: Although the arrows point in only one direction, I do not regard the research project to move linearly. On the contrary, the research process moves in circles and spirals, going back and fourth between

⁴⁵ Retrieved 07-06-18.

my own pre-understanding, the empirical material and the theoretical discussions. The figure highlights however the main steps of the research process.

Figure 1: Research design



PART 2:

METHODS

The word method comes from Greek *meta* ('after') and *hodos* ('way'). Method is therefore about following a way, a path or an approach. A challenge in every research project is to find the best approach to suit the focus of investigation. The approach in the present study is framed by its two main lodestars. One of them is *intuition*, and the other is *exploration*. Both terms indicate that I will relate to method as process. This means that although my pre-understanding gives me a feeling of where to go, the paths will also be partly explored along the way. As such, a suitable characterisation of my methodological approach is perhaps hidden in the concept *research* itself:

What is research? The word comes from the French *recerchier*, meaning "to investigate thoroughly" (Webster's New Collegiate Dictionary, 1993, p. 995). Some take the parts of the word as a reminder that we must re-search – embarking on a journey of discovery and exploration (Wheeler, B. (Ed.), 1995): Introduction to Ch.1) questions: C.T. Eagle, personal communication, June, 1982; Payne, 1993).

To me this becomes a good description of an attitude imbued in the present project: In order to understand and rediscover experiences, feelings and images

of the phenomenon my investigation is about, I will explore and study my own experiences, as well as other music therapists' experiences of the video recording. A thorough investigation will be achieved as I couple these with a discussion of established theories that deal with the relationship between music therapy improvisation and action as a phenomenon.

Since the study is a composition of empirical material, subjective commitment and scientific objectivity, different layers of method are involved. I believe it is helpful to distinguish between two main layers; methods relating to the first-order theories and methods relating to the higher-order theories. Those methods relating to high-order theories deal with philosophical and abstract theories, such as philosophy of science. I will call this part "methodology".⁴⁶ The first-order theories, such as the interpretation of the video recording of the music therapy improvisation, deal with the empirical material and the concrete "realities" of the world. I will call these "methods connected to the collection of the empirical material".

Methodology

My project places itself under the umbrella called the *qualitative research paradigm*. Since qualitative methods focus on the concrete and unique in a process and are directed at experiences, events, persons etc., they are appropriate in a project like the present in which part of the intention is to interpret and understand a particular event involving a music therapy improvisation and a client's special mode of expression. Qualitative methods satisfy a demand for immediacy and closeness in the comprehension of the single improvisational process. This suggests that it is important to hold on to the first *prescientific* and *immediate understanding* but also to try to stay close to such experiences within the elaboration. I find that this goes well with my choice to keep my *intuition* of the relationship of action and music therapy improvisation as a starting point in my approach: I allow, in fact I "trust", my

⁴⁶ Stige suggests the notion "meta-methodology" to imply examining those ontological and epistemological aspects of meta-theory that could *inform* the methodology of the inquiry (Stige, B., 2003b, p. 29). I intend to include this perspective in the term "methodology", which is the following heading.

intuition to guide me in the process. This means that I accept that I have a *suspicion* of something, but something which I *do not understand completely*. How does this kind of intuition place itself within the philosophy of science?

A hermeneutic intuition?

Intuition is a condition that is most likely to be treasured in a hermeneutic tradition. Traditionally, hermeneutics operate at a distance from explanation-oriented scientific theorizing where “pure” knowledge is the usual, reasonable and rational way. Rather, hermeneutics stress *interpretation* and *insight*, in which intuition is given an important role as some kind of a...

...privileged royal road to the “true” knowledge of the world – as a stroke, whereby patterns in complex wholes are illuminated by a kind of mental flashlight, giving an immediate and complete overview (Alvesson, M. and Sköldberg, K., 2000, p. 52).

Alvesson and Sköldberg divide intuition in hermeneutics into two types:

1) *The traditional “Verstehen philosophy”* with its emphasis on re-enactment (Einführung) of the meanings that the originators of texts and acts, authors and agents, associate with these. This kind of intuition belongs to the objectivist hermeneutics, which serves the understanding of underlying meaning, not the causal connection.

2) *The alethic hermeneutics* with its focus on truth as an act of disclosure in which polarity between subject and object, between understanding and explanation for instance, dissolves in the radical light of a more original unity.⁴⁷

Whereas the Verstehen-intuition is visualized in the hermeneutic circle where the whole and its parts integrate and are dependant upon one another, the alethic hermeneutics advocates for another circle; one between pre-understanding and understanding. Within the alethic hermeneutics there is usually a distinction between Heidegger’s thinking as the existential directed one and Gadamer’s as the poetic one. These are related, but one distinction seems to be the way Heidegger connects hermeneutics to ontology, as if existing is interpreting. Gadamer asserts that language is important for pre-understanding. According to Alvesson and Sköldberg, pre-understanding is therefore seen as an essence of language and thus also understanding, thinking

⁴⁷ From Greek *aletheia*; uncoverdness. Alethic hermeneutic therefore calls for the revelation of something hidden.

that at its deepest level it is metaphorical poetic, not logical-formal (Alvesson, M. and Sköldberg, K., 2000).⁴⁸

I assume that my use of intuition is placed somewhere between the verstehen-philosophy and the alethic hermeneutics: I do look for an underlying meaning but I also look for some kind of a connection between my pre-understanding and my present (emerging) understanding. I do not trace logical-formal thinking; rather I try to systemise my exploration as I go along expecting to end up with a theory including new metaphors. What strikes me as I try to identify my own research process is the way it unifies with the process of doing music therapy improvisation; both processes include the intuitive condition and both represent the hermeneutic intention of aiming to let the experience speak. This indicates how thinking about music therapy improvisation is interconnected with actions and practice, experiences and situations.⁴⁹ An interesting aspect here becomes how the relationship between music therapy theory and practice moves as hermeneutic *circles* rather than a cause - effect relationship.⁵⁰ It is as if it is difficult to study one of them without including the other.

Gadamer's discussion of understanding as a phenomenon brings in an interesting aspect, which I find important to add here. As we have seen, Alvesson and Sköldberg do not translate the German version "verstehen" to the English "understanding". Apparently, the English concept does not cover a complete interpretation; at least not in the way Gadamer initially described it. Gadamer holds the nature of this concept "verstehen" in the centre of his investigations stressing that it is closely connected to the German "Verständigung", which means "coming to an understanding with someone" and/or "coming to an agreement with someone", like in the German "Einverständnis" meaning "understanding, agreement, consent".⁵¹ Instead of the binary implication of "understanding", in the meaning of a person understanding something, Gadamer pushes toward a three-way relation: one person comes to an understanding with another about something they thus both

⁴⁸ Emphasizing the metaphorical aspects reminds certainly of the philosopher Ricoeur, who says that metaphor and narrative are intimately linked in an encompassing *poetical sphere*. Here it is perhaps helpful to remind of that poetics and poetry are not the same thing; whereas poetics is the study of literature, poetry constitute one of the objects of study for poetics. I will return to Ricoeur soon.

⁴⁹ Aigen accentuates that abstract thinking in music therapy is *evaluated* by music therapy practice Aigen, K., 1995.

⁵⁰ See Rolvsjord, R., 2002.

⁵¹ Here I refer to Weinshemer and Marshall in their translation of Gadamer's book "Truth and Method" (Gadamer, H-G., 2003).

understand (Gadamer, H-G, 2003). Reading about this distinction made me realise that I too relate to understanding as in Gadamer's "verstehen". My intuitive understanding is above all an ongoing process that involves other people, whether it is the client, the other observers, other theorists, or even my "old self" for that matter. What I do in the present project really is try to come to an understanding with these other people about music therapy improvisation.⁵² Hence, understanding within the present project also involves a relational perspective.⁵³ One consequence is that the project, to borrow from Gadamer's own words, is to "lend oneself to the emergence of something else" within the "hermeneutic universe to which we are opened, not imprisoned" (Gadamer, H-G., 2003, p. xxiv and xvi). In other words, I believe that by relating to others I will come to an understanding. In this sense the present project, just as in the practice of doing music therapy improvisation, is to move within hermeneutic circles, parts and whole, and between my pre-understanding and my understanding, searching for and allowing meaning to emerge.

Such an approach involves *personal commitment* and to Ricoeur, the philosopher, this is a point in any interpretative action:

We are not allowed to exclude the final act of personal commitment from the whole of objective and explanatory procedures, which mediate it [...] Ultimately, the correlation between explanation and understanding, between understanding and explanation, is the "hermeneutic circle" (Ricoeur, P., 1971, p. 561).

The aspect concerning personal commitment easily associates with phenomenology, which as a paradigm advertises for personal and subjective involvement. The question raised here is whether there is also a phenomenological intention involved in the method chosen for the present project?

- Or a phenomenological void?

The reason why subjectivity is often associated with phenomenology can be seen as a result of the history of philosophy of science. Initially interest in the empirical material was shared between positivism as a quantitative oriented approach *and* phenomenology as a qualitative approach. However, since

⁵² Additionally it is the relational understanding that interests me, not an understanding that belongs to me solely.

⁵³ This interest in the relational understanding may partly explain why I became a music therapist in the first place. For more on relation and dialogue, see the presentation on Bakhtin in part 4.

phenomenology was critical to natural science for having distanced itself too far from the basis of everyday life, phenomenologists called for a *more subjective path*. On first sight subjectivity is problematic to the scientific demand for objectiveness, but as Husserl, the “father” of phenomenology, states, “all knowledge is a mental experience: knowledge belongs to a knowing subject” (Husserl, E., 1999, p. 16). Phenomenology asserts therefore that the subjective, as is the case in the present project for example, is a possible object for research.

A problem, which seems to stand in contrast to the relational understanding that I want to emphasize, is that by accentuating the role of the researcher, a phenomenological view gives the impression that the researching subject is *isolated with his/her own interpretations*. This image is for instance visible in the following citation:

How do I, the knowing subject, know - and how can I know for sure – that not only my experiences, these acts of knowing, exist, but also what they know exists? Indeed, how do I know that there is anything at all that can be set over against knowledge as an object? (Husserl, E., 1999, p. 17)

Husserl answers this question by suggesting the idea of phenomenology where the different phenomena are genuinely *given* to the knowing subject and that the knowing subject never gets beyond the interconnections of own experiences. This means that a phenomenological approach is not concerned with reductions and contextualization as a starting-point. Neither does a phenomenological approach attempt to look for meaning, i.e. meaning as interpretation. Moreover it is the phenomenon itself that emerges! This emerging process does not need theory or philosophy (Husserl, E., 1999).

Apparently, when compared to hermeneutical processes, the latter is a contradiction, since hermeneutics is initially a way of relating to interpretation and contextual proportions, such as time, place, pre-understanding, etc. In this sense it seems difficult to claim that the present project has any phenomenological aspects at all. There are, however, several perspectives within phenomenology that are relevant for the present project and in the following I will present those that seem most relevant to it. In order to do so I will in large refer to Kenny, the music therapist and theorist who approaches her PhD-project with what she calls a phenomenological heuristic inquiry (Kenny, C.B., 1987/1988).

A heuristic path

Heuristic comes from the Greek word, *heuretikos*, meaning “I find”. Heuristic inquiry is an internal search to know through a discovery of meaning and essence in significant human experiences. Interestingly, the two humanistic scientists Moustakas and Douglass think that a heuristic path...

...is consistent with Polkinghorne’s belief that we should shift our concerns away from “what are humanistic methods” toward how to examine and refine a humanistic understanding about human existence and behaviour” (Moustakas, C. and Douglass, B.G., 1985, p. 47).

This means that the heuristic path is very much concerned with a humanistic understanding and less interested with methods as such. To not commit to methods becomes an important reminder that it should not be the methods themselves that direct the construction of meaning; rather the methods must adjust the idea and its process. In other words it is essential to listen to the idea *first*. When I listen to the idea behind the present project, I hear again the sound of the persons involved in the live setting. This tells me that it is important for me to keep the image of the live setting and its presence of real persons to the forefront of the study.

Because a heuristic approach does not prescribe a methodology, it serves more as a conceptual framework of human science with which an *attitude* for approaching research is offered. To Kenny, methods are a question of language describing the world the way we “live” it, not the way we reflect upon it. This conveys a reduction of all being into “phenomenality”, whereby a search for *essences* is claimed.⁵⁴ By defining, essences are put back into existence and thus phenomenology has a link to *tacit knowledge, direct experiences and being in the world*.⁵⁵ According to Kenny, the phenomenological method carries this mandate and through its link to direct experience it abandons the Cartesian mind-body split. Therefore phenomenology considers *perception* as a critical tool in “viewing” and illuminating the world and being in the world (Kenny, C.B., 1987/1988).

In my project there are several aspects that relate to Kenny’s heuristic approach. As in *heuretikos*, it is I who wants to *find*. Hence my own subjective experiences, although about something that I both do and do not see the whole

⁵⁴ Kenny uses the expression “phenomenality” (Kenny, C.B., 1989). Merleau-Ponty describes phenomenology as the study of *essences* (Merleau-Ponty, M., 1945/1994).

⁵⁵ Kenny refers to Merleau-Ponty here.

of, are of great importance in my search. Also, intuition, which is given as a point of departure in the present project, correlates with notions like sensation and feeling, which is crucial in this phenomenological approach. Yet, most interesting is Kenny's incorporation of sensations as an *existential* aspect. Although there is a distinction between thought/idea and sensation, I agree with Kenny that both are equally important in viewing existence. Only sensation is more closely associated with direct experience because of its physicality, whereby it locates itself in both mind and body; it becomes a way to live the question, even to become the question. For me it is natural to include this perspective in my approach since the empirical material involves interaction with a client without words who communicates through his body language. Partly, because of the same reasons, sensation is an argument for applying a video recording in the present project. Through the video recording the music therapy improvisation is *brought closer* to the observers. Although they cannot quite *live* the real setting, they can partly *sense* the bodily aspect and perceive the *bodily* negotiation going on in the music therapy improvisation.⁵⁶

What is not clear to me while discussing the phenomenological intentions such as those illustrated in Kenny's project, is how the same concepts, such as feeling and sensation for example, can escape interpretation after they have left both mind and body of the researcher and enter a piece of paper. Have they too not become abstracted and re-constructed? I think so. This means that, although I think we can move *fairly close* to a phenomenon, although not as close in phenomenology, I do not believe it is possible to get around *interpretation* in a text like the present. This does not change the impression that a phenomenological *intention* impresses my approach. Ultimately, this means that there still is a confusion regarding the phenomenological versus the hermeneutic that I need to discuss.

Phenomenology *or* hermeneutics, or both?

One consequence of the intention to come to an understanding with someone, suggests that I should attend to a continuous dialogue with other views and also with my own subjective views. The intention is therefore, whether this is within a phenomenological or a hermeneutic condition, to walk the path by which relational understanding is to be found. As is already revealed, I will mainly deal with my own interpretations of the various empirical and theoretical

⁵⁶ See my arguments for video recording the music therapy improvisation later on. For more about the body in music therapy, see Eckhoff, R., 1997.

materials. This kind of interpretative discovery creates a path that can be called “Socratic” (self-dialogue) in that I ask myself purposeful questions expecting hereby to be able to create new answers and gain insight. This will identify my search for discovery of meaning in which self-experience is kept as the most important guideline in the pursuit of knowledge. Since tacit knowledge and direct experiences are naturally included herein I find support in Kenny’s arguments labelling my path as heuristic inquiry, basically because it involves a refreshing quality of how to maintain the importance of the researcher’s own discovery process. So again the question is: Will my methodology be based on phenomenology or hermeneutics? Or will it include both?

When referring to the above-mentioned aspects, I realise that elements from hermeneutics as well as from phenomenology will suit my exploration. It is therefore perhaps worthwhile finding out how to explain the present project by studying the ways the methods *unify*? The way I see it, there are basically two ways in which hermeneutics and phenomenology unify:

- 1) They both confirm a basic perspective when it comes to perceiving the physical world
- 2) There is also an attention directed towards the subjective consciousness in both.⁵⁷

This indicates that the phenomenological and hermeneutic methods unify as conditions in which a type of meaning construct is promoted that is subjective, personal and participating. Also, most importantly, in both the ability to be moved, which is required in the process of understanding other persons, becomes basic. Altogether these are characteristics that describe the qualitative grasp that holds my project together.

Still there are essential differences in the research paradigms that need to be discussed. One difference is evident in the distinctive use of words, for instance the words search and research. The phenomenological approach is a search, an internal and subjective search from within and hence phenomenology holds a closer link to the immediate. This is why I believe it is meaningful to label my procedure connected to the video recording as largely influenced by phenomenology. After all, an intention with this material, which in large is treasured within phenomenology, is to include immediate processes

⁵⁷ Trondalen discusses the “problem” regarding phenomenology versus hermeneutics thoroughly in her research project. In the end she calls her approach a “phenomenological working procedure” (see also Trondalen, G., 2004).

and hereby move as close as possible to pre-reflective actions. The hermeneutic condition appears later, although not necessarily very much later, and is a *re*-search, a *re*-flection, a *re*-turn, such as a return to the phenomenological condition in which the phenomena are lived. The hermeneutic approach is therefore essential in that it supports my process as reflection and interpretation.

Ultimately, it seems as though the approaches in the present project require a flexible methodology, whether they are within a more hermeneutical or phenomenological influence. Moving between them also reflects a need to move between different modes of consciousness, whether these are of a more phenomenological or hermeneutic kind, asking: How do I understand and interpret my own exploration, i.e. the hermeneutic perspective, whilst keeping the sensation of the phenomenon warm, i.e. the phenomenological perspective? I do not think I need to commit myself to a particular methodology and its “perspective” while maintaining the same focus. Rather, by moving between them until a more meaningful understanding of music therapy improvisation and its relation to action emerges, I can hopefully grasp *something* in the relationship between music therapy improvisation and action that is not yet articulated. This means that the basic challenge becomes one of a more phenomenological hermeneutic kind where different possibilities are offered through various choices of methodology.

This suggests that I accept that I can only deal with *reflections* in this text; I cannot represent the phenomenon itself but I can write *about* it. This is a hermeneutic condition. At the same time I wish the phenomena I am investigating to “move towards” me. This is in turn a phenomenological condition. “Move towards” involves here that music therapy improvisation is approached as a live setting. It indicates that I too, as a music therapist and researcher, move towards the phenomenon. This implies above all personal engagement and subjective commitment but also means that I will listen actively to other people’s understandings, such as those found in theories or those stated in the descriptive observations.

Finally, my answer to my question as to whether I will choose phenomenology *or* hermeneutics or both, is: hermeneutics! This makes my text a building up and interpretation of *how* my understanding fits into a wider understanding. Also, I realize that my hermeneutic understanding will move in circles as well as in coils. I will not just search for parts and whole, rather I will also, as the research process proceeds, recognize how my own understanding develops, e.g. from sensing and perceiving towards deeper understanding and explanation. This all means that my approach is partly eclectic as well; I will

receive *inspiration* from phenomenology, especially the heuristic approach and attitude.

Reduction, falsification, validation and verification

As in any research project, I need to discuss the challenges connected to problems of *reduction*, *verification* and *falsification*. Because the point of departure in the present project derives from personal experience and intuition, the project is not possible to trace back to or “*reduce*” to something even *more* fundamental and observable. No one can actually confirm my experiences and no one will know whether what I say is true. Being based on something that cannot be proven is problematic in the positivist science tradition, which for a long time has been dominant in research. Positivism was also criticized by philosophers and scientists, most notably the German philosopher Karl Popper, and hence the criterion of *falsification* was suggested in order to decide what is scientific (Alvesson, M. and Sköldberg, K., 2000, p. 129). To Popper, falsification means that a scientific problem has to be of such a nature that it is possible to refute, falsify. This means that no empirical hypothesis, proposition, or theory can be considered scientific if no observation can be made to contradict it. This criterion was at first met with criticism from the sceptical tradition in Western philosophy claiming that we have to approach even simple observations with the same criteria of falsification as in the case of more general and complex laws (Alvesson, M. and Sköldberg, K., 2000). A core element in the discussion was that observations needed to be repeated and the problem is that every repetition is connected to different “realities”.

What this reasoning shows is that it is difficult, even impossible, to know for sure if what one observes and experiences is in accordance with a general reality. This is also the case with this study. However, in the present project it is not an intention to verify or “prove” anything. Rather it is to understand, here in the meaning of *standing under* and getting into the spirit of a phenomenon. The most obvious obstacle herein is language: How do I describe and articulate my understanding? Language becomes the only bridge of communication between the readers and interpreters of the text and me, the constructor of it, and a distance that is already present even before the words are attached to the paper, is difficult to come around. Such distance occurs between many parts in the process, for example between the musical improvisation in the live situation and the descriptive observations, between the descriptive observations and my interpretations, *and* between the text and its readers, etc. It is simply impossible to represent this all in exact words. This

means that you, the readers of the text, can never actually *verify* my words. You can neither tell if what I say is “true” or “untrue”, “right” or “wrong”. What this shows is that my words too are transitory and that the gap between the live phenomenon and the words I use to describe it may be large. Inevitably, in another project in another time and context the sound of the same words will be different.

Perhaps verification is not so important then? The point is rather that the meaning emerges as a result of the communication between this text and its readers. Although the words I use and the way I construct my language primarily reflect my inner, subjective world, it also generates a version of my world that is in part a *transient* one. As is pointed out by Alvesson and Sköldbberg, this means that...

...neither accounts of subjectivity such as feelings, attitudes, notions, values, nor ideas about the external world are consistent, partly as a consequence of there being no one-to-one relationships between language use and the phenomenon it is supposed to say something about (Alvesson, M. and Sköldbberg, K., 2000, p. 202).

This suggests *validation* to be an important research criterion in the present project. By involving experienced music therapists, who possess qualifications and competence that are similar to mine, I can validate my interpretations by comparing them with theirs. If they describe the video recording in the same or similar way to which I do, I will be able to say to which degree my observation and analysis is valid. This does not mean that disagreement will not occur. When disagreement occurs, I will however be able to move beyond this, trying to explain it.

The largest challenge then is to avoid becoming *too subjective* in my text construction and in order to cope with this challenge I suggest Ruud’s call for “controlled subjectivity” as the cue for the music therapist’s role as a researcher to be an important heading herein (Ruud, E., 1998, p. 104).⁵⁸

⁵⁸ Ruud refers to Tüpker here. For more see Ruud, E., 1998.

Controlled subjectivity

Ruud explains that by “controlled subjectivity” he means that the researching music therapist needs to keep disturbing influences at a minimum in order to follow the rules of the theoretical system (Ruud, E., 1998, p. 104). This way the focus shifts to dealing with the presupposition behind the certain school of thought. He suggests therefore that music therapists must “make explicit our concepts of music and humankind, which underlie our theories about the therapeutic application of music” (Ruud, E., 1998, p. 104). This is a hermeneutical condition and a necessary presupposition that will follow us as researchers within the entire field.

Ultimately then, my task may be to avoid “falling asleep” within a standpoint of solipsism, and rather aim for an open discussion in which my subjective operations are actively confronted by other perspectives. Only in this way can my research turn into what Bruscia calls,

A systematic, self monitored inquiry, which leads to a discovery or new insight, which, when documented and disseminated, contributes to or modifies existing knowledge or practice (Bruscia, K., 1989; Bruscia, K., 1995, p. 47).⁵⁹

Obviously, because I possess several types of subjective roles being the therapist, an observer and an analyst in turn, the demand for controlled subjectivity is difficult. My text construction is therefore a risky operation. As a researcher, for example, I may be in the tension between – to use Ruud’s words - “the involvement and the necessary detachment, between the effort to grasp what is going on and the process of being present” (Ruud, E., 1998, p. 104). On the other hand qualitative research in music therapy, such as the present project, is not only concerned with explanations, predictions, truth. Subjectivity is thus a part of it all and will not escape.

Eventually, what I end up with is my story of the research process. The challenge is (again) telling it in a way that you, the readers, believe it. One way to approach this challenge, which turns out to be one of the most important criteria for the present study to qualify as a qualitative research project, is to aim for *reflexivity* within the research.

⁵⁹ Bruscia defines research here.

Reflexivity

Alvesson and Sköldberg explain that their point regarding reflexivity is to abstract principles and ideas with a view to endowing qualitative research with a more reflexive character, while also stressing the importance of empirical material:

The whole idea of reflexivity, as we see it, is the very ability to break away from a frame of reference and to look at what it is not capable of saying [...] The point of reflection is rather to break away from consistency and a narrow focus on a particular aspect, to question weaknesses inherent in the mode of thought one embraces (and is easily imprisoned within), to break up and change a particular language game rather than expanding it (Alvesson, M. and Sköldberg, K., 2000, p. 246).

“Reflective/reflexive research” is suggested as a term in which the researcher reflects upon his/her own reflections. The researcher must in other words pay attention to how he/she thinks about thinking, an operation that requires serious attention paid to as

... the different kinds of linguistic, social, political and theoretical elements are woven together in the process of knowledge development, during which empirical material is constructed, interpreted and written (Alvesson, M. and Sköldberg, K., 2000, p. 5).

The idea, which is especially interesting to theory building, involves operating on at least two levels in research; between knowledge and ways of doing knowledge. First of all the empirical material must be adequate. This does not exclude subjective or personal commitment; rather it means that the empirical material must be sufficient so that the researcher is able to reflect upon it adequately. Only in this way is it possible to “break away from consistency and a narrow focus” whilst remaining critical to both own and others’ research. The following four-element contribution is described to guide the reflective research process:⁶⁰

⁶⁰ They regard the following theories as the main sources: empirically oriented currents (in particular, grounded theory), hermeneutics, critical theory and postmodernism. They claim that “these four orientations indicate the reflective areas in which the social science researcher should be engaged – regardless of the specific methods he or she should refer” (Alvesson, M. and Sköldberg, K., 2000, p. 7).

1. Systematic and techniques in research procedures
2. Clarification of the primacy of interpretation
3. Awareness of the political – ideological character of research
4. Reflection in relation to the problem of representation and authority
(Alvesson, M. and Sköldberg, K., 2000, p.7).

What does this all mean in the present research project?

First of all, any type of research involving the above-mentioned elements has two characteristics: *careful* interpretation and *careful* reflection. The first implies that all references to empirical material are results of interpretation and that the study of secondary data, such as statistics or archival data, has “unequivocal or unproblematic relationship to anything outside the empirical” (Alvesson, M. and Sköldberg, K., 2000, p. 5). This again means that there is no such thing as a simple path between empirical data, or “reality”, and research results and the text. What this all reveals is that it is only *my* observation, and further more *my* verbal reconstruction of the video-recorded music therapy improvisation, that comes to the foreground in this text. It is not the client’s experiences or the other observers’ experiences. This calls for the utmost awareness of a) theoretical assumptions, b) the importance of language and c) pre-understanding.

Careful reflection, the second element, turns the attention “inwards” towards the person of the researcher and his/her context. Thus my background, my cultural tradition and my choice of presentation are of great interest to the empirical material as a launching of my own critical self-exploration.⁶¹ This kind of reflective approach can, according to Alvesson and Sköldberg, be seen as a form for intellectualisation of a qualitative oriented method or pragmatization of the philosophy of science (Alvesson, M. and Sköldberg, K., 2000).

What is also important herein is, according to Alvesson and Sköldberg, to be aware of how my reflection *represses* other reflections. This means that I need to assume repressed intentions to appear in my text, whether they are of a political or ideological kind. I need in other words to see that the way *I* see things and how *I* present them may also be influenced by other agendas. This kind of critical suspicion, which I believe relates to what Ruud claimed above

⁶¹ For further information about my context, see part 1.

to be a cue for the music therapist's role as a researcher, seeks to tease out any pre-understanding that lies "behind" a theory or research model.

Ansdell, a music therapist who applies critical theory in his doctoral work, refers to Nattiez who claims that there is often a "transcendent principle" in research, indicating that its process involves a "lurking philosophical project" (Ansdell, G., 1999, p. 136). Really the argument is that there is no "innocent" representation or analysis. Discourse is always doing "cultural work" presenting worldviews through linguistic representations. I believe that an example of this lies in the way music therapy connects to the humanistic worldview. It is not very wrong, I suppose, to claim that every music therapy improvisation is based on the music therapist's foundational belief in human beings in spite of severe handicaps and large injuries, possessing developable resources and qualities. Nordoff and Robbins' notion of the music child as an inborn musicality in every child waiting for activation can be an example of such a transcendental principle. A challenge with their philosophy is that the idea of the music child makes music therapists "blind" so that they, in their approaching the client, try to achieve results that are out of reach. The point is, as is inferred by Ansdell, that representing and theorising are necessarily local, contingent and constructive processes and that in order to be scientifically valuable one must look out for any lurking philosophy or transcendental principles involved. In this light it is understandable that reflexive research stresses the need to define the focus in the research in relation to what happens in the live situation.

To sum up, reflexivity holds my research project together: The starting point is my pre-understanding which involves the experience that music therapy improvisation relates to action in a foundational way. I do not yet know what the "foundational relation" might be, but I believe it will emerge as a result of the *reflexive research method* involved. Really, it is this emerging process I intend to articulate. By moving back and fourth between the live situation, the descriptive observations, my analysis and theory interpretations I assume that it is possible to come to an understanding as to how the relationship between action and music therapy improvisation can be articulated. I expect that the mix of empirical material and the theoretical elaboration, as well as a *reflexive move* between these, makes it possible to "break up and away from the consistency of traditional interpretations".⁶² I know I need to be utterly conscious about my own interpretations continuously questioning whether these are influenced by

⁶² See previous citation.

any lurking philosophy or repressed intentions, whether these are of a political or cultural kind. What this all means is that the present project involves an interpretative practice that is “dependant” on my ability to fill it with meaning as well as my ability to do so carefully and according to traditional research standards.

A last aspect regarding reflexive research as prescribed by Alvesson and Sköldbberg involves the challenge connected to power and authority and I will relate to discourse theory when I discuss these aspects.

Discourse

Michel Foucault, the philosopher who is connected with discourse theory as a field, explains that discourses are practices in which an object is shaped; discourse gives the world a meaning in which it is possible for an object to take form (Foucault, M., 2003). This explains how discourse is spoken and written events or linguistic usages connected to actions and social context. A spokesman for discourse analysis, Svennevig, defines discourse as interactions between text and context (Svennevig, J., 2003). An aim is to discover where the “actual” power lies. When relating discourse to the present project an assumption could be that the live situation of the music therapy improvisation is more powerful than my analysis of the video recording of the same situation. Is this the way I see it? Do I for example regard theories upon music therapy improvisation to be reductions and pale shades of the immediate and live situation?

Since immediate situations behave differently than reflective actions, such questions are difficult to answer. I will therefore begin my discussion by referring to Foucault who asserts that the structural power, as in science, needs to be interpreted on behalf of meaningful daily activities (Foucault, M., 1972). A basic assumption here is understood in the light of transformations from micro to macro level models. Foucault presumes that by studying present-day society with a “glance over his shoulder”, one will find what is repressed by the contemporary phenomena investigated.⁶³ This suggests that in order to find out something about the structural power, I need to include an empirical closeness to discover where the power lies. Interestingly, because I possess several roles

⁶³ See Foucault, M., 1972 for more information about Foucault and the genealogic method.

in the present study, I do not just look with the eyes of a music therapist. I also interpret the live situation as an observer and an analyst. In fact I am actively present and involved within both levels; I “live” and experience actively both from the inside and the outside. The hard question therefore connects to how these preconditions create power relations. Perhaps I should rather ask: What is repressed herein? To answer this question I find the following explanation made by Alvesson and Sköldbörg clarifying:

What is repressed is that power is always *intertwined* with knowledge. Thus there is no “innocent” or “pure” knowledge. It (the power-knowledge relationship) effectively destroys any notions of the eternally neutral, nobly rational or progressive nature of research (Alvesson, M. and Sköldbörg, K., 2000, p. 233).

This citation explains that because it is so intertwined with knowledge it is not really possible to point out a certain “spot” where the power is placed. Perhaps it is easier to identify structural power by studying music therapy improvisation as discourse practices? Basically there seems to be two types of *discourse practises* impressing the present text: one is the music therapy practice discourse, which could also be seen as a type of oral discourse; the other is the music therapy writing discourse.

Music therapy improvisation as oral discourse and as written discourse

As I have already stated the main influences connected to my way of practicing music therapy improvisation is the Norwegian music therapy education system, which in turn is inspired by the Nordoff – Robbins tradition.⁶⁴ However, since I have a long clinical practice behind me I need also to include other influences, such as those coming from the various people and professions I have co-operated with. To address the questions concerning music therapy improvisation as oral discourse versus written discourse, I find it meaningful to refer first to a related discussion by Ricoeur, the linguist, who distinguishes between living speech as *fleeting events* and *fixed events*.

Ricoeur says that in living speech, the instance of discourse has the character of a fleeting event (Ricoeur, P., 1971). This means that *speaking about*

⁶⁴ See part 1.

music therapy improvisation is something that appears and disappears, and thus fixation becomes problematic. What I want to fix is in other words what disappears. Writing, however, is fixable but the question is: What does it fix? It is not the event as event, but rather the *meaning* of the speech event (or what Ricoeur names the “*noema*” of the speaking (Ricoeur, P., 1971, p. 532).) Ricoeur claims that the speech is performed as the act *of* saying. What we do *in* saying, and what we do *by* saying it, all affect the meaning of the speech event. In this, the speech-acts are codified and gathered into standardized expressions, which again signify that the meaning can be identified and re-identified. In music therapy this is illustrated when some actions create events that leave their mark on time and place and create moments that are especially meaningful and important in the therapy. “Moments”, although they are given different names, be it “good moments”, “meaningful moments”, “peak experiences” or “significant moments”, is therefore a noema that is being continuously re-identified within music therapy texts (Nordoff, P. and Robbins, C., 1977; Priestley, M., 1985; Summer, L., 1988; Trondalen, G., 2004; Aasgaard, T., 1996).

In writing as discourse the *subject* may be difficult to find. Who is the subject in the music therapy moments for example? Is it the client or is it the music therapist or is it both? The issue regarding the subject’s unclear position is problematic according to Ricoeur. A subject must be found, because, “far from saying that the text then is without a world, I will only say without paradox that only *man has a world* and not just a situation” (Ricoeur, P., 1971 p.535). Ricoeur suggests that we can find the subject behind the text by identifying the *noematic structure* from the written text.⁶⁵ Just as an action is detached from its agent and develops consequences of its own, its author detaches the noematic structure of the written text when it is identified. A consequence of the above arguments, which is perhaps easily forgotten, is that music therapists need not just to identify moments, but also to study *how* the moments are created. As Alvesson and Sköldberg emphasize in their notion reflective/reflexive research, we cannot only reflect upon our knowledge as such; we need to reflect upon our ways of doing knowledge as well. In other words we must question what it is in the noematic structures that lead to meaningful and significant moments.⁶⁶ What this means is that the same kind of

⁶⁵ An example of a noematic structure, which will be revealed in part 4, is Holck’s notion “interaction themes”. For more see part 4.

⁶⁶ It is interesting to return to my pre-understanding presented earlier. Here I suggest that actions, in that they create goals and guide the process, *qualify* music

distance that is found between the intention of the speaker and the verbal meaning of a text occurs also between the agent(s) and their actions.⁶⁷ This shows that the actions involved in a music therapy improvisation for example are easier to fix when their noema are transferred into words in a written text. To me this explains why it is important to write about music therapy improvisations and contribute to theory building around the phenomenon.

The process towards fixation is, as shown above, not a steady process. This suggests that my theory can only be a *probability theory* (Hirsch in Alvesson and Sköldberg, 2000). As such it distinguishes between the original meaning with the text, i.e. my pre-understanding, which is supposed to be stable, *and* the significance of my text, which is not stable but depends on cultural and historical context. This means that because its “real” being is not really possible to grasp, the words I use frame only new hermeneutic circles around the phenomenon of investigation. Eventually, my search for meaning as well as my search for words reveals a need for metaphorical language to generate ideas and theories.

Metaphorical language

A metaphor gathers “a whole world” in one word; it gives many associations, involves several images and has many feelings connected to it. In this way one could say that metaphors “condense” meaning. A metaphor has in this sense the quality to embrace a phenomenon by signifying a *surplus of meaning* whilst expressing several aspects of the phenomenon (Ricoeur, P., 1971). As is inferred already, experiences in music therapy improvisation are, as with many creative aesthetic experiences, of a kind that are difficult to translate into words. Understandably then, music therapists create language metaphors. This is typical for human thinking, not just of the professional kind. In fact, according to Lakoff and Johnson, the linguistics, a *metaphorical systemic* characterizes our way of living:

In most of the little things we do every day, we simply think and act more or less automatically along certain lines. Just what these lines are is by no means obvious. One way to find out is by looking at language. Since communication is based on the same conceptual system that we use in thinking and acting,

therapy improvisation as phenomenon. This indicates that action as phenomenon pervades music therapy improvisation in many ways.

⁶⁷ Meaning is in other words an emergent phenomenon in both. See my aforementioned definition of the term *meaning* in part 1.

language is an important source of evidence for what that system is like (Lakoff, G. & Johnson, M., 2003, p. 3).

A point herein, which the linguistic-philosophical criticism formulated by Ricoeur and various poststructuralists amongst others claim, is that language is by nature metaphorical, figurative and context dependent (Alvesson, M. and Sköldbberg, K., 2000, p. 202).

It is therefore difficult to get around metaphors. Still one needs to consider that application of metaphors involves challenges. A problem, which is stated by Alvesson and Sköldbberg, is that the use of metaphors both *highlights* and *hides* something (Alvesson, M. and Sköldbberg, K., 2000, p. 202). They are therefore not very successful at mirroring complex circumstances, such as music therapy improvisation. One example is Ruud's early definition of music therapy, in which he defines music therapy as a way to give and increase (new) "*possibilities of action*" (Ruud, E., 1980b, p.41). As a metaphor, I believe that the expression "possibilities of action" associates music therapy with a wider social context. It does however not present a full image of what music therapy is or what the music therapist does. It "hides" for instance an important description of what it actually takes to create a music therapy setting. Also, it does not tell us much about the different directions and areas of music therapy. It is, however, the only definition I know of that contains the terms *action* and *possibilities*. The definition manages therefore to put action as well as possibilities in the foreground; it *highlights* in other words some of the basic perspectives that I try to explore with my text, namely the close link between action and music therapy improvisation. Hence, as a metaphor, Ruud's definition suggests an inter-connection that I am searching for.

Metaphors are however not enough to point to structures in the music therapy improvisation that explain the phenomenon's relationship to action. Hence metaphors alone will just leave my text circulating on a hermeneutic *surface*. This again shows that my language and my use of metaphors can only reflect "perspectives" and parts, and not reality or the whole. My metaphors cannot mirror the live experiences; rather they too are abstracted from the event where the music therapy improvisation takes place.

Methods connected to the collection of the empirical material

Before I discuss the issues connected to the collecting of the empiric material, I must first comment upon a few perspectives. Regarding the first-order theories, I cannot discuss all of them *before* I start collecting the empirical material, simply because some of these are of such a nature that they will be explored along the way. The process of finding the best model of analysis to fit my observation of the video recording, and the process of finding out what to do with the descriptive observations of the video recording collected from the experienced music therapists, are examples of first-order theories that will be explored along with the elaboration of the empirical material in Part 3. In order to bridge this I will first discuss the insider's position. What does it really mean to be an insider and what challenges does an insider's position involve?

The insider's position

In the present project music therapists, including myself, with at least ten years of clinical experience participate in making descriptive observations of the video recording produced for the study. With ten years of clinical experience I “qualify” them as insiders within the present project. As a limit, ten years is not a “magic” number. Perhaps five years or fifteen years of experience could be just as useful. The point is, however, that I consider ten years to be a relevant number; it is not too large, not too limited. Also, this amount of clinical experience is comparable to mine, which I have already said is a point. Another point is that it is not too difficult to find music therapists with this amount of experience to participate in the present project. I assume that in order to observe the video recording collected for the present project in a balanced way, the music therapists with this background both possess rich insight and know enough about music therapy improvisation from the inside. With a balanced observation, I mean that the focus is on the music therapy improvisation as a whole, not solely on the client or on the music therapist and not entirely on the music.⁶⁸ The main argument for involving experienced music therapists is

⁶⁸ It is my experience as a teacher and/or supervisor that inexperienced music therapists (or students) often focus on the role of the music therapist. People who have little/no experience with handicapped children have a tendency to focus on the client. Experienced music therapists, however, see the client, the music therapist and the music as a whole.

therefore that “it takes one to know one”.⁶⁹ The question is: What does the role of an insider imply and what challenges does this include?

An insider has only privileged access to the knowledge - not the monopoly. This means that insiders do not necessarily have the “correct” understanding (Kvernbekk, T., 2005). Therefore, therapists involved in the present project are action performers who construct our experiences on a basis of our participation in different professional actions that include music therapy improvisation. Hence my main reason for choosing these participants is that they are in a particular (relevant) position when observing the setting on the video recording. Also, as insiders they have sufficient first-hand experience such as sensing and perceiving. First-hand experience is however not always adequate. If “live” remains only “live” and not appropriation of privileged knowledge, this does not create enough legitimacy for the insider-position (Kvernbekk, T., 2005). One still needs to communicate the knowledge in a way that insight is gained. This means that first-hand knowledge is not infallible; rather it means that it is *vivid* and that our access to it is *privileged*.

Because actions are required in order to achieve such first-hand experience, actions are also important here. In this sense the insider’s knowledge becomes a Deweyistic “learning-by-doing” or even an Aristotelic “that which we must learn in order to do it, we learn by doing it”. The point is that the sum of these qualifications allows the project to study particular and special knowledge while at the same time keeping it as the most basic aspect and point of departure. The insider carries so to speak his/her knowledge with his/her body and mind: it is acquired through experiences. After many experiences, yet no matter how varied these are, constants are notable. Most probably, it is such constants as these I search for as a basis for my theory building regarding the relationship between music therapy improvisation and action as a phenomenon.

As is assumed above, an insider-position involves challenges. It predicts for example an *outsider*. Who are outsiders? Basically, within the present study that is, the outsiders include all people who have less than ten years of experience as music therapists or those who have the right amount of experience but do not speak from their positions as music therapists. An interesting question herein is: Can an insider be an outsider too without losing the insider-position? I believe so and the most obvious example of this is myself. As an experienced music therapist I possess an insider’s position when

⁶⁹ See for example Kvernbekk, T. 2005.

I observe and analyse the video recording, but as a researcher I am also an outsider, yet without losing the insider's position. In fact, I cannot step outside the insider's position as long as I am talking about the live setting on the video recording, which creates the centre of the empirical material.

It is perhaps important to add that although an outsider cannot participate *within* the study; this does not exclude him/her as communicator. Intentionally, the study seeks to communicate with a broader audience. One might say that it seeks a dialogue with groups of communicators who are *insider-like*, be it music therapy students or other professionals with whom music therapists cooperate, or really with anyone who seeks such understanding and hereby finds the study interesting.

Discussion

Video recording is in the present project utilized as a way to include a clinical setting in the theoretical discussions of music therapy. In this sense the empirical elaboration is connected to the question of how music therapists talk about music therapy improvisation on a theoretical level without distancing themselves too far from a live setting. My idea, which the indigenous perspective prescribes, is that theory concerning music therapy improvisation needs to derive from a live setting. This means that the text in the present paragraph can also be seen as a part of a problem-solving project. However, my main intention here, rather than discussing this overriding theme, is to argue in favour of the application of video recording in this particular research project.

The following discussion concerns only some of the *general* theoretical and methodological questions connected to the use of this particular video excerpt.⁷⁰ Also, methodologically this part of my project is the part that connects to phenomenology and hence most referents adhere to this theoretical perspective.⁷¹ As a start I will define crucial concepts. Then I will give a short historical overview on video in research before I discuss different challenges,

⁷⁰ It is not a priority to go into other music therapy projects that involve video recording as part of their research.

⁷¹ I have already revealed that I consider the *overall* scientific orientation in my project to be hermeneutical.

advantages and disadvantages connected to the use of video recording in research projects like mine. Thereafter I will introduce some phenomenological aspects before following up with a short discussion about “reality” as a term.

Defining the terms *video* and *observation*

As a concept *Video* originates in the Latin word *Vi'de*, which means, “to see”. To see through a video camera or to watch a video recording is also to see, but to see differently. When viewing a video many of our basic senses are included, especially the visual and the audio sense, whereas smell and taste are excluded. Also, video recording does not give the correct impression of space and time. However, to construct meaning from what we see on the video recording, we still need to describe and understand. One could say that the use of video recording in research offers another access to the world. However, it is mostly used as a supplement, which is also the case in my project. In addition to my interpretation of the video recording I will also interpret the live setting from within, as a music therapist being there with the client.

This shows that the use of video recording in research is not a method itself but an *observation-tool* by which the choice of methodology is influenced. To observe is to see systematically, and as an experienced music therapist I would maintain that seeing and observing systematically pervades my job, with or without a video camera. Bruscia asserts that the word “systematic” in music therapy means purposeful, temporally organized, methodological, knowledge-based, and regulated (Bruscia, K., 1998). Thus, observation is (here) connected to music therapy in a double sense, both as *naturalistic observation* and as *video observation*. These perspectives have a lot in common. There are, however, some basic differences between the two that create various challenges and I will delimit the following discussion to those most relevant to my project. (I will return to this matter shortly.) Analysing a video recording involves a specific procedure and a short overview of the scientific approaches deserves a closer look.

Video analysis in research⁷²

To analyse is to split up (e.g. an observation) in order to see closely. The use of video analysis gives access to the detailed study of intersubjective interaction, both verbal and non-verbal. This can be done in an explorative or structured

⁷² Video analysis in research is formerly known as “image based research”. The anthropologist Margaret Mead’s studies are well known examples of such. Here Mead uses the film camera to document indigenous cultures.

way.⁷³ Very often several methods are used and an overlap is quite usual. This is for example the case in the present study, which includes aspects of several methods. I will not go into each of the methods in particular, but rather discuss the parts of them that seem meaningful to my research. Hence I will in the following talk of *approaches* and aspects of these rather than methods.

Often, video analysis such as that involved in the present project is about meaning; what we see needs interpretation. Meaning is accentuated in approaches based on semiotics and iconography, whereas content analysis is often used in quantification. Semiotics and iconography also underline that there are several layers of meaning in addition to various approaches, such as *denotation* (e.g. what is recorded needs description and recognition) and *connotation* (e.g. what are the ideas and values communicated through the representation including the way the representation is done). Also, iconography proclaims that the researcher needs extensive knowledge about the field which he/she is studying. This implies for instance that I as a researcher need to possess extended knowledge of music therapy as a field, including its various discourses and schools of thought.

Videography, which is a term I will relate to in the empirical material collection, is developed by Lindahl and is most likely to be connected to semiotics and iconography.⁷⁴ Videography means to observe graphically, and this actually means to observe and analyse the video material in either a 1) systematic way or 2) explorative way. The aim is the same in both: To capture and to understand the various layers of meaning in the video recording.

In an ethno-methodological approach, which relates to the indigenous ideal chosen for the present project, the subject is in the centre and the researcher studies behaviour, language, interaction, and cultural exchange. As a pedagogic or therapeutic tool the video recording here becomes a possible way of intervening, in order to change, improve or help.⁷⁵ Discourse analysis actually represents a perspective that includes different theoretical approaches in which an understanding of the various levels of interaction is looked for.⁷⁶ These could be linguistics, anthropology, ethnography, symbolic interaction and phenomenology.

⁷³ Traditionally there are four main methods connected to video analysis: content analysis, semiotic and iconography, ethno-methodology, and discourse analysis (Munthe, E., 2004).

⁷⁴ For further information, see Lindahl, M., 1993.

⁷⁵ For further information, see Creswell, J. W., 1998.

⁷⁶ Discourse can be seen as language actions and events or even as *language games* (Wittgenstein, L., 1967). Potter and Wetherell talk of discourse as speech and texts as parts of social practices (Potter, J. and Wetherell, M., 2001).

As is already inferred, my video analysis will probably involve an overlap of the different approaches (and elements). That is to say that through an eclectic procedure, I have tried to pick out some aspects of the approaches, which I believe are representative of my particular project. In order to avoid becoming too detailed where concerning this part of the project, I have found it meaningful not to name my approach by relating to particular orientations. Rather I have chosen to relate to it pragmatically, by discussing the various challenges and disadvantages that come into play when using video recording within this particular project.

Naturalistic observation versus video observation

Returning to the challenges connected to naturalistic observation versus video observation, which is a relevant issue in the present research project, an obvious challenge, which some people will probably call attention to, is the way in which *a video camera may disturb the setting*. The presence of a camera can create stress and artificial behaviour amongst the active persons, especially for those who are aware of what a video camera is.⁷⁷ Lindahl recounts how some of the children participating in her research project became “actors” and “clowns” when she started her video recording (Lindahl, M., 1993).⁷⁸ She found however, that it was just a matter of time before the children got used to her presence and the camera. After a while the children did not seem at all conscious about her presence and she felt like a piece of “furniture” in the room. This indicates that the use of video recording is also a matter of *tolerance and habit*. Personally I share Lindahl’s experiences here and I want to add that the matter of tolerance and habit goes for the music therapist as well as for the client.

Another challenge is connected to the fact that a video observation seems to give “*stronger*” data than a naturalistic observation because of its possibilities to repeat, zoom, and freeze and to play in slow motion. One can for instance watch something again, be it facial expressions, movements, body language, etc., by rewinding the videotape. This can create both advantages and disadvantages in a research perspective. One advantage is the way in which an expressive facial expression becomes even more powerful when it is zoomed in on. This is important if one needs *help to remember* or to *study something in*

⁷⁷ Due to his developmental age of around one year, the client in the present project is unlikely to be aware of the video recording going on during the music therapy improvisation.

⁷⁸ For further information see Lindahl, M., 1993.

detail, things which may be important factors when studying people with poorly developed verbal language. The latter is for example the case with the client on the video recording collected for the present project. In this sense one may even assert that some studies *require* video recording. It is for instance hard to imagine how researchers like Stern or Trevarthen would have been able to carry out their studies on early invention between mother and infants without the use of video (Stern, D., 2000; Trevarthen, C., 1989).

However, the strong data also creates disadvantages concerning *practical validity* when influencing the observer so much that “seeing becomes believing”. The fact that an infant or a client behaves in certain ways on the video recording does not mean that he/she does so in environments outside that which is being recorded.

Also related to this problem is the way in which the video can *conceal* data. A video recording often includes so much information and so many details that it becomes hard to distinguish the tree from the forest. By getting too involved in the situation on the video recording, the researcher may create a pitfall in his/her research in that he/she no longer discovers what creates the forefront and what belongs in the back. For example, a detail like an eyewink, which rightly is significant for clients who have large problems controlling their body movements, can for example receive an exaggerated and “undeserved” positive attention from the observer as being an interesting “initiative” in the interaction. The observer might not know that the room within which the session is held is freezing cold and that the client’s eyewink is really a spastic reaction to the cold, which means that the client actually is uncomfortable.

Another challenge relates to the misunderstanding that every music therapy improvisation is like the one on the particular video recording. This matter concerns whether the recording is representative or not. Normally, the video recording is an excerpt taken from many sessions and thus depends on several conditions, such as mood and motivation amongst the people involved as well as the way they relate to video recording.

I believe however that many of the above mentioned challenges may be overcome by *observation competence*. Extensive experience (as the insider’s position predicts), both as a clinician and an observer, is probably beneficial for the researcher here. If the researcher is used to working with video recording as an observation tool and a therapeutic data material, he/she is probably better at separating the specific from the general and keeping the tree in the foreground and the forest in the background. Then he/she will also be able to state to what

degree the video recording represents the live setting. If the mentioned challenges concerning video observation are dealt with in a sensible and meaningful way, I believe that a combination of video observation and naturalistic observation is a good way to obtain as full an access as possible to events and processes.

This combination of perspectives (video observation and naturalistic observation) is a point of departure when I collect the empirical material. When applying both perspectives, the observation focus becomes more specific for me as a researcher whilst the perspective, both visually and mentally, is necessarily broader for me as the music therapist.⁷⁹ The video excerpt operates as some sort of *data basis* for my “total” image of the music therapy with the multi-handicapped boy: It helps me *remember and recall* the essential dynamic forces in this particular music therapy process, including its crucial experiences and events.⁸⁰ Moreover, I feel that as an observer I can participate in the past events over again. Hereby the video observation becomes another *reception* and/or another *strategy for participation*, which according to Holgersen is more or less open, receiving, co-existing, observing, listening (Holgersen, S-E., 2003). I do not only become aware of my own sensory engagement, I also perceive the client as *a body in action*. In the end this becomes a crucial argument for my use of video recording and I will spend some time elaborating upon it in the following.

Phenomenological aspects in the observations of the video recording

A video recording visualizes and includes the body in action and according to Holgersen this point relates to Merleau-Ponty and his idea that human beings perceive with the whole body (Holgersen, S-E., 2003). The way I understand Merleau-Ponty, he even accentuates that certain areas like dancing or playing an instrument are preferably better understood through the body than the intellect (Merleau-Ponty, M., 1945/1994). The idea that the body is in the centre of “everything” is recognizable within music therapy improvisation such as is presented in my research project. In fact, as music therapist one usually interprets the client as a whole including his/her body actions and gestures, not just the sound of his/her music. Music therapy improvisation can therefore be

⁷⁹ When the music therapist and the researcher is one and the same person this may create both advantages and disadvantages. I will discuss this challenge in part 3.

⁸⁰ See Bruscia, K., 1998 for more about the dynamic forces.

characterized as a musically expressed “bodily negotiation”.⁸¹ The negotiation happens between minds as well as between bodies. Therefore, by leaving the body out of sight, as is the case with audiotapes, the phenomenon is in my opinion not only weakened but also distorted.

Another core aspect within phenomenology is the position of the experience. In my project experience is mainly connected to the experience of the video recording. A claim herein is that the video recording is more than just a visualization of the music therapy improvisation; as an experienced music therapist it also *re-awakens* and *re-vitalizes* other basic experiences of the phenomenon. In this sense the video recording includes both a taste of the unique experience from the live situation on the particular video recording *and* reminds the viewer of other (related) experiences with music therapy improvisation. These experiences are all embedded within me as a researcher when I observe and analyse the video recording. Hence both observing and analysing the video recording, next to being a tool for collecting detailed and concrete information regarding the course of action, are ways of moving closer to a broader range of “questions” connected to the relationship between music therapy improvisation and action.

Levels of appearances connected to the video recording

The phenomenon I am investigating takes on different shapes depending on the subject’s alternating orientation in relation to context, situation, and consciousness. Considering the important role I intend to give the elaboration of the video recorded material, it is crucial to discuss the different levels of appearances involved. I will relate to Fink-Jensen, who points at three different levels of appearances connected to video observation and video analysis. These are as follows:

1. **The phenomenological level:** The live situation.
2. **The quasi-phenomenological level:** In a video recording the phenomenon is perceived indirectly - the researcher experiences it as if he/she is actually there.
3. **An objective level:** In the researcher’s memory, for instance by reading a diary or a log (there is no direct perception of the phenomenon (Fink-Jensen, K., 2003, p. 263).)

⁸¹ This term is collected from Fink-Jensen, K., 2003. I have made the translation.

The first-order perspective (level 1), which can be called a pre-scientific level, is where the subject and the phenomenon meet. On level 2 the researcher has already created an object. At level 3, the objective level, the researcher does not experience the phenomenon directly any more. Sometimes the levels interact and alternate. Levels 2 and 3, for example, have something in common in that parts of the situation can only be perceived indirectly. It is however important to look for the differences between the levels. A challenge is that the quasi-phenomenological level easily *resembles* the phenomenological level since the observer might experience the video recording as if he/she is really there, within the live setting. When the researcher and the music therapist (in the video recording) is one and the same person, as is the case in the present project, a basis for many common referential perspectives is created, for instance by comparing levels 2 and 3. Really, what the levels of appearances show, is how (far) our interpretations move away from the phenomenological level (level 1). This requires that we consider the degree of reduction involved in our interpretations. In other words, the question is: How much do we let the video recording *interfere* with “reality”?

Video recording and reality

Because a video recording is always a *re-construction* of a situation, two essential considerations must be made.

First, we need to remember that a video recording is not the authentic situation but an image and a representation. A video recording cannot therefore reproduce an objective reality. The fact that a video excludes so much of the context questions its possibility to capture “the lived order”. In order to confront this problem in a sensible way, I believe that it can be helpful first to study and discuss the video recording’s different levels of appearances, such as Fink-Jensen suggested above.⁸² This will clarify to which degree the analysis is abstracted from the live situation.

Secondly, we must remember that re-presenting through a video recording involves other qualifications than being present. Basically, this means that observing a video recording allows other modes of consciousness and other levels of reflection to come into play. Since the video recording allows rewinding and stopping, the observer will have more time to include more reflection. Yet, because I regard the video recording collected for the present project to be an exemplar of music therapy improvisation, and not the lived

⁸² See Fink-Jensen earlier on.

order or the objective reality, I believe that it is important not to limit the interpretations by guiding them in certain directions.

Ultimately, the video recording can only be a product of the producer's interpretations (Hammersley, M. and Atkinson, P., 1998). It is not a neutral representation; rather it represents a perspective of the person(s) in charge of the film production. Then again, this is just part of the reflexive nature of social research: As long as human beings are involved, they will influence the social setting in which they take part, either passively or actively. In the end, the overall challenge for every researcher is to convey and discern the various influences connected to the choice of data collection *and* to integrate it all in a sensible way into his/her particular research project.

A concluding note on the use of video recording

As is already stated, the purpose of this research project is to try to understand music therapy improvisation and its relation to the phenomenon of action. In my case, I cannot think of a better way than applying a video recording in order to capture these processes, as long as it is not possible to be within the live situation. In fact, I believe that as an exemplar, a video recording is beneficial in the sense that it creates a more constant starting point for the observers than a live setting. Kvale, a spokesman for qualitative research, supports such utilization of empirical material. He says, "Important aspects of therapeutic knowledge are best communicated by exemplars, anecdotes, case stories, narratives, and metaphors, [...]" (Kvale, S., 1995, p. 33)

Summing up I have found that my main arguments are connected to the video recording's...

- vitalization of the experience,
- inclusion and visualization of the bodily interaction,
- rich access to data material, which engages the observers more "totally".

As regarding the previously mentioned various levels of experiences connected to the video recording, I believe that a systematic discussion is required. This is above all helpful in order to understand how the video recording can be built into the research as a meaningful whole and thus create reasonable arguments for its application. Also, since words do not always cover creative and aesthetic processes such as those connected to music therapy improvisation, one might say that a video recording is applied to avoid being too dependent on words in

the present project. Mainly though, video recording is chosen so that the other observers and I as an analyst, whilst not being able to really be present, can still move as close as possible to the experiences and the unfolding of the live setting.

PART 3:

THE EMPIRICAL MATERIAL

Presenting the process and its results

As is already known, part of the data collection in the present research project involves a video recording of a music therapy improvisation. The setting involves a music therapist (me) and a client, as well as the client's caretaker, and was constructed especially for the present project as a way to include empirical material based on observations from real life, as opposed to just referring to distant settings in books. Still, there is a need to maintain that rather than a case study; the music therapy improvisation with the client on the video-recorded excerpt is intended as an exemplar of music therapy improvisation, which is only one part of the total data collection. This means that it alone will not create the forefront of the study, but rather it represents a perspective - a plea - in the final discussion, which in the end will result in a reflective synthesis together with other theoretical and philosophical reflections.

As one will see, I have given my own observation and analysis of the video-recorded improvisation a rather large amount of space compared to the observations done by 11 other experienced music therapists. I believe this is reasonable since a thorough interpretation and analysis becomes a way to apprehend my more or less unarticulated pre-understanding, which after all is the point of departure in the present project. The large degree of personal involvement in the research project demands that I explain precisely how, as I

go along, I choose to organize my own roles and different perspectives within my analysis of the video-recorded excerpt.

A synopsis of the content of the present chapter shows that the data collection proceeded in the following chronological order:

1. The five sessions of the music therapy improvisation were video recorded.
2. From the video-recorded material an excerpt (approx. 5 minutes) was put together by three experienced music therapists based on the places that each of them, more or less independently, marked as “characteristic” to music therapy improvisation.⁸³
3. I made my own observation of the video-recorded excerpt.
4. I made my own analysis after elaborating upon relevant models of analysis and discussing the various challenges connected to my choices.
5. Independently, eleven experienced music therapists from different nationalities and cultural backgrounds made their descriptive observations of the video-recorded excerpt.
6. I made my own interpretations of the participants’ observations and constructed one narrative from them.
7. I made a comparison of my analysis and the narrative.
8. Finally, after having discussed the results in relation to my pre-understanding, I made a synopsis of the empirical data.

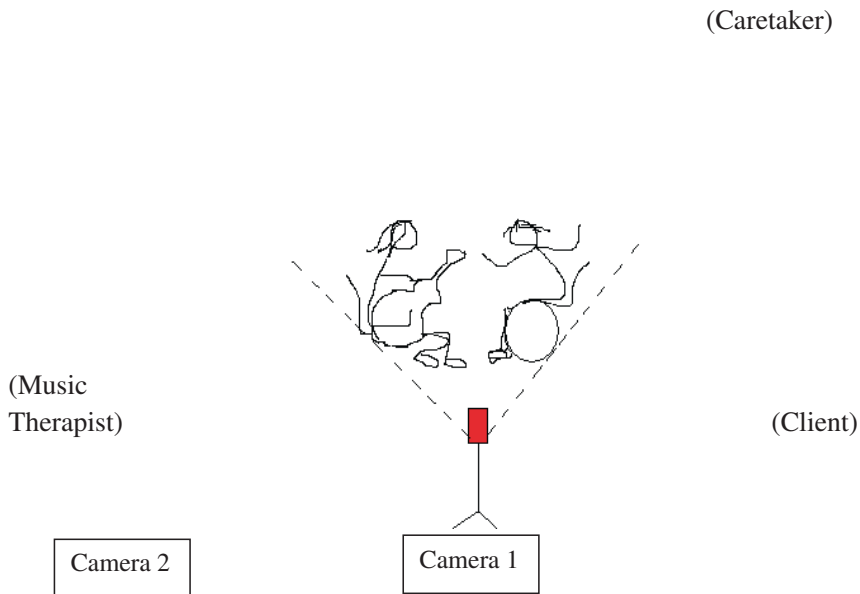
In the following I will present the process connected to the collection of the empirical data. I will stay close to the steps outlined in the procedure above, and I will also include a discussion of some of the challenges that emerged along the way.

⁸³ These music therapists are Norwegian. For a discussion on “characteristic” as a concept see discussion later on.

Recording the video of the music therapy improvisation

Before the five sessions started, two cameras, each on a tripod, were placed at different angles in the music room. One camera (1) was placed so that it captured the whole of both the client and the therapist and since I knew from before that the client would most often turn to his left, a camera angle was chosen in which the client's left side of his body and the therapist's right side of her body were captured:

Figure 2: Illustration of the setting with placing of cameras



The other camera (2) was placed in front of the client (about 3.5 meters away) behind the therapist. This camera captured the client's face and the upper part

of his body as it was intentionally used as an additional way of accessing the client's facial expressions and gestures. However, I ended up not using the recordings from camera 2 since the recordings from camera 1 turned out to be sufficient for my use; they captured the client's facial expressions and gestures well enough, as well as parts of the client's assistant who sat next to him, on his right side.⁸⁴

No one controlled camera 1 during the sessions; I simply pushed the "record" button as soon as the client entered the room and then checked that everything that was supposed to be in the camera frame, was actually being recorded.

Making the improvisation excerpt from the video recordings

After the production of the video recording was done, the job of making of an excerpt from the material started. Three other experienced music therapists were invited to help out, both because I felt that I needed assistance from others in order to end up with a representative excerpt which would be a good example of music therapy improvisation *and* to avoid accusations later on that I had picked out parts of the video material that put me personally in the best light.⁸⁵

The four of us got together March 17th 2005 and the three participants were invited into the same room as me. They were told to place themselves apart from each other so that they could watch the video recording together, but still make their notes separately. Obviously they were able to influence each other by sensing each other's reactions as they watched the video recording. However, this was not considered a major problem, as at this stage of the project it was not vital to avoid every sort of influence. Besides, this seemed to be a practical and pleasant way of carrying out this part of the data collection. The participants were then asked to watch the unedited video recording and to mark on a piece of paper places they experienced as "characteristic" to music

⁸⁴ His assistant is not visible on the illustration, simply not to confuse it. This does not mean that I wish to overlook her appearance. Certainly her presence made an impact on the situation, as she was an important psychological support for the client.

⁸⁵ See appendix F. Here I explain (in Norwegian) why these three people were chosen. I communicated for example my intentions with and methods of the research project, as well as some information about the client, to them. The information about the client is the same information that I gave (in English) to the observers who are involved in the next step. For more on this, see following chapter.

therapy improvisation.⁸⁶ I did not define what I meant by “characteristic”, rather I told them that they themselves could define it. During the first 30 minutes of watching, the participants commented that they felt that there was no need to see all five sessions since they had already marked enough “characteristic” places. As they said, the material seemed to be filled with “characteristics”. Hence they suggested observing the video recording from the last session, session five, and to proceed from there. They made the assumption that the last session contained enough material, and moreover that it was likely to be the most interesting session in terms of freedom and playfulness in the music therapy improvisations. I noted that they had suggested “freedom” and “playfulness” as essential aspects in their search for characteristics and decided to respect the participants’ suggestion to use session five only. I left the room as they started working on the task. After watching session five twice and having marked the places which were experienced as characteristic, they handed in their papers.

An excerpt was then put together from the places on the video recording of session five in which all three participants’ markings overlapped. This happened to be a total of five places. I have called this “person triangulation”. Traditionally, triangulation is a way to make use of multiple and different sources, methods, investigators, and theories to provide corroborating evidence (Creswell, J. W., 1998). In the present case I thought that each of the three participants represented a source in that he/she possessed different experiences, and whereby varieties in competence and personal experience provided corroboration. One aim of using triangulation in this manner was that it would be a way to strengthen and verify what these participants more or less tacitly defined as “characteristic” to music therapy improvisation, and thereby support my own idea of what characteristic music therapy improvisation included. My presupposition, which I trusted, was that by relating the later theoretical discussion to an excerpt of a video-recorded music therapy improvisation in action and by including some its characteristics, I would be able to procure some of the salient and idiosyncratic action-aspects that I was tracing.

The overlapping made an excerpt of a random 5:20 minutes, which was a duration that I initially had thought of as sufficient.

⁸⁶ See appendix F.

My observation of the excerpt of the video recording

When the video excerpt was made I was ready to make my own descriptive observation of it. I had already written logs from session five and soon I would also receive scores made of the video excerpt.⁸⁷ The following process concerned how to integrate all of the material into the observation.

Preparations and discussion

Since I wanted to maintain a simple and readable form in the observation I thought that simply by using “client” and “music therapist” as the only two columns in my descriptive observation I could easily follow the course of actions vertically in a way that created a good synopsis. I thought that this was a way in which I would be most likely to end up with an observation that was comparable to the observations to be done by the other participants later on.⁸⁸

As for the score, I found that I did not want to emphasize it too much in the total reflection. Its function was mainly as a map. The scores could for instance pinpoint when the client made an utterance or a special move and were therefore helpful in that they operated as a visualization of what was happening when in the video excerpt. Attaching the scores of the three excerpts in the appendices makes it easy for both the reader and the writer to know where in the landscape of sound the observer treated.

I decided to include parts of the logs in the observation. Yet I realised that the logs appeared to be more personal than the observations, something that probably related to the fact that they were expressed by the music therapist (myself) from within the real setting. I felt that it was important to keep this personal voice in the elaboration, something which I could do by using the first pronoun, “I”, in the logs. Then I could use “music therapist” or “she”, to express the voice of an observing researcher of the video-recorded excerpt. This would indicate that I was in another position when I was observing the excerpt and talking from outside the live setting. In order to separate the I-voice visually from the researcher’s voice, I decided that I could write extracts from the logs in italics. This was also a way to avoid the difficulty of connecting

⁸⁷ The score is, as is mentioned in the preface, done by professor Jos de Backer and his students.

⁸⁸ Thus I found out that I did not have to present my observation in a “traditional” way by using categories such as “description of event” and “interpretations”. See for instance Holck, U., 2002.

particular experiences in the logs to particular places in my descriptive observation of the excerpt of the video recording.

Yet I realised that there were particular challenges connected to the use of the different voices, one being that it claimed variation in language. The text involving the use of the I-voice and which mainly derived from the logs was for the most part written before or immediately after session five. Obviously, the language in the logs came out differently as it involved feelings, comments, images and/or thoughts that came into my mind. Single words, metaphors, drawings and illustrations, etc were typical for this language, which created a fragmented result and a somewhat “poetic” tone.⁸⁹ Since I intentionally wanted to reflect upon how my thoughts on music therapy improvisation developed, whether or not the thoughts were cohesive, I wanted to let the language in the logs follow my thoughts as far as possible. Therefore I made only minor adjustments in order to make the thoughts more “readable” in my observation.

At some places in the logs, for instance when I had written down just one word or done a drawing, I had to fill out the story behind it. Usually this was connected to an image that was familiar to me in the sense that it had come to my mind in an earlier music therapy improvisation, either with this client or in other settings with other clients. One of these images was for instance Michelangelo’s “Creation of Adam” which was originally painted in the roof of St. Peters cathedral in Rome and which popped into my mind during session five. When I drew two fingers pointing at each other in the logs I was trying to describe that I had experienced something in the improvisation, of which Michelangelo’s “Creation of Adam” was a good illustration. I had experienced that the client and I were reaching out to each other, that we *almost* touched, but at the same time I had experienced stepping “outside” the course of action for a moment and seeing the client and myself in the music therapy improvisation from another level (from the “roof “ perspective, perhaps).⁹⁰ When I drew the pointing fingers in the logs I “knew” the story and so I did not have to explain the experience fully there.

From another perspective, this time from that of the music therapist, another type of language was required, one that was of a less personal type than that used in the logs. Whereas through the use of the first pronoun I was actually present as the actions took place and the music therapy improvisation was being shaped, as an observer I was at a distanced position. Obviously, I could no longer change or influence the course of action; rather I could step

⁸⁹ See the following part.

⁹⁰ See the observation later on.

back and try to understand why and how the actions took place while at the same time being aware that indirectly, I carried with me the spirit of the live situation.

Finally I felt that I was ready to move on to the next step in the procedure, which was to make my own observation of the excerpt of the video recording. However, I see that it is wise to present a short review of the excerpt and the main concepts in use before starting the observation.

A short review

The observation is a description of my experience of the video excerpt as an observer. It also includes extracts from the logs, which were written by me as a music therapist from within the live setting. These are presented in italics.

On the video excerpt both client (C) and music therapist (MT) face each other throughout the whole session and there is never more than 1.5 meters between the two. A caretaker assists the client by holding the instruments for him. She also supports him by smiling and looking him into his eyes every now and then. As afore mentioned, the video-recorded excerpt lasts 5:20 minutes and is put together from three smaller excerpts, which I have named 1) The Guitar Excerpt, 2) The Piano Excerpt and 3) The Djembe Excerpt.⁹¹ Each excerpt is from different parts of the session. The Guitar Excerpt is from the beginning; The Piano Excerpt from the middle and The Djembe Excerpt are from the end of the session.

- 1) The Guitar Excerpt begins and lasts until 1:30. Here the therapist plays the guitar while the client does not play any instrument (or has not been given any instrument yet) but merely sings/hums and moves his body and arms.
- 2) The Piano Excerpt is next and lasts from 1:33 –3:01. Here the therapist plays the electronic piano and the client plays the tambourine. His assistant sits to the side and holds the tambourine in front of him.
- 3) The Djembe Excerpt lasts from 3:02 – 5:20. Here the therapist and the client play the same instrument, the djembe drum. Both are in touch with the instrument and there is not more than 40 centimetres between them. The client's assistant has moved away from the client and sits in another corner of the room.

⁹¹ See the scores in appendices A, B and C.

Presenting my observation of the excerpt of the video recording

Just before the session starts

I hear some familiar sounds from the hallway as I prepare the music room for the music therapy session. It is C gurgling cheerfully as his caretaker B wheels him towards the music room in his wheelchair. I notice that hearing these sounds makes me smile. The sound of him enthuses me and his cheerfulness is contagious. At the same time I realize that several images pops up in my head, like flashes of feelings:

I "see" C, all of him; the slim body in the wheelchair, his face with this expectant, interrogative and slightly scared look, his arms moving in all directions, and how he suddenly crosses them every once in a while, the centre of his body making small shaking movements.

I remember how I perceive his sounds and his body as one expression, an expression that is somewhat chaotic, but full of spirit - always ready to move somewhere musically, always ready for the next step! A question (which I remember has come to me before) emerges: Is this his surplus of energy and action that cries to come out...?

C and B turn up in the doorway...

1) The Guitar Excerpt; 0:00 – 1:30

C sits in his wheelchair. His body is turned towards MT who sits on her office chair and holds the guitar on her lap. Their heads are at the same height. There is roughly 50 cm between them. B sits nearby, yet "out of reach" of C and MT. The footnotes in this part of the analysis refer to scores of "The Guitar Excerpt".⁹²

⁹² See appendix A.

Client

Looks around

Moves his body “restlessly” in the wheelchair

Smiles...(?)

Gurgles “hnnhnnh”...

Lifts his arms up above his head

Then rests them in his lap

Moves his head around looking partly

towards the music therapist,

partly towards the guitar

Listens energetically...

Face is “open”, as if questioning:

“What will she do?”

“Is she going to play music, for me/with me?”

Lifts his right arm half way up

New facial expression: opens mouth and smiles (?)

Makes a new “hnnhnnh” sound

Sits still and crosses his arms in his lap

Listens, very carefully it seems...

Makes sounds with his voice; six “hurried” but distinct singing-like tones⁹³

Seems to be aware of taking the initiative

Makes vocal sounds as before; six “hurried” singing-like tones, now even more distinct than before

Music Therapist

Sits calmly with the guitar on her lap

Turns the whole of her - body and face - towards C

and softly strokes a Bm13/A chord on the guitar

Smiles

Is silent, waiting to see what C does while the sound of the chord rings and dies out...

New chord; Amaj7. Plays it with a soft stroke

Waits a little

Plays Bm7/A...and introduces a rhythm⁹⁴ which is slightly energetic and “pushing”

Plays the same “groove” switching between the chords Amaj7 and Bm13/A

Makes a little fermata on the next Amaj7 (as if inviting C to join her...?)

Sings (back?) – immediately - a few notes within the chord of A while keeping the rhythmical groove⁹⁵

Continues by singing a long note (d) keeping the groove steady on the following chord Bm13/A

Waits and pauses, leaves the guitar out and sings two tones (c# - d), makes a silence...

Seems as though she is trying to give C space?

⁹³ See bar 7

⁹⁴ See bar 4 (chaconne) in the scores

⁹⁵ See bars 7 and 8

Client

Moves his head a little to the side – away from the music therapist

Keeps his eyes and mouth open...

Listens... (Does he put his head in this position in order to focus his hearing?)

Makes vocal sounds as before; six “hurried” singing-like tones on “mmmm”, now not as distinct as before

(Is he touched?)

Listens in a calm and collected way (hands are relaxed) keeping a posture which is turned towards the guitar and the music therapist’s playing as if wondering:

“What is happening here?”

“Doesn’t her music sound “familiar”?”

“Do I hear (or am I imagining) that she is imitating me and my voice and my way of singing?”

Still listens in the same collected manner and seems to pay attention both to the music and to what the music therapist does

Seems as though he is interested in keeping the music therapist in the lead

Appears to be “happy” just listening...

Stays calm and doesn’t use his voice

Crosses his arms in front of his chest – as if he needs to “rearrange” himself ...

Seems somehow a little “lost” and de-centred and aroused all at the same time as if he is being taken out of the settled and safe listening-posture...

Music Therapist

Plays Amaj7 chord but changes groove while she sings “restlessly” on a note (e) and plays rhythmically and distinctly ♪♪♪♪♪♪ on the Amaj7 - chord⁹⁶

Sounds like she adapts her music to C’s “hurried” singing-like tones and incorporates C’s initiative by incorporating it into a larger musical whole...

Plays Amaj7 chord but changes groove while she sings another note (c#) rhythmically ♪♪♪♪♪♪, and plays an Amaj7 chord by “hitting” the guitar strings in a more energetic way rhythm-wise⁹⁷

Continues similarly with the Bm7/A-chord (sings d)

Continues her singing by moving up to the note e and at the same time leaves the guitar out again (on an expected Amaj7 chord) - slows down now; waits...makes space for C while she simultaneously stays within the musical sphere...

Continues in the same manner,

Dwells

By playing the Bm13/A she brings in the guitar again, but slows everything down now; the speed, the dynamics, etc., as if making some kind of a closure melodically⁹⁸

But then she “suddenly” moves into a rubato-like playing and singing⁹⁹, first on the Amaj7 chord, then on the Bm13/A chord:

⁹⁶ See bar 10

⁹⁷ See bar 13

⁹⁸ See bar 17

⁹⁹ See bar 19

Client

Is crossing his arms a way of protecting himself against the intensity in the music?

Lets go of his arms – crosses them again...
(does this over and over again)

Is challenged!

Is interested but unsure - does not know what to expect from MT, how loud she will play or how intense she will be...

Quickens! And accepts the “pushing” from the music therapist...

Keeps his arms “indecisively” in the air as if he does not know where to put them

“Sings” by humming on “hm hm hm”¹⁰⁰
and then raises his arms way up in the air
as if joining the dance... (a flamenco dance?)

Crosses arms again but not as tightly as before,
Withdraws a little, crosses arms...as if negotiating with himself
 (“Shall I let go – or shan’t I?”)

Music Therapist

Now the guitar sounds almost Spanish and flamenco-like by the way she makes rallartandos with her right hand¹⁰¹

Intensifies her playing and singing (sings on “ouh” now) by alternating between loud and soft

Repeats herself; alternates between loud and soft singing and playing on the same chord sequences...

Again repeats this alternation between loud and soft singing and playing the same chord sequences...

Waits, leaves the guitar partly out and sing-slides between the tones $b \rightarrow c \rightarrow c\#$ as in a fermata...

Establishes a loud and distinct rhythmical guitar playing on the familiar chord sequences¹⁰²

Continues similarly

Makes a closure vocally while the last guitar chord rings and dies out¹⁰³

¹⁰⁰ See bar 24

¹⁰¹ See bar 20

¹⁰² See bar 25

¹⁰³ See bars 28 and 29

During The Guitar Excerpt

An image immediately pops into my head - the image of a café:

*I find myself standing outside the café looking through the window
On the inside I see two people drinking their lattes
They are turned towards each other – and focus their attention by
asking: How are you...? How are we...? What shall we talk about? How
shall we talk? They seem to have a lively conversation, their faces are
expressive, alternately smiling and raising their eyebrows. They really
make a lot of gestures and one of them moves his arms a lot (Is he
making some sort of a statement?)*

*They are intensely present but I wonder how well they really know each
other? There are other people in the room and although they are aware
of this they have eyes only for each other. The coffee drinking seems to
create a shape between them so that they know what to do with their
hands.*

When one of them raises his/her cup, the other follows suit.

The movements create a centre between the two of them –

*I start thinking about this “centre” as I play the guitar. The centre seems to
create a frame that outlines an invisible crucible of the interaction space that is
between the two of us. The space seems magic in some way, as if it is magnetic
for C. Is it magnetic for me, I wonder?*

*Suddenly I become aware that my thoughts are drifting away, partly away from
C. I try to refocus entirely on C: I hear his voice, his stutter-like utterances, as
if he clears his voice and prepares himself to say something, something
important. But I cannot really hear what he says and I realize that I would have
liked to hear what he wants to say. Then I realize that he actually says
something to me: Does he ask me about something? Or does he invite me to join
him in the framing of the questions? I see his face, an open face, a pleased but
expecting face, an expressive and slightly worried face, his big brown eyes that
never really look right into my eyes, and I realize that I want to make eye
contact with him. Although I am aware that this is how he always uses his eyes,
this makes me feel uncertain. I question whether he might use his eyes the way
he uses his sensory apparatus, always wandering around; first towards the
guitar and the playing, then away from the guitar and the playing, and then
back to the guitar and then towards the centre of the space that is between us.*

Just before The Piano Excerpt

I feel that C is ready for something new, something more exciting and challenging perhaps...although he would probably be just as happy doing the same, wouldn't he?

This makes me aware of the twisted situation: Is it me that needs a change?

Is it me who need to experience him doing something different?

I become aware of my own feelings; that it is time for me to move on, that it seems impossible for me to stay any longer within this intense mode and that I need air - I need to "breathe".

Doesn't he need to "breathe" too...?

I become aware of my own pushing, "Is this too much for him?" "Can I go further?"

I wonder if I am being too intervening, too" invading"?

Yet I sense that he is safe, that he knows what to expect and I find that it is time to open out and to offer him an instrument -

2) The Piano Excerpt, 1:33 – 3.01

C sits in his wheelchair turned towards the electronic piano, which MT is sitting behind. B holds the tambourine in front of C's right hand. All three are at the same height and can see each other's upper bodies. There is roughly 1.5 m between MT and C. The footnotes in this part of the analysis refer to the scores of "The Piano Excerpt".¹⁰⁴

¹⁰⁴ See appendix B.

Client

Hits the tambourine three times and then sees the bells on the side of the instrument
Looks down at the floor...
Stays with himself...or is he just curious about the instrument?
Tests the tambourine and tries out its sound...by playing with the small bells on the side of the tambourine
Stops playing with the bells
Lifts his head and listens (?) to the high notes that MT is singing

Hits the tambourine distinctly, three times
Is he searching for MT in a musical way?

Keeps his head turned away towards his right side (towards B?)

Probably sees MT but soon refocuses on his instrument
Hits the tambourine with one clear beat followed by some “restless” tremolos before “hastily” beating it again¹⁰⁵
Does not seem aware of the song introduction from MT as he focuses merely on the tambourine¹⁰⁶
Hits the tambourine twice, distinctly, after a couple of hasty “upbeat” hits¹⁰⁷
Seems to be moving into some kind of interplay now...?

Music Therapist

Focuses on the piano...
Starts to play and places her playing within the mood of A-minor...
First plays three solitary notes on the piano and sings some low tones...while she tries to collect herself¹⁰⁸
Waits a little
Focuses on C
Then sings some high ritardando notes (c²) while an A-minor chord rings from the piano¹⁰⁹

Looks at C and accompanies his beating almost simultaneously as she tries to reach him musically...
Takes a break from playing the piano by holding one note down (e) and singing some low tones (a and e)
Waits...while moving the top of her body into C’s line of vision
Joins C (?) in his first beat on the drum and immediately afterwards introduces a theme, a song¹¹⁰
Plays the piano (f) without the pedal and plays a precise rhythm on the first and the third beat, as if trying to make a point (“listen C, here is a theme, your song”) Rests a little while by playing a long note (e and a), creating some space for C...Continues similarly but seems to reconsider her initiative with the theme and pauses...¹¹¹

¹⁰⁵ See bar 8

¹⁰⁶ See bar 8

¹⁰⁷ See bars 9 and 10

¹⁰⁸ See bars 1 and 2 in the scores

¹⁰⁹ There is actually no third in the chord but since the low third (c) was just sung by the therapist the piano still sounds like A-minor

¹¹⁰ I recognize the song. It is one of the songs C knows from earlier, from the days when he attended the school in which the video recorded session is located.

¹¹¹ In bar 11

Client

“Looses” the tendency to interplay slightly and again plays “restlessly” on the tambourine by tapping his fingers
(or is it just that he does not know what to do at the moment?)¹¹²

“Returns” to the interplay by beating the tambourine softly three times with the fist of his right hand
Does not manage to stay within an interplay mode and plays “restlessly” again¹¹³
Opens his mouth and listens...
Moves into a mode, which seems both contained (in the way he plays distinct beats on the tambourine) and restless (in the way he turns his upper body and left hand away from the situation and out of the playing, so to speak) ...as if he discusses (on the tambourine) whether or not he wants to join in... Seems impatient (?)¹¹⁴

Turns his head and body towards the tambourine again and hits it three times, not very distinctly, and it seems as though he is not directly focused on his actions now¹¹⁵

Keeps his head up and looks partly towards MT while starting to play fast and “creatively” with his fingertips (looks almost as if the fingers dance on the tambourine...) while simultaneously listening to MT¹¹⁶

Music Therapist

Struggles to stabilize regularity in the music...
Prolongs the fermata and creates space (for both herself and the client?) by leaving the piano out and merely sings some legato tones circulating around a note (e)¹¹⁷

Jumps onto C's initiative and matches him on the piano by playing rhythmically ♪♪♪♪♪ with both hands¹¹⁸
Seems as if she notices that C is back to his restless way of playing seeing as she stops singing and fills out a sequence with some intervals on the piano¹¹⁹

Tries to hang onto C organizing his “uneasiness” by playing a regular rhythm on every beat with both hands...

Keeps her initiative “down” (does not sing): Is she discussing with herself?

Is she trying to make a decision...?¹²⁰

Seems to be hanging behind C, is “delayed” and slightly “surprised” by his three beats

Dwells on the situation as she tries to pick up “the pieces” by playing a distinct melodic line in the bass in octaves¹²¹

Moves into a new mode musically by playing a fast staccato and marcato rhythm (semiquavers) in the bass register of the piano¹²²

Seems as though she builds up a tension (but towards what?)

¹¹² See bars 11 and 12

¹¹³ See bars 13 and 14

¹¹⁴ This happens during bars 15 and 16

¹¹⁵ See bar 17

¹¹⁶ See bars 18- 21

¹¹⁷ See bar 12

¹¹⁸ See bar 13

¹¹⁹ See bar 14

¹²⁰ See bars 15 and 16

¹²¹ See bar 17

¹²² See bars 18-21

Client

Breaks off from the fingertip playing as he “suddenly” beats the tambourine with flat hands twice, distinctly, (*f*) before vaguely returning again to the fingertip playing¹²³

Turns his head and upper body away from camera (does he make “contact” with B?)

Is silent...while resting his right hand on the tambourine¹²⁴

Stays within the same position and does some “finger dancing” again (*p*), not as distinctly this time...

Lifts his body up and turns towards MT, sees the tambourine and hits it decisively once on the second beat, synchronically with MT!¹²⁵

Listens to the short but intense (“loaded”) silence which is followed by the ritardando¹²⁶

Continues in an energetic manner by putting a lot of strength (plays *ff!*) into an eager drum beating and using his voice whilst playing, (as if he plays with a surplus of energy)¹²⁷

Stays within the energetic and somewhat creative mode and beats the tambourine in a more distinct manner by creating small rhythmical figures (or is the “distinctiveness” just random, a result of an energy surplus?)¹²⁸

Tension builds up (towards a closure)¹²⁹

Hits the tambourine once as an exclamation or a closure and folds his arms ...(as if asking “Is it over?”)

¹²³ See bar 22

¹²⁴ See bars 23 and 24

¹²⁵ See bar 25

¹²⁶ Immediately after bar 25

¹²⁷ See bars 26 and 27

¹²⁸ See bars 28 - 30

¹²⁹ See bars 30 and 31

Music Therapist

Hears C’s flat-handed playing and tries to create a background for it in her music as she ends her rhythmical piano playing and “rests” on an interval of a fifth on the piano (is she actually making some kind of a closure here?)¹³⁰

Waits...(on solitary low notes in both the left and right hand on the piano)¹³¹

Listens to C...

Repeats the low-note pattern but intensifies it by moving to a higher register on the piano, playing intervals of a fourth going upwards...

Listens to the short but intense (“loaded”) silence which is followed by the ritardando¹³²

She seems to end in a kind of cadence (does she make a closure?)¹³³

Is aware of C’s eagerness and therefore continues. Tries to catch his mood by playing quick, restless chords on the piano with her right hand (as if commenting upon C)¹³⁴

Continues in a similar manner - seems as though she is heading towards an end, a closure¹³⁵

Makes some kind of a final statement on the piano with a low bass note (*a*)¹³⁶

¹³⁰ See bar 22

¹³¹ See bars 23 and 24

¹³² See bar 25

¹³³ See bar 27

¹³⁴ See bar 28

¹³⁵ See bars 29 and 30

¹³⁶ See bar 31

Client

Listens to MT and continues his playing by hitting the tambourine with power and confidence in a rhythmical manner...¹³⁷

Makes one clear beat on the tambourine and folds his arms again, while breathing loudly...

Music Therapist

Prolongs and expands the feeling of closure by repeating the low bass note with the left hand and filling in some high chords with her right hand (playing **sfz**)

Intensifies by stopping...¹³⁸

Intensifies even more by “vibrating” on a tonal centre (a minor), clearly pointing in the direction of closure...(looks into the camera)¹³⁹

”Hits” (**sfz**) one last, low note (a) with left hand, smiles and lifts both hands away from the piano...ends her part in the dialogue as she walks out of the picture...

¹³⁷ See bars 33 – 35

¹³⁸ See the end of bar 34

¹³⁹ See bar 35

During The Piano Excerpt

I find myself trying to find a good position where I can see C - his body, his movements, and his actions - when I am “interrupted” by C who is already playing. He is so fast and sometimes he is slightly ahead of me. I keep forgetting that he often does this and find myself wondering how he can be so fast: How can he be so quick, with his handicaps and everything? He surprises me, over and over again.

I become aware of the complexity I/we are in the middle of: All the “things” that have to fit together; two voices, two instruments, creating music, testing out instruments, timing of playing, etc. I realize how “advanced” it is to listen at the same time as playing and creating music; to listen to oneself while listening to the other participant, to create something on one’s own at the same time as creating something with someone else. And yet, it doesn’t feel too complex or advanced, just “meaningfully challenging”.

I get the feeling that we are both apart and together at the same time. Is it C who plays randomly with me, next to me, for himself, for me? Does he feel that I play with him, next to him, for myself, for him?

I become aware of a pattern in our interaction, the somehow delayed synchronicity where one of us pulls the other, rarely quiet simultaneously. I see that this creates a “wave-like” pattern: one of us makes a move, a small wave, then the other makes his/her move, a small wave, which comes as a result of the first wave – and every once in a while the waves join and make one big, unified wave! The “wave” idea fascinates me...

3) The Djembe Excerpt, 3:02 – 5:20

C sits in his wheelchair. MT sits opposite him. Her head is at the same height as C’s head. MT holds the djembe between her knees and keeps it in a position where it also touches C’s knees every now and then. Both of them can reach the drum easily with their hands (although MT is in a better position than C). There is roughly 0.5m between MT and C. The footnotes in this part of the analysis refer to the scores on “The Djembe Excerpt”.¹⁴⁰ Note that there are almost no bars marked on the scores this time, only numbers.

¹⁴⁰ See appendix C.

Client

Moves upper body forward, towards the drum, puts hands on the drum

Eagerly plays with right hand and uses his voice on “mmm” (as if underlining the drum-playing with his voice...)¹⁴¹

Leaves both hands on the drum when MT plays, as if “listening” with both hands and ears

Withdraws slightly from the drum...¹⁴²

Moves upper body forwards again and scratches the drum skin with both hands¹⁴³

Stays in the same position keeping both hands slightly on the drum when MT starts to play again – Soon withdraws, as if making space (for himself or for MT or for both?)

Turns his face up and away from the drum, towards his left (in a listening position?)

Crosses his arms high up, once, twice, three times...

Listens actively, as if he needs to “digest” what MT is doing...¹⁴⁴

Makes a vocal sound and prepares his right hand for some playing – makes some more vocal sounds (staccato) – makes a movement as if playing a drum in the air with his right hand before moving it down and hitting the drum – plays rapidly and distinctly (*f*) (does he imitate MT’s rapid playing...?)¹⁴⁵

Music Therapist

Looks at C, holds the drum in front of him with knees and hands, does not move her upper body forward – rather she leans backwards as if creating some space for C...

Listens...¹⁴⁶

Stays in the same position (leaning backwards) while playing very rapidly and energetically on the drum - as if making some kind of a statement ...¹⁴⁷

Stops...

Makes room for C, and makes facial gestures as she listens to C¹⁴⁸

Leans forward jumping her upper body on the chair a little, makes facial gestures (expressing “Interesting”, or something like this) and turns her face in the same direction as C

Starts to play rapidly with tremolos in her right hand and a rhythmical pattern under the tremolos in her left hand

Prolongs this pattern while she watches and observes C’s reactions as she leans forward towards C and raises her eyebrows...¹⁴⁹

Makes an obvious stop (lifts her hands off the drum, up in the air) as she looks at C

Waits

Keeps her arms and hands hanging down as she listens to C¹⁵⁰

¹⁴¹ See no. 1 (Remember, no bars here)

¹⁴² See no. 2

¹⁴³ See no. 3

¹⁴⁴ See no. 4

¹⁴⁵ See no. 5

¹⁴⁶ See no. 1

¹⁴⁷ See no. 2

¹⁴⁸ See no. 3

¹⁴⁹ See no. 4

¹⁵⁰ See no. 5

Client

Leaves his right hand on the drum – lifts up his face and listens – the expression on his face is open as he looks right into the camera...¹⁵¹

Does not move his right hand away from the drum, but rather lifts it up and directs his upper body towards the drum –

Hits the drum distinctly, twice, as if introducing something new; a rhythmical theme? ...

Hits the drum once more when he becomes aware that MT is imitating him...

Keeps his hands on the drum while listening in an open kind of way, facing the camera
(Seems as though he is aware of what MT does...and what he himself does...as if they have done this before...)

Tries to play the same theme again, although it is slightly “hurried” this time¹⁵²

Listens; it seems as though he is full of “expectation”

Hits the drum clearly and distinctly again. Just once this time and apparently very controlled! (As though making a clear proposal!)

Keeps his face open as MT plays, holds his head up and away from MT, hands on the drum...

Repeats what he just did in a similar manner
(Does he give the impression of being aware of turn-taking? Does he smile...?)

Music Therapist

Makes her move, very distinctly (plays *f*) and in a similar rapid manner as before – ends it by brushing her hands off and away from the drum and moves her head (as if stating “your turn”)¹⁵³

Observes C

Keeps her arms and hands along by her side (in order to make space for C?)

Perceives C’s theme and responds with two clear and distinct beats (also stating this very clearly with her body, moving slightly forwards as she underlines the theme...)

Keeps her arms and hands by her side again (which actually delays her response a little...)

Listens to C

Hits the drum twice, in the same “hurried” manner as C¹⁵⁴

Puts her arms down by her sides again, reinforcing the fact that this is her characteristic feature.

Listens to C

Hits the drum once, like C, before putting her hands down by her sides

Waits while focusing on C

Hits the drum once, like C, before putting her hands down by her sides

Hits the drum once, distinctly, like C, and makes bodily statements by putting her hands down by her sides, moving hands and arms along her body side

¹⁵¹ See no. 6

¹⁵² See no. 7

¹⁵³ See no. 6

¹⁵⁴ See no. 7

Client

Repeats his actions a second time

Repeats his actions a third time

Repeats his actions a fourth time

Beats the drum a fifth time and continues by scratching the drum – looks down (at the floor?) now (as if withdrawing from the open and conscious turn taking which just took place)

Bends over the drum (is he tired?) and then beats drum rapidly and restlessly¹⁵⁵

Quickens, lifts his head and faces MT

Listens (actively) to MT and prepares himself (almost as if he took a couple of second to discuss with himself what to do...)¹⁵⁶

Gets unsettled (as if the MT's voice is almost too "near" him, too "strong" for him) and it seems as if he makes a quick decision - and punches the drum eagerly¹⁵⁷

Crosses his arms once, twice while he contorts his face in gestures (as if realizing that he just dared to do something he did not think he would dare to do, or would be able to do...)

Music Therapist

Beats the drum once, as before...

(Very focused on C)

Beats the drum once, as before...

(Can not understand why she moves her arms and hands so far away from the drum in this sequence – this delays her response to C...She must be aware of the consequence of her large movements?)

Continues in the same pattern as before, beating the drum once...¹⁵⁸

Listens to C...

Observes...

Introduces her voice singing a note (c) while leaving the drum out...¹⁵⁹

Continues singing a little theme while accompanying with the drum ...

The theme moves upwards where she holds the top note slightly (as if inviting C to continue the line)¹⁶⁰

Continues as she just started

Sounds as though she incorporates C's eager playing by singing a melodic line (this sounds like real inter-play now)¹⁶¹

(Does she realize that he is tired?)

¹⁵⁵ See no. 8

¹⁵⁶ See no. 9

¹⁵⁷ See no. 10

¹⁵⁸ See no. 8

¹⁵⁹ See beginning of no. 9

¹⁶⁰ See no. 9

¹⁶¹ See for instance these numbers as connected: 9, 10 and 11

Client

Listens and leans his upper body slowly over the drum... (He is tired, is he not?)

Starts to play in an uneasy manner with both hands on the drum (does he imitate MT who uses both hands?) while still leaning forward (is he tired?) – but does not manage to play so well in this position¹⁶²

Leans on the drum

Moves hands away from drum, raises upper body and looks up...

Lingers...¹⁶³

Touches the drum with one finger on the right hand...(as if he does not know what to do)

Changes to left hand and starts to play almost silently (*pp*) and with many fingers¹⁶⁴

Leans on the drum...Leans over the drum – keeping his arms in a position making a 90° angle and where both hands are on the drum skin – his head is turned away from the camera and it seems as though he looks into MT's eyes

Makes a slight movement with one finger on his right hand – then moves slightly away from the drum while his head and face are still turned towards MT (as if he really wants to make contact with MT as a person and not just a musician...)

Moves body back into his wheelchair and focuses on the drum again...listens and apparently prepares to play some more¹⁶⁵

¹⁶² See no. 12

¹⁶³ This all happens during no. 13

¹⁶⁴ See no. 14

¹⁶⁵ During no. 15

Music Therapist

Is about to play (raises her hands) but waits as C leans over the drum

Makes facial gestures, as if she is surprised by what C does...

Says something... (“Wow”?)

Continues by singing softly but plays rapidly on the drum again, just as she did in the beginning of this excerpt

(Does she try to revive C, or is she framing the improvisation in order to make it come to an end?)¹⁶⁶

Observes C while sorting out her hair (is she thinking about closure?)

Slows down as she sings longer notes and leaves the drum out¹⁶⁷

Continues to use her voice but varies it with some throaty sounds – sings a long note (g) as she moves her body and the drum more directly into C's view and sings another long g with a shorter lead note in front (is she trying to make a closure again?)¹⁶⁸

Waits

¹⁶⁶ See no. 13

¹⁶⁷ See no. 14

¹⁶⁸ See no. 15

Client

Plays distinctly with right hand and murmurs once on “mmm” ...

Utters “mmm” again...¹⁶⁹

Rubs his forehead (does he tire or sweat?)

Continues with some restless finger-drumming on the drum¹⁷⁰ -

Sits still (seems contented) and waits while resting his right hand on the drum

Listens and focuses on MT’s playing...¹⁷¹

Lifts his hand away from the drum as the drum is pulled partially away from him

Looks at MT and waits a little as he collects his arms, makes some restless body movements and grits his teeth¹⁷²

Keeps his right hand in the air as he looks at MT and murmurs once (as a response to what MT says?)

Music Therapist

Prepares herself by lifting her right hand into the air...and hits the drum once, immediately after C

...and hits the drum again right after C does – as she sings a semi-tone up, to a, which sounds like a tonal centre (is it a closure-tendency again)¹⁷³

Leans her head slightly backwards - smiling (?), leaves some space and keeps her arms along her sides (does she perhaps realize that C is tired?)¹⁷⁴

Starts to play rapid vibratos with her right hand (just as she played on the drum initially) - while pulling the drum partly away from C, folding her hands up in the air and taking them down onto the drum in the folded position (as if making a very distinct body gesture saying “now we really have to stop”)¹⁷⁵

Slides back and fourth a little on her chair (which is on wheels) while observing C’s reactions...

Covers drum with her arms and folded hands while saying something to C¹⁷⁶

¹⁶⁹ See no. 16

¹⁷⁰ See no. 17

¹⁷¹ During no. 18

¹⁷² In the short pause before no. 19

¹⁷³ See no. 16

¹⁷⁴ During no. 17

¹⁷⁵ See no. 18. Note the question marks

¹⁷⁶ During no. 19

Client

Grits teeth and leans forward (seems as if he is not ready to make a closure...)

Then plays distinctly with his right hand while murmuring¹⁷⁷

Keeps his hands on the drum while MT plays and the drum is being brought back to him
Murmurs twice¹⁷⁸

Changes hands and start to play rapidly with his left hand...
withdraws hand slightly as MT changes the drum's position and then continues his phrase by playing with all ten fingers (as if the instrument were a piano...)¹⁷⁹

Keeps his fingers on the drum (as if he is "listening" with his fingers while MT plays...)¹⁸⁰

Waits...and hits the drum two or three times, distinctly (f) while murmuring¹⁸¹

Pauses and rubs forehead
(he really seems tired)...¹⁸²

Waits...and hits the drum twice
Followed by one "moan-sigh"¹⁸³
Leans his hands on the drum and looks up – into MT's face and pauses...¹⁸⁴

¹⁷⁷ See no. 19

¹⁷⁸ See no. 20

¹⁷⁹ See no. 21

¹⁸⁰ During no. 22

¹⁸¹ See no. 23

¹⁸² Happens in the pause before no. 24

¹⁸³ See no. 24

¹⁸⁴ During the second bar of no. 24

Music Therapist

Plays rapidly with a crescendo while moving her chair and the drum towards C again¹⁸⁵

Murmurs "mmm" once, just like C¹⁸⁶

Moves the drum into a better position for C's left hand as she says "oh, do you want to use this hand now?"¹⁸⁷

Turns her face away from C and towards the camera (as if doing a "camera check") while vibrating on the drum with her right hand before C has ended his phrase¹⁸⁸

Hits the drum twice – in a similar manner to C, although not as distinctly (almost loses the drum: is she tired or is the drum just heavy?)¹⁸⁹
Observes C, smiles a little, and looks up and away from C¹⁹⁰

Vibrates with her right hand on the drum followed by some talking (does she perhaps say something to B?)¹⁹¹

¹⁸⁵ See no. 20

¹⁸⁶ See no. 20, the second bar

¹⁸⁷ She says this in Norwegian

¹⁸⁸ See no. 22

¹⁸⁹ See no. 23

¹⁹⁰ Happens before no. 24 and during the beginning of no. 24

¹⁹¹ See no. 24. It sounds as if she comments upon C's face rubbing, suggesting he is sweating (understood as "he has been working hard"...)

Client

Hits the drum once, decisively (*f*) and looks down (as if his head and his upper body are starting to get heavy...)¹⁹²

Stays in this position as he hits the drum four times¹⁹³

Music Therapist

Vibrates distinctly (*f*) with her right hand on the drum¹⁹⁴

Brings in her voice singing “pa-pa-pa” and accompanying her voice with some beats on the drum....

... and synchronizes with C in his playing¹⁹⁵

¹⁹² See no. 26, first bar

¹⁹³ See no. 26, second bar

¹⁹⁴ See no. 25

¹⁹⁵ See no. 26

During The Djembe Excerpt

I feel that we are having a “real” discussion:

C has his arguments and I have mine, yet the discussion is without a transparent conclusion.

I see that C gets tired; he sweats and struggles to keep his body in an upright position and I feel that my energy also runs out. I try to find a suitable moment to end our playing, one not too untimely for C, which again reminds me how difficult it is to end a session with him; me trying to make a musical statement and him – despite his tiredness - always wanting more ...

(Here I painted two fingers pointing at each other, as in Michelangelo’s Painting “Creation of Adam”.)

Preparing my analysis of the video excerpt

Having made a descriptive observation of the video excerpt, it was time to analyse the material but first of all I had to find a relevant model for my analysis. Obviously, any analysis of this kind involves music research of some kind and I had to find an approach that suited mine.

Choosing a model for my analysis

Lars Ole Bonde, who has recently made an overview of approaches to researching music, defines music research in music therapy as any method “in which researchers gather data concerning the relationship between music – improvised or composed, recorded or performed live – and client experiences and behaviour” (Bonde, L.O., 2005, p. 498). The focus, he says, may be on “*material properties* of music (stimulus or effect); on *intentional properties* of music (description, analysis, and interpretation of meaning); or on *musical processes* (interactions and relationships)(Bonde, L. O., 2005 Ibid).¹⁹⁶

Regarding the present project, I found that the focus in the analysis would be on what Bonde calls the intentional properties of music, since I would mainly deal with descriptions, analysis, and interpretation of meaning. Yet, as a tool, and in contrast to many of the models of analysis in Bonde’s overview, which relate to audio-recorded improvisations, video recording was of particular relevance to my project. By including the excerpt of the video recording, I felt that as an analyst I was engaged more “completely” sensory-wise, by bringing the improvisational music closer to the ongoing bodily interaction.¹⁹⁷ This point was essential not only because I was dealing with a client who has no words and who expresses himself largely through movements, gestures, and facial expressions, etc. It was my belief that it was also important, although I could not articulate it precisely at this stage of the research project, that a video recording included another type of access – more direct perhaps - to eventual interrelations between phenomena such as music therapy improvisation and action, which were the two main traces I had decided to follow.

¹⁹⁶ Bonde’s italics.

¹⁹⁷ This is not to say that analysing video recordings is new in music therapy research. As I have discussed earlier Holck uses video recordings in her analyses of interaction themes in music therapy improvisation (Holck, U., 2002). Also, Aigen uses video recordings of popular music as an entrance to the understanding of music therapy improvisation (Aigen, K., 2002). Whereas Holck’s analyses operate on micro-level, Aigen focuses on group improvisation. However, the focus in these works is somewhat different from mine and is therefore not quite comparable.

As I looked for relevant models of analysis I soon found out that there were not any approaches that would be "perfect" for my analysis. As first Ruud and later Trondalen did, I eventually realised that I too could benefit from Ferrara's phenomenological model as an entrance to my analysis (Ruud, E., 1987; Trondalen, G., 2004). The main argument for doing so was Ferrara's clear articulation of the interrelated combination of music and the human element. He says for example that, "at both the composing and interpreting stages, music is imbued with a human presence"(Ferrara, L., 1984, p. 357). One might say that in the present study the overall intention has always been, as in most music therapy situations, directed by the human elements in the music in the sense that the musical improvisation and the interpretation of it has been guided by a beneficial outcome for the client. Although Ferrara listens to composed classical music in his analysis models rather than improvised music, I found that his model was relevant for my material since his phenomenological approach embraced aspects that were not only human, it was also adequate for a music therapist's and a researcher's perspective in that it allowed an open and intuitive experiencing of the material.¹⁹⁸ Therefore, as a start, I decided to study and try out Ferrara's analysis model in this part of the data collection.

Ferrara's analysis model

Ferrara names five stages in his method of analysis (Ferrara, L., 1984):

1. Open listening
2. Listen specifically for syntactical meanings
3. Report semantic meanings
4. Uncover ontological meaning
5. Open listening

The purpose of the first open listening is, according to Ferrara, to orient the analyst to the work. By "open" he refers to any dimension of meaning (syntactical, semantic, or ontological) that may emerge. He explains how each listening is followed by a description of that listening. In the next step one has to "bracket out" semantic and ontological meanings that might come to mind while doing the syntactical section of the analysis. According to Ferrara, this step starts at a more fundamental level than the level of musical form and requires a "bracketing out" of one's formal training. The next step in Ferrara's

¹⁹⁸ In his book from 1984, Ferrara analyses the piece "Poeme électronique" by Edgard Varese.

phenomenological procedure requires the analyst to report semantic meanings, a step that allows dimensions of meaning that lie outside of the context of the musical syntax to come forth. The uncovering of the ontological meanings follows this.¹⁹⁹ After these four steps Ferrara suggests that the analyst listens “openly” to the work again and so in the final “open listening” (and subsequent descriptions) he says, “The syntactical, semantic, and ontological levels of meaning may stand out in a conceptual, contrapuntal design of meaning-dimensions” (Ferrara, L., 1984 p. 360). By putting it this way Ferrara sees that the meaning-dimensions do not appear as separate or linear foci but in a “three-dimensional texture of meanings that embellish and amplify each other by their very distinctiveness yet organic bond as part of the same work” (Ferrara, L., 1984 p. 360).

Carrying out Ferrara’s model

Before trying out Ferrara’s model I repeated what my intentions with the analysis were, whereby I considered how much space I wanted to give the analysis. Something that was important to me was managing to relate my approach to the overall idea, which was to gain a deeper understanding of music therapy improvisation by tracing some aspects that I presupposed had a connection to action as a phenomenon, while at the same time ensuring that my analysis would not get too large and thereby supersede other data, such as the elaboration of theoretical and philosophical dimensions.

I then tried out Ferrara’s model, a process that turned out to be instructive because it revealed which parts of the analysis were pertinent for my use. For instance, the process underlined how my double role as a music therapist in the video recording and an analyst of the video excerpt created particular challenges, which in turn reminded me that I needed to discuss my own roles carefully before the final presentation of my analysis. I also found out that I did not need to follow every step in Ferrara’s model. I could for instance, leave out his first “open listening” from my model, for two reasons. First, it seemed almost impossible to listen to the video recorded excerpt “openly” enough (that is according to the phenomenological ideal of bracketing out other semantic and ontological meanings) since my listening was too coloured by the memories and the images from my experiences as a music therapist from within the live setting. Secondly it was not a point to include this step in my model since I had already written logs based upon my immediate

¹⁹⁹ Ferrara notes that the semantic and the ontological meanings may not be forthcoming in all musical works (Ferrara, L., 1984).

impressions as a music therapist during the session from which the video recordings were made. Although the logs were not written with the intention of bracketing out other semantic and ontological meanings, they were sufficient since they were a result of experiencing in an “open minded way”, in a way that I felt was typical for a music therapist in action.

At the second level, Ferrara suggests listening specifically for syntactical meanings, an intention that was difficult for me to follow up, for several reasons. Firstly, I experienced that as a concept, syntax was too strongly associated with linguistics and grammar in the sense that it “focuses on the relationships between words that determine their order in sentences” (Roget’s New Millennium™ Thesaurus definition First Edition, v 1.3.1).²⁰⁰ Syntactical meanings were therefore “alien” to the music therapy situation on the excerpt of the video recording in which the improvisation was based upon nonverbal aspects. Secondly, Ferrara’s request to listen for the sound “as such” was also difficult for me as long as I was constantly looking behind the sound in my search for crucial aspects in the action – music relationship. What I needed at this point in my analysis was a level that included a larger range of possibilities in which my intentions were embraced. At the same time I realised that any musical improvisation, just like composed music, had its own structure in that it involved specific uses of musical means and coding and therefore I decided to do as Ruud and exchange Ferrara’s syntactical level with a structural level (see Ruud, E., 1987). Looking for structures made more sense to me, since I felt that I could maintain a more open-minded search in which I did not have to look for syntactical meanings in particular but rather all aspects in the part – whole structure that seemed to be of relevance to the action – music relationship.

By using structure as the main concept I referred to the way in which the music is heard as structures, and the scores would then indicate how the structures in the music therapy improvisation created specific patterns in the music.²⁰¹ An example in the present case was the way in which the scores revealed an extended use of pauses and a rapid change in rhythm and tempo, which in turn questioned whether these aspects created a pattern. What could the pattern mean? Could the use of pauses indicate for instance a way to create space for the other part in the interaction?

I realised that in asking these question, I tended to leave the structural level rather quickly, moving towards the subsequent level in Ferrara’s model,

²⁰⁰ Retrieved 06-12-11.

²⁰¹ Trondalen also asserts this in her working-out of Ferrara’s procedure. See Trondalen, G., 2004.

the semantic level, in that I was looking for meanings that emerged from the data. At the third level I could find out something about the music’s referential and explicit meanings, but I could also search for meanings, that were implicitly “hidden” in the music. It was for instance obvious that there was a turn taking going on in The Djembe Excerpt:

Example 1: Turn taking

Bars 7-8 in The Djembe Excerpt

However, it was implicit that I had to be open towards the possibility that there might be structures that went beyond the scores, explaining how the turn-taking was realizable. Did the pauses between each beat on the djembe (as in the above example) “inform” the other part in the interaction saying, “it is your turn now – I am waiting for you to play”?

When Ferrara talks about the ontological level, which is the next level in his approach, he relates it to the music’s existential or social meaning on which he believes the music can crystallize what it means to *be* in the modern era.²⁰² He says for instance that the bells in the music symbolize *time*, that the honking horns symbolize *technology* and that men’s voices symbolize *human existence*.²⁰³ To maintain such an intention in my analysis of the video excerpt would be to go too far as long as the music in a music therapy improvisation never really moved away from the concern of the client and his/her therapeutic outcome.²⁰⁴

²⁰² I repeat, Ferrara refers to Edgard Varese’s music “Poeme électronique”.

²⁰³ See Ferrara, L., 1984, p. 368.

²⁰⁴ Yet, this did not mean that I had to exclude the ontological level in a later reflection of the project. The idea, according to Ferrara, is with each level to turn

Thus I decided to do as Ruud and exchange the ontological level in the model with a pragmatic level. Ruud's reason for doing so is connected to the wish to include the meaning of the improvisation in a course of action (Ruud, E., 1987). As is suggested "a pragmatic level in the analysis of music therapy improvisations is a way to throw light on eventual therapeutic results" (Ruud, E., 1987, p. 340). I found that I too would be better off analysing the improvisation in a course of action and decided to maintain Ruud's suggestion calling for a pragmatic level.

Discussing particular challenges

There were, however, some essential challenges connected to the internalisation of Ferrara's model, and from a philosophical perspective I was not totally comfortable with the phenomenological ideal. Interestingly, I could read that Ruud also criticizes the phenomenological ideal by questioning whether a "bracketing out" is at all possible, whereby he suggests that it is rather a matter of taking different perspectives (Ruud, E., 1987). Ruud's point made sense to me, especially when I reconsidered that what I was really doing in my analysis was to position myself in various perspectives. In fact, I believed that it was of particular interest in the present study to be clear about the ways in which I performed within the different perspectives in the analysing process (for instance between the perspective of the music therapist and the perspective of the researcher), since this would verify my research as process, oscillating between different experiences and perspectives in order to be able to see how the perspectives connect.

Still I experienced that Ferrara's model alone was not enough for my analysis since, as is inferred earlier on, I needed to add aspects that embraced video recording as such. Eventually I found that I could comment upon some of the perspectives, which I knew from Lindahl's "Videography" model. Videography, which means to observe and analyse graphically, is a constructed concept with its basis in observations and analyses through video recordings and one of the options in videography is to approach the material in an explorative way, which implies that the analyst explores the material by writing down what she/he sees several times before starting the interpretation and the reflection upon the material.²⁰⁵ I experienced that "the explorative way" suited the intuitive character in my procedure, yet realised that an explorative

increasingly inwards into the material (; syntactical, semantic, and ontological) (Ferrara, L., 1984).

²⁰⁵ For further information see Lindahl, M., 2004.

procedure demanded an experienced and self-reliant analyst, or else the fascination of seeing a video recording for the first time could easily create disorientation and fixation of “unimportant” details.²⁰⁶

Still, neither videography nor Ferrara’s procedure seemed to be ideal for my analysis and I found the use of verbs in the models particularly disturbing. Whilst Ferrara talks about “listening”, Lindahl talks about “seeing”. However, as is inferred earlier, the intention with the use of video recording in the present research project demands a wider sensory engagement from me as an analyst, not just listening or seeing. Therefore I chose “experience” as “my” verb since I assumed that by saying “experience”, I would be more able to include a wider potential of connections to the music – action relationship.

What I had learned from trying out Ferrara’s analysis model and the subsequent discussion was that there was a need to clarify my roles in the analysis, as well as choice of concepts. For instance I needed to clarify when I was - and when I was not – a researcher or a participating music therapist. Obviously, I saw that both properties posed different epistemological and methodological problems, but in order to avoid a further intellectualisation of the matter at this stage, I decided to not discuss every aspect in detail. Unfortunately, the challenges connected to the use of voices was not that simple to solve and I realised that they easily created confusion, not just for the reader of the text but also for me. Sometimes the voice of the “music therapist” actually appeared as the voice of a distanced and somewhat “objectified” “I”.²⁰⁷ This made me aware how the use of voices and positions really originated from me as a person and that I as a researcher needed therefore to keep in mind that I was not only involved in scientific conclusions but also in “personal decisions” (Ferrara, L., 1984, p. 355). Eventually, and as the personal character in the logs indicated, it was obvious that my observation involved personal experiencing, which again really revealed how a process of understanding - like the present - included lived experiences.

Soon I realised that the biggest challenge with the analysis was a careful treatment of a personal material, something that demanded awareness of the different levels of abstraction that could come into play. Taking the scores for instance, the analysis appeared on a level of abstraction, which was further away from the phenomenological position I possessed through the I-voice, and also further away from the quasi-phenomenological position I possessed as an

²⁰⁶ For more information, see previous chapters concerning method.

²⁰⁷ This is my expression. A discussion involving subjectivity versus objectivity is dealt with earlier on and need not be repeated here.

analyst.²⁰⁸ The question concerning abstraction also made me realize how time apparently allowed other levels of reflection and contemplation to be included. What I had learned from the present discussion was that the main task was not to be accurate about the abstractions in every detail but rather to be aware of the complexity and eventual pit falls it created.

As a consequence of the above discussion, I decided to design my analysis by elaborating upon the following:

- The structural level
- The semantic level
- The pragmatic level

I saw that I would probably put most weight on the structural and semantic levels, and less on the pragmatic level. It seemed meaningful to allow the levels to merge into one, in Ferrara's words, to merge into a "three-dimensional texture of meanings"(Ferrara, L., 1984, p. 360). A practical challenge at this point of the project concerned how to present it all in the analysis. I found out that the easiest way to reflect upon the observation was to treat each of the three excerpts in the video excerpt (The Guitar Excerpt, The Piano Excerpt and The Djembe Excerpt) by going through each of the chosen levels. Finally, I felt that I was ready to present my analysis.

²⁰⁸ In fact, the scores implied a hermeneutic perspective in which parts and whole were interpreted through a "music language" that consisted mainly of notes and musical expressions.

Presenting my analysis

I will analyse the excerpt of the video-recorded music therapy improvisation in the following order: 1) The Guitar Excerpt, 2) The Piano Excerpt, and 3) The Djembe Excerpt.

1) The Guitar Excerpt

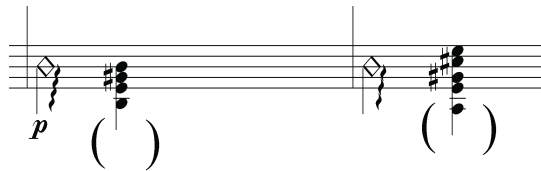
- The structural level

The Guitar Excerpt lasts only one minute and thirty seconds and musically the bass note coming from the low A-string on the guitar imprints the whole excerpt. This note sounds as a pedal point and creates a tonal centre of A (major). The fact that the music therapist plays various chords and changes her rhythmical playing does not disturb this impression.

Yet, there is a pattern in the sense of rhythmical development in the way the therapist uses her right hand on the guitar. She begins by stroking the guitar strings gently on the first beat:

Example 2: Rhythmical development in the therapist's guitar playing

Bars 1-2 in The Guitar Excerpt



Then she introduces a steadier “swinging” rhythm in bars 4 and 5:

Bars 4-5 in The Guitar Excerpt

Thereafter (in bars 10 and 11) she varies the rhythms again by adjusting to the way she sings:

Bars 10-11 in The Guitar Excerpt

In the final bars she intensifies the rhythm by playing faster and **ff**:

Bars 25-29 in The Guitar Excerpt

From the scores it seems obvious that in a musical sense, it is the therapist who is the most active participant; the therapist both plays the guitar and sings while the client only makes sporadic vocal utterances. However, this picture changes when including the video excerpt as this reveals how active the client really is - in a bodily sense that is. He moves his arms a lot; crosses them and lifts them up into the air.

The vocalizing also colours the excerpt: the client's vocalising is mostly staccato-like singing utterances, while the music therapist varies her vocalizing more. In bar 13 it sounds as if she vocalises in a similar way to the client.

Additionally, there seems to be a pattern in the use of pauses, something which the music therapists seems to initiate: When the client vocalises, the music therapist either stops her rhythmical guitar playing or she "rests" her singing on a long tone (see bars 9, 12 and 24 for example). She also "sings" long notes in other places (bars 8, 9, 12, 18, 19 20 and 21). Additionally she uses upbeats a lot, first with the guitar (bar 3) and then with her voice (see bars 19, 20, 23, 25, and 26 in the score).

- The semantic level

The Guitar Excerpt has a character of a prelude in the sense that the music therapist tries to set a mood, an agenda, by stabilising a tonal centre and inviting the client to join in.²⁰⁹ The video recording reveals how she directs her face, body and the guitar towards him, as if inviting the client to play with her. In order to include the client in the music therapy improvisation, several techniques are being used: As with a mother – infant relation, she interprets the client's arm gestures as musical initiatives or responses – acting as a mother would. This is probably not something the client is aware of (yet). For him, gestures and bodily expressions are still his natural and intuitive way of unfolding and expressing himself and thus his arm movements probably reflect the therapist's music directly. Still, there is a chance that the client experiences (unconsciously) that his reactions and movements also influence the music therapist's music. For example, it could be that the client experiences the therapist's vocalizing, as exemplified above (bars 10 and 11), as a statement and a question directed towards him, saying something like: "I (; the music therapist) hear what you say and how you express it. Can you hear me doing something similar to what you are doing? In fact, can you hear what you yourself say and how you express yourself when I reflect your way of doing this?" In this perspective the observation reveals how the musical improvisation is sometimes treated as questions between the client and the music therapist, as if there is actually a verbal dialogue going on (see observation connected to bars 4, 13, 28 and 29).²¹⁰

²⁰⁹ Something similar is articulated in the observation under the "Music therapist" column connected to bars 4-7.

²¹⁰ The image of verbal dialogue is collected from the observation. See text entitled "during The Guitar Excerpt" in the observation. "Café" is also used as an image and maybe it is not a bad image with which to express the situation.

The large degree to which pauses are used, including the amount of the time the client and the music therapist use to listen to each other in this excerpt, reflects that there is a sensitive adaptation process going on between the client and the music therapist, something which reveals that they are both trying to find out something about the other, and that they are trying to establish a “space for interaction”.²¹¹

The way the music therapist varies her rhythmical playing can be interpreted as: 1) variations of her inviting the client into the playing or 2) varied attempts to adjust her music to the client’s expressions. Probably it is both, and hence the music therapist uses the rhythmical aspect to both observe and adjust herself to the client and at the same time to try out possible areas of interaction.

The impression given is that the music therapist challenges the client, for instance by testing out how much musical stimulus he desires. This indicates that there is an established relationship between the two of them and that both of them feel safe in the interaction. There is also a reason to believe that an inspired client challenges the music therapist, at least it seems as if this is the case from the way she develops her music and alternately plays loud and soft strokes on the guitar in order to continue stimulating the client.²¹²

- The pragmatic level

The Guitar Excerpt’s function is mainly to chart form and content of the music therapy improvisation regarding style of interaction, responsiveness, imitation, motivation, energy level, etc. The music therapist explores how to approach the client and initiate interaction by actively observing and simultaneously adapting his action repertoire, be it vocalising, motions or gestures. It is probable that the client’s unconscious arm movements over time become conscious, for example as a conscious way of taking the initiative and making a response. In this sense the music therapy improvisation balances on the client’s zone of proximal development, continuously challenging him to develop and master more. So far rhythm seems to create the main “dynamic force of change” in the music therapy improvisation (Bruscia, K., 1998, p. 20).

²¹¹ See the comment under the text entitled “During The Guitar Excerpt” in the observation.

²¹² See bars 21-24 in the score. See also appendix A.

2) The Piano Excerpt

- The structural level

In this excerpt the client and the music therapist are both rather active in the music making. The tonality still circles around the key of A, though now it is mostly in the minor mode (apart from the A-major in bars 26 – 27). Although The Piano Excerpt lasts approximately as long as The Guitar Excerpt, it feels longer. This impression is probably to do with a greater complexity in the music regarding dynamic and intensity but it is perhaps also a natural consequence of the fact that therapist and client play on separate instruments and vocalize simultaneously. This creates larger possibilities when it comes to musical variation, something that is recognizable in the structure. It entails “more of everything” (compared to The Guitar Excerpt, that is), more sound (moving from *pppp* in bar 14, to *ff* in bar 26 and *sfz* in bar 33) and more rhythmical experimenting from both the client and the music therapist. It is as if the client experiments with rhythm and dynamic, such as the small rhythmical variations in bars 15 and 16:

Example 3: Client experimenting with rhythm and dynamic

Bars 15 and 16 in The Piano Excerpt (C)

C. tamb.:

Interestingly, as regarding rhythm and dynamic, bars 15 and 16 reveal how the client moves his playing towards a pause, a pattern that is also seen elsewhere in his playing.²¹³ The music therapist never pauses completely. Instead she

²¹³ See the client's part throughout the whole piano excerpt in the scores in appendix B.

leaves out either her voice (in the second half of the excerpt) or the piano (as she vocalizes in bars 3 and 12), or uses just one hand on the piano (bars 15, 18-21, 28, 36). Typical for her participation is the way in which she uses different registers and regulates tempo. The former is seen clearly as she moves from the $g\#^3$ in bar 16:

Example 4: Therapist using different registers and regulating tempo

Bar 16 in The Piano Excerpt (MT)

The musical score for Bar 16 shows the voice part (th) in the treble clef and the piano part (piano) in the bass clef. The voice part starts on a G#3 in bar 16. The piano part starts on a low A. The piano part has a 'leg.' marking below it. The voice part has a 'sfz' marking above it.

To the low A in bars 35-36:

Bars 35-36 in The Piano Excerpt

The musical score for Bars 35-36 shows the voice part (th) in the treble clef and the piano part (piano) in the bass clef. The voice part starts on a low A in bar 35. The piano part starts on a low A. The piano part has a 'sfz' marking below it.

The latter is obvious in the way she alternates between ritardano (in bars 3, 6-7, 25) to tempo primo (in bar 8) and staccato – marcato (in bars 18-21). The variation is pointed when she vocalizes in legato and simultaneously leaves out the piano (in bars 12-14).

Compared to The Guitar Excerpt, The Piano Excerpt includes a wider range of tension. An aspect that builds up the tension is the extended use of a restless and “vibrating” playing both by the client (bars 2-3, 6-7, 11-12, 14, 18-21, 24, 26-27, 30, and 35) and by the music therapist in bar 35. In the observation bars 13 and 28 are also interpreted as being related to the “restless” musical statement from the therapist. Characteristically, the restless playing moves into a regular and steady rhythmical playing. (The client does so in bars 4-5, 10, 24, 25, 34, 36 and the therapist in bars 14-16, 18-21, 23-27, 31, and 36.)

From a structural level it may seem as though there is large degree of variation and tension-building going on in the excerpt. However, due to the fact that the whole excerpt takes place within only one and a half minutes, the main impression may be that the variations and tension building are fragmented and thus create only tendencies. The impression is rather that this part of the music therapy improvisation balances between musical initiatives and musical withdrawal and one could say that this creates a pattern in the interaction, a pattern that is most likely directed by the client. The first three bars of the excerpt are typical: The client beats the tambourine three times (bar 1) and then moves into a silence after which he starts to play with the bells on the side of the instrument.²¹⁴ I experience bars 18-21 as an opposite to this: Here the tension building has time to establish itself before it is relieved in some sort of a musical fusion or “conclusion” in bar 22:

²¹⁴ See the first passage of the observation under the client’s column.

Example 5: Musical fusion after tension building

Bars 18-22 in *The Piano Excerpt*
(Top line: C on tambourine, two bottom lines: MT on piano)

Interestingly, and as one can see from the dotted lines on the scores, the client and the music therapist are not *completely* synchronized in their musical fusion; as if there is discrepancy in their musical “concluding”.

- The semantic level

Whereas *The Guitar Excerpt* has the character of a prelude, *The Piano Excerpt* reveals how the music therapy improvisation moves into a working phase where the client and the music therapist are both rather active and experiment with the music and the interaction. However, it is not clear as to whether the client’s musical experimenting is consciously intended or if it is a result of a need to manipulate the instruments, both of which could be indications of his developmental age.²¹⁵ It seems as if the client every now and then moves away from the manipulative playing (such as in bars 2-3, 6-7, 11-12, end of bars 13-14, fingertip-dancing in bars 18-21) and into a musically intended interaction with the music therapist, for instance when he plays his tambourine in a solid and settled way (such as in bars 1, 4-5, 9-10, 22, 25, 33-34 and 36).

²¹⁵ According to Swanwick such manipulating is typical for musical development amongst children at the age of 0 – 1 year (Swanwick, K., 1994).

However, it could also be that because of his personal style and way of relating, the client experiences the interactive parts as so strong and powerful that he actually needs to withdraw. It seems as if the first beats are intended as interaction by the music therapist whilst the playing with the bells is interpreted as “solipsistic”. However, the music therapist adjusts herself and her playing to the client’s needs by creating space for his withdrawal (which is something she does by regulating tempo, such as the *ritardandos* in bar 3). In bars 6-7 the music therapist invites the client to come fourth again. This is underlined by the tempo *primo* in bar 8.²¹⁶ In bars 23 - 24 the pattern is similar when the client is first silent as he rests his hand on the tambourine and then lifts his body up and turns towards the music therapist, beating the instrument once with the same rhythm as the music therapist. Here an interactive intention is not evident until the client lifts up his body and beats his instrument (something which is only visible on the video recording).

The music therapist continuously observes the client and adjusts her playing to his needs, simultaneously “holding” him with her music. This means that through musical variation and engaging, she makes sure that he does not lose interest. She introduces him to new musical landscapes (for instance new rhythmical patterns, such as in the example in bars 18-21), and starts melodic lines (such as in bar 6). She also challenges the client by using a wider musical register and supports his musical expression by accompanying him in a way that matches his actions. This is also described in the observation; “(MT) tries to catch his (client’s) mood by playing quick, restless chords on the piano with her right hand (as if she comments upon C.)”²¹⁷

The restless playing also reveals that there is a negotiation going on, both musically and relationally, but the client is too occupied with exploring his instrument and struggles to relate to the music therapist. The music therapist endeavours, at times in a rather frustrated manner it seems, to follow up the client’s initiatives and responses. She tries to shape the music therapy improvisation by making closures but reconsiders when the client continues.²¹⁸

²¹⁶ The same pattern of balancing between taking the initiative and withdrawing is also recognizable elsewhere. In bars 13 – 14, for instance, the client hits the tambourine softly three times with the fist of his hand before he returns to a more “restless” playing, and in bar 22 the client hits the tambourine distinctly, twice, with flat hands before returning to fingertip playing.

²¹⁷ See observation earlier on. These comments are connected to bar 28 in the scores.

²¹⁸ See for instance bars 27 – 31 in the scores and the observation, which deals with this part.

- The pragmatic level

The Piano Excerpt's function is 1) to challenge the client's initiatives, 2) to elaborate the client's possibilities in terms of interaction and musical repertoire, and 3) to develop a form out of the music therapy improvisation.

3) The Djembe Excerpt

- The structural level

In The Djembe Excerpt the setting is changed as the client and therapist play on the same instrument. They take it in turns to beat the djembe and each create small announcements and phrases directed towards the other. The fact that only one of the parties can play at any one time is perhaps the reason why there is a rather salient musical interaction going on in this part of the music therapy improvisation, an interaction that mainly involves an exchange of small rhythmical patterns. (Naturally, they can both vocalize independently of each other and their drum playing.) Another reason is perhaps the fact that there is always a little space/time before each initiative, something that isolates the musical announcements.²¹⁹ This is also marked in the scores with dotted lines, for example as in the beginning of the excerpt:

Example 6: Isolating musical announcements

No. 1 in The Djembe Excerpt

The musical score consists of four staves. The top two staves are for the client (voice and djembe), and the bottom two are for the therapist (voice and djembe). The key signature has one flat (B-flat) and the time signature is 8/8. Section 1 (measures 1-4) shows the client playing a melody with vibrato while the therapist plays a steady djembe rhythm. Section 2 (measures 5-8) shows the therapist playing a melody while the client plays a steady djembe rhythm. Section 3 (measures 9-12) shows the client playing a melody while the therapist plays a steady djembe rhythm. Dotted lines connect the end of one section to the start of the next, highlighting the 'isolating musical announcements'.

²¹⁹ The use of bars in the notation at the beginning of this excerpt is thus superfluous. See example below.

There is, however, one section in this excerpt that differs from the isolated phrasing, and this starts at no. 7 and lasts until no. 13. This section, which I have already touched upon, involves longer phrasing and develops musically in terms of musical complexity. Here one can see a longer interaction phrase starting at no. 7:

Example 7: Longer interaction phrase

No. 7–8 in The Djembe Excerpt

The image shows a musical score for two measures, 7 and 8. It consists of four staves: voice cl (top), djembé cl, voice th, and djembé th (bottom). Measure 7 begins with a tempo marking of quarter note = 58. The djembé cl staff shows a series of notes with accents (>) and slurs. The voice th staff has notes that are connected to the djembé cl staff by dotted lines, indicating synchronization. Measure 8 features an 'accel' marking and ends with a final chord in the djembé cl staff.

The impression here is not that the musical announcements are isolated but rather that together they create a whole. (In fact it is not easy to tell from the sound who plays what.²²⁰) A variation is however recognisable in the way the drumbeats sound, and by looking at the scores one can see that the client uses a little longer time (space) before he comes with his initiatives. Additionally his beats last a little longer than the music therapist's beats.²²¹ It feels as if this individual way of beating the djembe creates one type of dynamic. Another type is the client's use of space before beating. Both create a delayed synchronicity, which again increases the intensity in this part of the music therapy improvisation. At no. 8 in the excerpt the sound of the client's scratching on the drum skin creates a musical uncertainty and for a short while it is doubtful whether the music will continue to develop or not.²²² Interestingly

²²⁰ This explains why the music lines are connected in this part of the scores.

²²¹ I will discuss the dotted lines in the scores under the semantic level.

²²² See the scores of no. 8 in The Djembe Excerpt, if necessary.

however, the musical interaction continues with powerful strength and greater complexity in no. 9:

Example 8: Powerful strength and greater complexity

No. 9 – 12 in The Djembe Excerpt

The musical score is presented on four staves: voice (cl), djembe (cl), voice (th), and djembe (th). Measure 9 is marked with a common time signature 'C' and a forte dynamic 'f'. The voice (cl) staff is empty. The djembe (cl) staff shows a single note on the first beat. The voice (th) staff has a melodic line with lyrics 'dang - - - ja - tu dang - di'. The djembe (th) staff has a rhythmic pattern. Measure 10 shows a three-beat sequence in the djembe (cl) staff. Measure 11 continues the vocal line with lyrics 'pa - du du pa - pa pa - ra pa pa - ram' and a piano dynamic 'p'. Measure 12 is marked 'Riteto' and shows a more active djembe (cl) pattern and a vocal line with lyrics 'pa - ram pa - ram'.

First the music therapist introduces her voice (no. 9). She vocalizes a melodic pattern whereby she accompanies herself by playing the djembe on the first beat of each motif. Then there is a silence. The three “hasty” beats at no. 10 made by the client sound like a follow up of what has just been described and in no. 11 it sounds as if the music therapist briefly vocalizes the client’s djembe playing (in no. 10) before she continues to vocalize and accompany herself again (similar to what she initially did at no. 9). After a short silence the client starts beating the djembe more actively and now the music therapist starts to accompany his playing by vocalising. The development dies out during no. 13 and 14, as one of the active parties (the client) is absent in the musical interaction.

Still, there are other places in the excerpt in which one accompanies the other (for the main part the music therapist accompanies the client). This kind of interaction is for instance recognizable at no. 26, at the end of the excerpt:

Example 9: Music therapist accompanies client

No. 26 in The Djembe Excerpt

The musical notation consists of two staves. The top staff is for the client (cl) and the bottom staff is for the therapist (th). The client's part starts with a dynamic marking of *f* and includes a fermata over a note in the first bar. The therapist's part consists of a rhythmic pattern of eighth notes. Below the therapist's staff, the lyrics "pa - pa - pa - ..." are written, with hyphens indicating the timing of the syllables. The notation ends with a double bar line.

In contrast to the delayed synchronicity, which was obvious in the former music example, this example involves a “perfect” timing in the interaction, especially in the last bar where the client and the music therapist beat the djembe simultaneously, twice.

- The semantic level

As with The Piano Excerpt, The Djembe Excerpt is a working phase in the music therapy improvisation. But compared to The Piano Excerpt, this seems to be more clearly organized. This may be due to more focused attention from both participants and the simple setting where the two of them surround one instrument and face each other directly, something which provides a better overview for both of them as to what to do and how to do it. This also explains the client’s apparently skilled interaction in parts of this excerpt: He is in a position where he can observe and interpret the therapist’s actions precisely, and as only one of them plays at any one time the turn taking becomes more evidential for him.

Just as with The Piano Excerpt, The Djembe Excerpt is characterized by interaction, as if there is a musical and a relational negotiation going on. Here the actions seem to be more directed onto the person sitting opposite, in contrast to the former excerpts. For the client the interaction perhaps stretched him to his limit, both in terms of developmental capacity and energy. The impression is given that the music therapist consciously challenges the client a great deal and in a more direct way in this part of the music therapy improvisation than is visible in the previous excerpts. It is as if she explores how far she can go musically in order to challenge him, i.e. how much sound he

can bear, how fast he likes her to play and how long a phrase she can play while he listens interestedly. No. 4 is an example of this, because obviously she is aware that the client is not capable of playing something similar when she makes the long and rather “advanced” phrase on the djembe.²²³ It is fascinating to see the client’s reactions afterwards, because it is evident that the music therapist’s challenge does not lose him, rather it seems as though her move increases his engagement in the interaction and brings his consciousness to another level. At first, the client reacts bodily by crossing his arms high up three times. (In the observation it is also noted that he “listens, actively, as if he needs to “digest” what MT is doing”). Then it seems as if he tries to come up with something similar to hers, he...

...makes a vocal sound and prepares his right hand for some playing – makes some more vocal sounds (staccato) – makes a movement as if playing a drum in the air with his right hand before moving it down and hitting the drum – plays rapidly and distinctly (f) (does he imitate MT’s rapid playing...?)²²⁴

It is possible that the music therapist’s almost provocative challenging of the client induces a small break-through in that the music therapy interaction moves into a more salient and apparently conscious turn taking (around no. 7). However, it could be that this interpretation is too benevolent and that the music therapist’s challenging attitude is too much for the client (her voice is for instance described in the observation as being too “near” and too “strong” for him around no. 10). This indicates that there must be a trusting relationship between the participants, because evidently the music therapist’s actions balance between fruitful and too much. In this sense she relates to the music therapy improvisation as a way to explore him; his capabilities, be it actions, concentration, interest, etc.

Interestingly, it could be that the situation is actually the opposite for a short while. It could be that the client challenges the music therapist in the way he varies his musical initiatives. In relation to the description of what is happening around no. 7 for example, the video recording reveals that the client plays with a flat hand and that he leaves his hand on the djembe for a short while after each beat. It is my feeling that by doing so, the client makes a statement challenging the music therapist to follow up on his playing. (The video recording visualizes the fact that the music therapist follows up by hitting the

²²³ “Advanced” is here defined in the context of this particular setting.

²²⁴ See observation connected to no. 5 in The Djembe Excerpt.

djembe with a light “jumping” hand.) He shows in other words that he is capable of expressing himself distinctly and in a personal way through the music. The fascinating aspect is that, presuming the client is capable of making this variation consciously, he must be aware that turn taking is going on and that he is in a position to influence it creatively. In this way the music therapy improvisation becomes a way for him to chart his own interaction possibilities.

After this section it seems as though the music therapist tries to prolong the client’s level of conscious turn-taking by incorporating his playing into a longer musical phrase as she actively accompanies his actions (no. 9-13). However, and as the video recording shows, he gets tired and is no longer able to maintain the same amount of concentration (something which seems evident as he gets unsettled around no. 10). There is however a constant struggle towards synchronization between musical and bodily actions between the two of them.²²⁵

- The pragmatic level

In The Djembe Excerpt the interaction is taken to the limit of what is possible between the participants. Its function is mainly to explore where this limit is and if possible to take the music therapy improvisation to significant moments, in which new areas of the music therapy can be charted. Another intention that is evident is that the music therapist tries to round off the session pleasantly so that the client feels satisfied as he leaves the room.

Other music therapists’ observations of the video recording

When the analysis was done, I was ready to approach the collection of other music therapists’ observations of the excerpt of the video recording. Before I started the collection of the observations, I reminded myself about the idea behind it: What I needed now was some kind of validation of my pre-

²²⁵ This is for instance indicated in the scores where the dotted lines indicate which direction the musical initiatives are regulated, i.e. whether it is the therapist who imitates the client, or vice versa.

understanding. In other words, I needed to find out whether other experienced music therapists understood music therapy improvisation in a similar way to what I did yet without me telling them what to look for or what to say. By collecting the observations I believed that I could investigate whether there was anything in them that validated my analysis of the excerpt of the video recording.

I realised that the observations could create possible questions in the subsequent elaborations, such as: Were there obvious discrepancies between the observations and my analysis of the relationship involving action and music therapy improvisation? In what ways would the observations support and/or relate to my ideas? Did the observations add something (new) to my and other music therapists' understanding of the phenomenon? It was important to me that the observers could describe freely and thus it felt right to delimit the influence regarding guidelines and information about the real setting as much as possible beforehand.

Collecting the observations

After this brief enumeration I was ready to start, and during some hectic days in Aalborg, Denmark in April 2005, eleven observations were collected from experienced and well-educated music therapists.²²⁶ The appointments were made by e-mail ahead of the course. One by one each participant was lead into a room where some formal issues were sorted out and I gave a short introduction of the client and the setting on the video recording.²²⁷ Then each participant received a video cassette/DVD containing the video-recorded excerpt as well as two sheets of papers. One was entitled "Procedures for collection of data material", the other was entitled "Procedures for observation".²²⁸ Then the participant was left alone in the room for 20 minutes for a "silent" observation. I told each of them to write down their "immediate observations" in English. I explained that by using the expression "immediate

²²⁶ All of the participants attend the PhD course in music therapy research at Aalborg University from 18th – 27th April 2005. This course belongs to the line of PhD courses, which are arranged twice a year. The agenda includes presentations of ongoing research projects and lectures, and the participants come from all over the world.

²²⁷ I said that the client did not see well but that his hearing was normal. In addition I told them that I knew him well since I had been his music therapist over a long period.

²²⁸ See appendices L and M. Additionally, the participants were given an envelope containing a questionnaire but I have decided not to include this in the research project and therefore give no further information about this.

observations”, I wanted them to try to capture “thoughts and impressions that first came into their mind while observing the video recording and to write these down spontaneously”.²²⁹ I also told them that they were free to observe the video several times and/or forward, rewind or pause it whenever they wanted to. I added that they need not worry about writing skills, that the sentences need not be full or the language correct.²³⁰ Also, there was no “correct” way of doing this.

Altogether I received eleven interesting but very different observations of the video recorded excerpt.²³¹ I read through the observations many times and found that I needed to discuss a) the challenges connected to the difference between the observers’ positions and my position as an analyst and b) the variations in the styles and content.

Differences between the observers’ and my position

Obviously, my starting point was somewhat different from the other observers’. First, the fact that I was the music therapist in the video-recorded setting gave me a direct and privileged access to the material, which the other observers did not have. Secondly, the fact that the client and I - as a music therapist - shared a music therapy history, gave me as an observer and an analyst a qualification that was different from theirs.²³² This could give me “advantages”: For example, I already knew something about how the session could turn out, also I knew about our “style” of music therapy improvisation, which in turn had taught me how and where to look in the material. Still, I did not think that the music therapy history between the client and myself necessarily put me in a more qualified position as an observer and an analyst. Previous knowledge could also disturb if it was allowed to dominate a more systematic interpretation. The risk was therefore that I as an analyst was too predisposed whereby I was no longer able to analyse the video recording with my eyes (and mind) wide open. (In this sense, the other 11 observers seemed to have an advantage!)

I did, however, believe that neither the history nor the fact that I personally appeared in a double position was a significant problem. Probably

²²⁹ See appendix M.

²³⁰ Since most of the researchers were not native English I told them that they could write words or images in their mother tongue – I could look it up or have it translated afterwards.

²³¹ See all eleven observations in appendix D.

²³² The music therapy had ended one year before the data collection of the video recording started.

many of us have learned to live with this type of duality as music therapists as we often observe video recordings of our own practices. I assumed that, combined with long experience, most of us were probably well trained as observers and therefore we ought to be able to leave our practice histories in the background and bring the observations (and analysis) of the video recording to the foreground. Therefore I preferred to consider experience from practice as one of the most important qualifications for an “objective” observation and analysis.

Discussion of difficulties concerning the variations in the observations

A larger problem seemed to be connected to the variations concerning form and presentation of the observations. How could I integrate observations with such a large variety of presentation-form into the rest of the material in a meaningful way? Had I given the observers too few guidelines? Soon I realised how difficult the variety made it for me being the one who had to systemise the material. In fact I began to question whether I could utilize the material at all, and I spent much time reflecting upon the data material and how to proceed from here.

Eventually I concluded that it seemed wise to stick to my plan and to use the material as it was. I found out that I could not have guided the participants in a particular direction as long as a point of departure in the project was my more or less unarticulated and intuitive pre-understanding of music therapy improvisation as a phenomenon. As I came to this conclusion I realised how essential it actually was to maintain a phenomenological attitude towards this part of the data material and to “hold open the world” of the participants so that they could relate to it intuitively and independently.²³³ This was not just necessary in order to ensure that the observers approached the material with a certain degree of intuition and thereby validated my pre-understanding; it also created other possibilities as to letting the material question me. This internalisation related to a distinctive phenomenological tactic, which, according to Ferrara is, “rather than manipulate a work through a formal grid of analytical questions or positions, one responds to questions posed by the work” (Ferrara, L., 1984, p. 356).

Consequently, due to the phenomenological attitude and explorative style imbued in this part of the data collection, I found that I had to accept the

²³³ To “hold open the world” is an expression that is used by phenomenologists. See for instance Ferrara, L., 1984.

varieties in style and to proceed regardless of what the material looked like. Yet, I had to keep in mind that all the participants had different backgrounds regarding education and schools of thought as well as types of clinical experience. This meant that it was not possible to remain open to all dimensions of meaning that might emerge in the observations; I could only articulate my own modes of orientation to the material, not the participants’.

After this process of pondering and speculating I looked through the observations with new eyes and it soon struck me what fine and colourful stories the observations created! I even experienced the stories as variations on music therapy improvisation; as a theme in which each participant’s voice became important, as in a polyphonic composition, so to speak. Yet, as *stories* I saw that the descriptive observations related to another topic: Narratives. Thus narratives became a key word that I decided to trace in the further elaboration of this data material.

Observations as narratives

When I started studying narratives as a scientific area I found several arguments as to how I could fit the descriptive observations into the research project as a whole. Indirectly, the observations mediated between an “inner world of the participants’ thought-feeling and an outer world of observable actions and states of affairs” that were visible on the video recording (Kenny, C. B., 2005, p.116).²³⁴ Still, I saw that the observations not only created associations to the narrative, but that they also created associations to the old “field notes” and an aspect of autoethnography.²³⁵ As field notes they appeared as descriptive observations of a setting and an event involving people from the “tribal society” (the music therapists). I saw that the aspects concerning autoethnography had connections to the former and somewhat indigenous perspective: The participant’s voices operated as the voices of insiders, “providing an important emic position within, and therefore creating trust in the teller, diminishing the

²³⁴ Kenny quotes Bruner here.

²³⁵ Kenny asserts that the contemporary use of narrative as an academic method goes hand in hand with the blossoming of the formal academic discipline of anthropology a little over 100 years ago and that these early scholars in anthropology gathered descriptions, called *field notes*, of settings, events, and people from their observations of tribal societies (Kenny, C. B., 2005). Autoethnography is a method in narrative inquiry that “situates the researcher within the context of the culture being studied. The researcher tells his or her own story as an insider. For more about the term insider, see my definitions of core concepts earlier on in part 1.

problems of representation from the outside” (Kenny, C. B., 2005, p. 418).²³⁶ Eventually, these perspectives seemed to support the indigenous ideal, which I had already stated as a lodestar in the research project.

While dwelling on these perspectives I found that the main challenge connected to the treatment of the material did not concern the variations in the observers’ stories or the fact that the observers represented different contexts, rather it was connected to my presentation of them: How could I, as the author of the text, tell the observers’ stories without disturbing their voices too much? Eventually, I found out that it turned into a question of authenticity and trustworthiness, aspects which seemed to be best maintained by letting each participant use his/her own voice as much as possible in the telling of his/her story concerning experiencing the video recorded excerpt.²³⁷ I became aware that in the making of the narratives, I needed to keep the observations as close as possible to the way they were told, in the hope that this would create trust amongst the participants and inspire confidence in my own exploration. I believed that reflexivity in the elaboration was still possible to maintain as I could subsequently allow parts of the observations interact with my own interpretations when I had collected the theoretical data at a later stage of the elaboration. After all, the main concern at this stage of the process was to create an inter-subjective space, which in turn could initiate a meaningful discussion around the action aspects that I was tracing. Although the process towards this insight had taught me that there were crucial challenges to consider, I concluded that the observations, my pre-understanding and my own video analysis together framed such an inter-subjective space. I decided, however, to regard the following elaboration as interplay between several crucial parties involved in my own theory on music therapy improvisation, again as polyphonic texture of syntactical, semantic, and pragmatic meanings that is an important aspect of any functioning, experiential work.²³⁸ As I was elaborating upon the observations in order to create the cohesive narratives, I found that a new challenge connected to the use of voices appeared in that I - and not the observers - became the storyteller.

²³⁶ Although the participants did not actually participate in the live setting, they were indirectly situated within the context of the culture being studied (that is, by observing a video-recorded example of a situation all of them were familiar with).
²³⁷ Kenny quotes Mishler when she discusses narrative inquiry (Kenny, C. B., 2005, p. 117). He attempts to maintain simplicity and accessibility by suggesting only two criteria: trustworthiness, which refers to the evaluation of a community of researchers; and authenticity, which focuses on the believability and integrity of the story.

²³⁸ See Ferrara, L., 1984, p. 357.

In order to avoid further confusion concerning whose voice was being heard, I decided to be careful with the use of “I” and to refer mainly to the observer as either “the observer” or just “he/she”. Sometimes, when the observers had made a particularly good or striking description I cited these. All in all, I thought that I was able to portray the observer’s voice with a degree of neutrality and authenticity.

Presenting the observations as narratives²³⁹

Observation no. 1

Initially the participant of this observation says, “Musically, the therapist creates a supporting, inviting, safe, musical space, which reflects the client’s inner world (communicating to him that she is with him and hears him).” The observer also describes how the music therapist offers the client many opportunities to explore his experience and expressiveness and that she (the therapist) imitates, and synchronizes with him (the client) rhythmically. The observer continues his/her observation by projecting the perspectives of the therapist, the client and even the music.

When identifying with the therapist he/she experiences how she strives to be with the client, in the client’s world, “to feel what he feels” and to “join him in his challenges”. The observer also notes that the therapist vocalizes in order to both match and change (i.e. The Guitar Excerpt, The Djembe Excerpt) and challenges the client to communicate and work (i.e. The Djembe Excerpt). She (the therapist) uses her musical sensitivity and skill to “musicalize” his responses (something which is described by the way the client’s arm struggle becomes music) and this is instrumental in giving the whole experience greater aesthetic integrity and humanity. The observer also experiences how the therapist creates many spaces for the client to express who he is, and she listens intently to him when she does this.

²³⁹ All citations derive from the observation that is referred to. Underlinings are observers’ own. All observations are presented in appendix D in the way they were originally written.

As the observer identifies with the client he/she experiences that he/she is working to be heard, to be with the therapist, to communicate, to trust the relationship. In fact, taking the client's perspective, the observer questions the music therapist, "How is she here with me?", "Who is she to me right now?", "How is she hearing me now?", "What is next?". When being the client the observer also experiences how fun the music sounds and feels, from physical vibrations to colours it brings to his mind, and that it holds him but also gives him room. As the client, the observer feels as if the therapist knows who he is, that she makes him feel strong, important and loved, and that she will be patient with him, despite his feeling of sometimes getting scared.

The observer does not think that the music therapy improvisation is easy for the client and thus he (the client) is not always enamoured by it, but by becoming the music the observer experiences how everything is there for and with him/her, how each chord or beat, each phrase is for him/her and under him/her, supporting him/her but also pushing him/her. In fact, the observer experiences that every sound and song in the music therapy improvisation creates a space in which the therapist, the client and the music together create a whole.

Observation no. 2

The observer is aware of the therapist (with her guitar) and the client sitting opposite each other. He/she describes how the therapist moves along in the music therapy improvisation: When the therapist plays oscillating warm chords on the guitar, he/she notices some bodily tension in the client whereby the therapist frequently "waits", creates space, invites response and gives the client space for this. He/she believes that the client is aware at some level but that the levels of awareness are not constant. Thus he/she questions whether the levels shift from "sensory to impulse to vocalization" or if the client just needs time to organize body/self. He/she notices that the therapist matches or reflects what the client is doing, and thinks that the therapist is observing the client as a whole, but also in detail.

The observer notices the client's body language and when the client crosses his arms, he/she believes that he does so in order to hold himself, but also questions whether the gesture is a way to protect and/or to hug. When the therapist stays with the tension and even pushes on this way, the observer thinks that she does so in order to develop something and move somewhere. As a result the client opens his body and lifts his arms, whereby the therapist

creates a new space (like a climax, he/she says) but the observer emphasizes that this comes after a silence.

The observer sees and hears that the therapist uses many techniques, like matching/reflecting and holding. He/she experiences that it is clear what the therapist is doing and that for the client this means something. This becomes evident by the client's change of facial expression as he looks intrigued and interested, but also shows some ambivalence. The observer also notices that the client seems to break off the togetherness in a very direct way, he gives of himself but takes care of himself as well.

The observer describes The Djembe Excerpt as conversational: "The therapist is direct and reflects some of the body affect in the client". He/she finds it interesting where the therapist withdraws the drum and questions if this is in order to catch the client's attention or to signify an end? The observer comments that there is "a serious quality to this work, to this being-together in the same space." He/she feels strength in the client who uses no words to tell a story (narrative), but who at the same time has a huge story to tell. Finally, he/she comments that there is "something to do with an undercurrent; what enormous things are inside this client, and what serious things."

Observation no. 3

The observer sees that the client responds to the music with his body and that his movements (turning of head in particular) are phrased, like a gestural expression of the music in The Guitar Excerpt. He/she gets the impression that the therapist takes up the client's staccato vocalisations, which are sometimes interspersed at the end of a phrase, as if he is aware of the rhythmic structure of the music. The observer experiences that there is a close, established relationship between the therapist and the boy and that there is a sense of a finely tuned musical and reciprocal communication between them.

In The Piano Excerpt the observer is stricken by the client's intuitive sense of phrasing; he waits before responding and builds tension with his finger tapping on the drum, building to a peak (as he beats the djembe). The client shows a well-developed sense of musical shape and after watching a second time the observer notices that the therapist also waits, holds, and matches. According to the observer's description, there is also an attuned rhythmic playing, a vocalisation and a synchronicity at the end of the excerpt where both the therapist and the client play together and the therapist uses her body to indicate a finale.

In The Djembe Excerpt the observer initially experiences an exchange, but then the therapist takes more of a dominant role and the client sits back with his arms crossed in a stance, sort of saying, “I can’t get in here”. Then there is a vibrant interchange which is equally matched as the therapist’s vocalisation begins and at one point the client takes over the djembe, whereby the therapist pulls back while holding with her voice. It is also noticed that the client has an interesting tactile response, pressing into the instrument as an expression of some intensity. When the client vocalises, the therapist makes a flourish whereby she pulls back from him and challenges by pulling back further and covering the djembe. The observer then notices a more intense vocalisation from the client meaning, “I (client) want to play more”

At the end the observer describes how:

It is evident that therapist and boy have worked together over several years. There is an established communication between them. The boy shows intentional communication – he knows how to communicate musically, he knows how to communicate through improvisation. He has learnt the musical language. The therapist is very attune to his musical expression, but also knows how far to challenge. I get a sense of a strong relationship between therapist and the boy.²⁴⁰

Observation no. 4

The observer begins by describing the video recording as “an increasing interaction over time with decreasing performed musical skills of the therapist”. He/she describes that the client alternates between listening and getting ready to make music at the beginning of The Guitar Excerpt. His readiness is evidential in the way he moves, shows tensions, and uses his voice, all of which are aspects that the therapist activates and mirrors in her music.

In The Piano Excerpt the therapist is still the one activating by corresponding with the client’s right hand. All the same, the observer experiences musical intentions and increasing eye contact between the therapist and the client.

The Djembe Excerpt is experienced as carried through in a professional way by the therapist, whereby the client becomes more creative as he produces different types of sound on the djembe, vocalizes and uses both hands on the instrument. As for the therapist she changes to reacting and answering to the

²⁴⁰ Since this is a quotation I have not exchanged “boy” with “client”.

client's actions. The observer also describes how the client shows more intention and power to be active and that the therapist allows this. He/she thinks that the client reveals that he is able to vary his actions, be it listening, bodily reactions or directing these onto the instrument and towards the therapist.

Observation no. 5

The observer describes how he/she thinks the therapist is waiting for a reaction in The Guitar Excerpt by accepting the fragmented, reflex impulses of the client and by responding to his movements, something she wishes to do. He/she experiences the client as wanting to resonate with the music, which he enjoys, and sees only small disturbances in the "reverie" playing: The client seems to be mainly focused on the sound (and not on the therapist). However, when the client makes eye contact with the therapist, the music changes to being more interactive. According to the observer, the excerpt alternates between tension and silences (pauses) and he/she expresses that he/she enjoys watching the music therapy improvisation and likes the way it develops: As with a mother to a child he/she feels the warmth of the therapist who seems open to what to expect from the client. The observer believes that the therapist and the client enjoy this way of being together and he/she is surprised that the client also reacts with his voice, which some time later sounds similar to the therapist's. The client uses body language and the therapist picks up on his apparently "non-controlling movements" in her vocalization and guitar playing.²⁴¹

In The Piano Excerpt the observer notices the higher singing from the therapist and that, because of the piano, which is placed in the middle, the distance between the client and the therapist is bigger.²⁴² One consequence is that the nearness of the previous excerpt is gone and according to the observer the client continuously tries to bridge this distance. On the other hand, yet with less joy than in the previous excerpt, the client is described as more active but without really listening to the therapist since he is busy with sensorial exploring of the bells on the tambourine. The therapist however, works very hard using therapeutic listening skills in an active, more communicative way, something that may create the impression that the therapist is rather "dependant" on the client and thus has less space for herself. The fact that the client does not make contact with the third person (B) is registered with surprise by the observer.

²⁴¹ The observer notes also that the therapist is a "good musician" who does not play purely technically; rather she attunes with the client in her playing.

²⁴² The observer also remarks that he/she does not "like the digital sound of the piano" because it does not seem warm but much cooler than the guitar.

Additionally, as the excerpt moves on, the observer sees a more active interpersonal attunement and happiness, in which the therapist is observed as strong and dynamic and someone who uses her voice to confirm her recognition.

According to the observer's description he/she likes The Djembe Excerpt because of its nearness and the therapist's apparently joyful, sensitive and unburdening playing. Yet he/she questions whether the therapist also overstimulates. It is assumed that the therapist is consciously aware of the recording and that this affects the interaction slightly. The observer again recognizes the therapist's desire to interact with the client but misses more use of the therapist's voice, a feeling he/she gets by identifying with the client. The observer makes several comments about the therapist's voice; that he/she hears it as being warm and flexible, in fact he/she hears the therapist as a person through her voice, which is experienced as authentic and holding everything.

Observation no. 6

According to the observer the minor mode creates the atmosphere in the first excerpt as the therapist invites, reflects, supports, initiates, mirrors and contrasts the client, and simultaneously listens in a focused manner as she plays the guitar, piano and the djembe for him or together with him.²⁴³ One impression is that the therapist uses body language and different elements of music such as rhythm, tonality, dynamics, meter, speed, form and different register, to meet the client. The observer experiences that the therapist shows enthusiasm and that she is really present and responding to the client as they make music together. In fact, it is commented that the therapist responds to or works with the overall character of the client's expressions.

As for the client, the observer recognizes that he uses his voice and various musical elements and effects as he intonates and structures sounds rhythmically. His body language is interpreted as illustrative as he makes vocal sounds, uses both hands either together or separately, moves his head or hand to his head, folds his arms and makes various finger movements. The observer believes that the client enjoys the music, both in terms of interaction, participation, and initiation, all of which he expresses excitedly and spontaneously.

²⁴³ It must be commented that The Guitar Excerpt is actually played in the mode of major and that the first chord is an Amaj7. It could be, however, that the soft, calm and rubato way of strumming the guitar initially gives a soft and almost "minor-like" imprint.

Observation no. 7

The observer notices that the client reacts clearly to the music from the very beginning and starts to move his hands and body in a demanding way when the therapist stops playing, as if saying, “Don’t stop - I want the music to continue”. When the client raises his hands to a chord sounding higher in pitch, the observer concludes that the client recognises the pitch differences as well as the basic musical structures (as simple musical forms). Also the observer guesses that the client, by moving his fingers and hands (as with playing the guitar), imitates the therapist’s guitar playing. Although the client obviously cannot speak, the observer experiences that he uses his voice communicatively. Also, the observer is very much aware of the client’s body; that his right hand seems stronger, that he has fine-motor difficulties and body coordination problems, that he probably cannot exceed the middle line of the body nor do different things (rhythms) simultaneously with his left and right hands and thus cannot – or does not want to – maintain the basic pulse more than momentarily, although he recognizes the basic pulse of the music. When the therapist plays short patterns on the djembe, it is observed that the client tends to imitate in spite of his limited abilities/skills. The client reveals however, that he is able to produce different sounds, such as tapping and scratching the drum. Sometimes, when the client puts both hands very decisively on his chest, the observer believes that the client tries to make a statement, such as “I don’t want this...” The observer’s impression is that the client, despite his difficulties, is clearly interested and capable of concentrating on the musical activity and that there even seems to be some dynamics in his playing, since he is able to play both loud and soft sounds. He/she acknowledges that there really is an interaction and turn-taking going on between the client and therapist, yet the therapist is rather active in the excerpts as she frequently changes her way of playing. The observer questions whether this is the (only) way for her to keep in contact with the client.²⁴⁴

Observation no. 8

In the first excerpt the observer notices that the therapist tries to meet the client “where he is”, for instance by turning to his facial expressions and body language. He/she interprets the preverbal/non-verbal singing as very appropriate to the client’s level. When the observer compares The Guitar Excerpt to the other excerpts, it is not clear to him/her what the client’s reaction

²⁴⁴ The observer admits however that he/she cannot say for sure because there were not enough examples with which to confirm this.

towards the guitar is, but when comparing the excerpts he/she presumes that it is easier for the client to communicate when he has an instrument and does not merely use his voice.²⁴⁵ The observer is sure that music has an impact on the client's body language, but admits that one cannot tell exactly what he expresses emotionally.

In The Piano Excerpt the observer identifies more with the therapist and experiences more intentional communication and interaction through imitation, initiation, turn-taking, and synchronization. The client's facial expression is different here and, developmentally, says the observer, the client can respond with beat. However, the observer criticizes the music therapist when at a certain place in the excerpt she chooses not to leave out chords in her piano accompaniment. If the therapist had done so, he/she thinks that this could have created a change in the client's response.

In The Djembe Excerpt the observer experiences an "amazing communication". Because of the fact that both the client and the therapist work on the same instrument and that the physical distance between them is very small, the observer says that this excerpt is impressed with intimacy. A move that the observer loves watching is when the therapist pulls the chair backwards; a move, which the observer thinks the therapist does in order to make the client respond in one way or another.

Observation no. 9

The observer starts by summarizing that a great deal of challenging and confrontational music making as well as matching, reflecting, turn-taking, etc. takes place in the video recording. The first impression he/she has of the dyadic part between the therapist and the client is that they both seem to have quite strong characters, the client in particular, who shows an intensity in his expression and in his playing (which is characterized as often being abrupt and fast) and in his gesture. "Projective identification" came into the observer's mind as The Guitar Excerpt moved on. In the rest of the video excerpt the observer notices what he/she calls a "delicate balance" between leaving enough space for the client to express himself and to co-operate. From the way the observation can be read it seems as though the observer gives the therapist credit for extending and developing the music therapy improvisation further but

²⁴⁵ Although the observer admits that he/she "loved the guitar playing in terms of volume, dynamics, tonality as well as sensitivity" he/she questions whether the client is actually angry during The Guitar Excerpt.

yet never leaving the client alone.²⁴⁶ However, according to the observer, both participants in the dyad are able to take each other's musical expression and way of being something that reminds him/her of his/her first client where there was a similar musical dancing and togetherness. The observer ends his/her observation by identifying with the therapist, saying to the client, "whatever comes out from you I'm ready to deal with it".

Observation no. 10

In the first excerpt, The Guitar Excerpt, the observer notices the position of the therapist, the client and the caretaker.²⁴⁷ When the therapist plays some chords on the guitar, the observer also notices that the client looks away, moves his body, lifts his hand and arm and makes a sound, and because of his smile he/she concludes that the client seems to like the sound. Thereafter the observer sees that the client puts his arms across his chest for a short while, whereby the therapist starts to hum in a soft voice, which again is followed up by the client's vocalizing on a staccato "mmm". The observer thinks that the therapist imitates the client's sound in a musical way in the following and short "mmm"-melody. He/she thinks that the client repeats the "m" sound and this time the therapist changes the melody, although she is still singing in a staccato way. The therapist slows down however, before ending the melody. She sings the ending after a pause and according to the observer this opens up for the client to interact. When the therapist uses Spanish-like strumming on her guitar, the observer gets the feeling that she is teasing the client, or wants an "answer" from him. When the therapist repeats this, the client moves his head, lifts his arms and crosses them in front of his chest. The observer also notices that the client has a firm and closed facial expression before he opens mouth for a short while and then repeats the "m" sound. When this procedure is repeated yet again, the observer notices that the client lifts his arms over his head, whereby the therapist plays louder in a clear rhythm on her guitar. The client lifts his arms after which the therapist makes the client's sound and according to the observer exaggerates it somewhat.

When the client beats the tambourine in The Piano Excerpt, the observer notices that the therapist starts to sing and play the piano in a way that matches the client's beat. The observer hears a deep voice and at first is unsure who it belongs to, but after a pause he/she hears that it is the therapist who starts to

²⁴⁶ See the observation as it is written in appendix D.

²⁴⁷ See position in the figure under the section, which deals with the making of the video recording.

sing while accompanying herself with rhythmic chords on the piano and simultaneously following the client. According to the observer it is the therapist who imitates the client as she “rolls” on the piano before the client vocalizes on a short “m”. The therapist moves her piano playing to the treble register and plays more softly. The observer underlines that after this the therapist and the client play together in the same beat, him on the tambourine and her on the piano.

It is the therapist who impels the client in The Djembe Excerpt, says the observer, and when the client is able to reach the instrument he plays (willingly). It is also noticed that the client verbalises (in staccato m-sounds) and scratches the drum skin whereas the therapist has a facial expression as if she wants to challenge him. When the therapist plays a solo on the drum, the client makes an expression where he crosses his arms, says “hmm” and beats vigorously with his right hand. This expression, says the observer, is answered with imitation from the therapist as she plays the djembe with both hands. The observer then marks that a longer “turn-taking dialogue” takes place. After a while the therapist answers a solo from the client by using her voice before they return to a dialogue on the djembe again. For a moment, says the observer, it seems as if the client becomes tense whereby he grits his teeth, but then the therapist seems to call him back. At the end of the excerpt it is noticed that the therapist smiles as she imitates the client’s movement when he touches his hair.

Observation no. 11

The observer notices that initially there is a movement between two chords in The Guitar Excerpt, the client’s attention is caught by the music and he allies himself with the music therapist whereby a communication and affect builds up in both of them. He/she also describes an immediate non-verbal attention and that the “sympathetic and confident therapist” uses simple jazz idiom guitar chords and minor chords juxtaposed with vocalising as the therapist very sensitively relates to client, who vocalises rhythmically with six tones in response. The observer notices that the client listens as the therapist plays a tremolo, which causes the client to fold his arms, as if he both reflects and responds at the same time. It is also noticed that at one point in the excerpt, the client relaxes in silence and the therapist waits before making another tremolo. When the observer revisits The Guitar Excerpt a second time he/she again notices the way the therapist waits and listens before starting her musical framework on the guitar in which the client can (and does) move into. Additionally, the observer experiences that there is a close interaction and

listening going on as in an affect attunement between mother and infant. Likewise the non-verbal dialogue and the guitar strumming are experienced as building up to emotional expression, which includes joy and strong feelings.

In The Piano Excerpt the observer notices that the therapist plays in minor before major and that she juxtaposes her chords to the client's tambourine playing. He/she underlines that the client seems very engaged. When the client scratches the tambourine (he seems very interested in the sound and the tactile aspect of the instrument), the therapist responds to his volume and affect and it is as if they are having a conversation, says the observer. The therapist's singing causes the client to look up and the observer senses that therapist is working with the client's unconscious levels. According to the observer the therapist works with what she thinks is important to reflect, be it mood or musical reflections. It is noticed that there is a "powerful dialogue" going on, in which the therapist uses the piano to try to come to an end by making a cadence, and finally the therapist lifts her arms and the client ends.

In The Djembe Excerpt the therapist and the client both play "rolls" on the instrument and it is noticed that the therapist seems "accomplished" in her use of the djembe. The observer sees that she uses body and posture to communicate and as she vocalises there is a really intense dialogue, in which the client reveals that he acts on a primitive and pre-verbal level. According to the observer the therapist offers an even faster rhythm to strengthen his feelings. He/she questions whether the therapist's vocalising shortly after is ironically meant but recognises joviality in the therapist before the client starts to grit his teeth. Again, it is noticed that the therapist then uses her whole body to communicate (i.e. arms, hands, leaning back) and that she makes facial gestures with her vocalising. At one part in the excerpt the observer experienced that the therapist and the client are almost intertwined and at their most playful and are at a more expressive and meaningful way of being.²⁴⁸

Presenting one narrative as a synopsis of all observations

In general all observers emphasize interaction and turn-taking as a major aspect in the video-recorded music therapy improvisation. In order to characterize this aspect concepts such as dialogue ("powerful dialogue", "intense dialogue"), conversation, and communication ("amazing communication") and

²⁴⁸ The observer has underlined "playful".

synchronization are used in the descriptions. As dialogue it is also described as alternating between musical and/or relational in that the therapist and the client are “intertwined and at their most playful and are at a more expressive and meaningful way of being” and hence is imprinted with joy, happiness, desire and strong feelings from both of them through “attuned rhythmic playing and vocalisation” and “sensitive and unburdening playing”. Although it is noticed that it is the music therapist who mainly “waits”, invites and gives the client “space for response”, it is not always clear whether it is the therapist or the client who takes the initiative and gives the response in the turn taking, or who imitates who.

Two concepts are drafted throughout the observations; one is “space” and the other is “silence”/“pause”. The creating of “spaces” is something several of the observers talk about (both in terms of music and relation) and most likely, “space” refers to the music therapy improvisation affording meaningful interaction. This implies that the participants in the dyad take each other’s expression, be it musical, bodily or emotional, or by sympathizing and empathizing.²⁴⁹ Silence is mainly used in connection to action and intentions, such as before/after initiatives and responses, as an “alternating between tension and silences”.

The client is described as enjoying the music and this way of being together. It is agreed that music has an impact on the client’s body language and that he wants to resonate with the music, and also that he gives of himself but takes care of himself as well, that he seems to have an intuitive sense of phrasing, and that he expresses himself excitedly and spontaneously, mainly through body movements and gestures (which is sometimes described in detail by the observers).²⁵⁰

Most of the observers have noticed that the client occasionally characteristically crosses his arms in front of his chest and several of them have suggested what this might mean. One says that it is a way for him to “hold” himself (this is meant both directly and indirectly); another says it is as if he reflects and responds at the same time. Other movements are interpreted differently and his finger tapping and scratching on the drum skin is connected to a need to explore, and described as an “interesting tactile response”.

²⁴⁹ This is for instance very directly expressed from one observer as he/she puts him/herself in the client’s place in order “to feel what he feels” and to “join him in his challenges”. Also, another observer suggests “projective identification”. The therapist is also described as “direct, reflecting some of the bodily affect in client”.

²⁵⁰ Whether the client plays with one or two hands or plays with his right or left hand is for instance described in detail.

Also, when observing his facial expression and body movements it is questioned whether the therapist sometimes challenges the client too much, so that he gets scared and ambivalent, for instance when he moves his arms and grits his teeth. Obviously, and according to all the observers, his readiness is evidential in the way he moves, shows tensions, and uses his voice, all of which are aspects that the therapist activates and mirrors in her music.

As for the therapist, she is characterized as “sympathetic and confident” and one who supports and observes the client as a whole, but also sees him in detail. It is noticed that she reflects and makes the client feel safe while simultaneously opening up for the client to interact.²⁵¹ The therapist uses her whole body to communicate, by moving her arms and hands a lot and by leaning back to indicating a finale. She also makes facial gestures with her vocalising. Her voice is understood as a salient aspect in her approach in that it is “warm and flexible and picks up on the client’s apparently “non-controlling movements” in her matching and changing”.²⁵²

Additionally, it is pointed out that the therapist shows enthusiasm to meet the client, that she catches the client’s attention and challenges the client to communicate. Yet sometimes the therapist is described as taking a rather dominant role, i.e. that she challenges a great deal, that she is almost confrontational in her music as if she “teases” the client in order to make him respond and “answer”. In this sense she seems to be too active sometimes and hereby causes over-stimulation. She is also criticized for being too “accomplished” in her use of the djembe. Several have noticed her use of professional techniques, for instance the way she changes to reacting to and answering the client’s actions, something that is recognized as being mother – infant-like. The way the therapist waits and listens before starting to play is commented upon as being effective in order to extend and develop the music therapy improvisation further while never leaving the client alone.

Regarding development in the video-recorded music therapy improvisation it is agreed that the turn taking increases throughout the video recording, starting out as attuning in The Guitar Excerpt and maximised as a “finely tuned” reciprocal communication in The Djembe Excerpt where the client and the therapist play together in the same beat. It is however noticed by several observers that the musical and relational distance between the client and

²⁵¹ One observer sees that she smiles as she imitates the client’s movements.

²⁵² One observer misses hearing the therapist use her voice more. In fact, he/she hears the therapist as a person through her voice and experiences this as authentic and holding everything.

the therapist is greatest in The Piano Excerpt where the piano divides the space between them and where both of them play on separate instruments and vocalize simultaneously. In contrast, The Djembe Excerpt - in which both of them play on the same instrument and the physical distance between them is therefore very small - is imprinted with intimacy. In this excerpt the non-verbal (also expressed as “preverbal”) attention and communication builds up affect in both of them as they develop the musical dialogue and interaction by playing and listening closely to each other.

Although it is sensed that the therapist is working with the client on both conscious and unconscious levels, the process is typically described as a “musicalization” of responses in which aspects of rhythm, tonality, dynamics, meter, speed, form and different register, and “chords juxtaposed with vocalising” impel the music therapy improvisation onwards.

Results

Having reached this point in the process it was time to consider a reasonable consensus between the observations and my analysis of the video-recorded excerpt. I also needed to look for discrepancies and to ascertain that the observations added something else to my analysis. The voice-issue was no longer relevant since I from now on could speak as a researcher being “I”.

A general impression is that, when having studied the observations in relation to my own analysis, they contain no major discrepancies regarding the fact that interaction is the main heading here. Therefore one may say that all of the experienced music therapists, including myself, who have participated in the present project, interpret the video-recorded excerpt relatively similarly and thus include reasonable consensus. Perhaps the formerly expressed image of all observations being variations on the same theme was actually suitable after all. However, there are variations and small differences in the interpretations. Understandably, the differences are mainly connected to the fact that my analysis was an extended and rather detailed study of the video excerpt, but it is also important to keep in mind that my privileged assess to the material as a music therapist from within the setting explains many of the differences. Before

elaborating upon these differences, I will try to sum up what the most related aspects are and how they have been articulated.

All the observations include semantic and pragmatic levels in their descriptions, yet are presented more or less spontaneously as a three-dimensional texture of meanings. By listening carefully and observing closely, be it actions or music, relation, bodily actions, or gestures, it is – perhaps not surprisingly - turn taking/dialogue/interaction/communication which are the all-encompassing topics in the interpretations, yet most often portrayed as a “musicalized” interaction. Mostly the topic is characterized pleasantly, either as playful, meaningful or expressive, but it is also questioned if it is sometimes “too” stimulating, “too” challenging and confronting. The personal imprint is evidential in that several observers use “I feel” and “I sense” in the descriptions. Additionally, the breaks, which are mainly identified as “spaces” (pauses and silences were also used), are crucial in that they are experienced as “loaded”, meaning by this that they are important and mean something in the turn taking. The issue regarding conscious or unconscious is prevalent in all of the descriptions, and is often presented in connection to action and intention. In fact, many of the participants directly link action to intention. Still, rather than to conclude or appoint an action’s intention, there is a tendency amongst the participants to make reservations or to hold open several/other interpretations, something that is explained by the extended use of verbs such as “expect” and “assume” in the descriptions. In fact, several times the descriptions are articulated as questions whereby the observers leave the interpretations “up in the air”.

As regarding the differences in the descriptions between the observations and my analysis, one is the amount of attention given to the music. Whereas all of the observers have pointed out the pauses and the silences as essential aspects in the music therapy improvisation, particularly in relation to interaction as a topic, there are not many details about the sound and the music. Paradoxically, it is not so much the music, but rather the absence of music (i.e. breaks, pauses, spaces) which has largely been described as “created”, for example in order to give room for the other participant in the interaction to make his/her move. The weight is different in my analysis where the musical aspects have been thoroughly systemized and in which the rhythmical aspects, be it through playing the instrument or vocalizing, are accentuated as particularly salient in the interaction.²⁵³

²⁵³ For instance, in my analysis it is suggested that the music therapist supports the client’s music by accompanying him in a way that matches his actions.

There is also a tendency that the other observers, because of an immediate fascination for the client's manifest engagement and spirit, tend to slightly overrate his abilities. For instance, it is noted that because he often tops off a musical line, he has a well-developed sense of musical phrasing whereas in my analysis it is suggested that his fragmentary utterances reveal his way of playing and vocalizing, meaning by this that he can only act through short phrases at a time. It is also suggested in my analysis that the client, because of his personal style and his great enthusiasm for music, possibly experiences the musical interaction so strongly that he actually needs to withdraw every once in a while in order to collect himself. Where it concerns the client's arm movements, which have received a lot of attention from all the observers and the analyst, it is mainly in my analysis that it is defined as a part of his bodily sensory reaction, which comes spontaneously as he is stimulated by the music. The other observers tend to interpret his arm movements as consciously intended.

One last aspect that is different is the way in which the 11 observers set up the sound and the quality of the therapist's voice as significant in the intervention. This is not described similarly in my analysis; in fact it has not been paid attention to at all. All in all, and something which I have already stated, a reasonable conclusion of the above comparison is that despite the minor differences and because of the large consensus between the observations and my analysis, the observations officiate as validation of my own analysis.

Paving the way for the last move

Having come to this conclusion it was time to move on to the next step in the elaboration of the empirical data, which involved returning to the present research project's point of departure, and asking whether the exploration so far had elucidated any aspects and/or ideas of my pre-understanding of music therapy improvisation as a phenomenon. In other words I needed to question whether the observations and my analysis indicated something about the action aspects, which I had initially experienced as scarcely developed in other theories on the phenomenon.

I realised that there were several ways to approach the task, but I found out that a fruitful way to solve it was to construct a "conclusive" synopsis where I included some of my own interpretative associations of the data collection so far. Additionally I could include a collection of the action-words from the former descriptions, particularly the verbs, in order to see whether any

of these related to my pre-understanding of music therapy improvisation as a phenomenon when integrated in a new interpretative synopsis.

A conclusive synopsis including crucial action-words²⁵⁴

As I went over the empirical material again, I found that there were at least five crucial aspects, which related to my pre-understanding concerning the relationship between action and music therapy improvisation. In the following I will summarize these.

As is inferred several times, it is a fact that all the music therapists have portrayed the main theme in the video-recorded music therapy improvisation as a “musicalized” turn taking/dialogue/interaction/communication (from now on called interaction) in their interpretations, a theme that is mainly recognized in the descriptions by the use of action-words such as “attune”, “adjust”, “create space”, “leave space”, “challenge”, “respond”, taking initiative”, “withdraw”, “coming fourth”, “build tension”, “decrease intensity”, “imitate”, “synchronize”, “mirror”, “continue”, “stop”, “delay”, “syncopate”, “(perfect)timing”, “juxtapose”, “follow up”, “move nearer”, “move away”. As one can tell from the collection of action words many of the words (i.e. “pause/space”, “synchronize”, “continue”, “stop”, “delay”, “syncopate”, “perfect timing”, and “juxtapose”) are closely linked to time and therefore I have grouped the descriptions under aspect number 1, “actions of *musical-relational synchronizing*”. As I landed on this expression, I immediately experienced it as related to my pre-understanding and thus I concluded that the perspective concerning time had to be intertwined in my theory, which was yet to be articulated.

Another related aspect, number 2, was connected to the way in which the musical-relational synchronizing was interfered with joy, challenge and vitality, as if it was actually “magnetic” for the participants.²⁵⁵

Something that frames aspect no.3 and is also related to my pre-understanding is, interestingly enough, that I found that all the observers in a fundamental way confronted the musical interaction as a way to explore interaction itself. Paradoxically then, the interaction turned out to be entwined in the music therapy improvisation as both a point of departure, means and goal, and hence action and interaction is seen as a point of rotation for the

²⁵⁴ A brief reminder: the action words have been collected from all the observations and my analysis.

²⁵⁵ Interestingly, I saw that I had already used “magnetic” as a concept in my logs from the live setting.

phenomenon. This may not be very surprising for many experienced music therapists. Another interesting aspect, which is also linked to my pre-understanding and which may relate to the former is the seemingly direct link between action and intention in the music therapists' descriptions. There is a willingness to interpret the client's bodily actions as intentional (i.e. that his arm movements mean something) and the opposite; that the client's intentions come out musically (i.e. that he "tells his story" through the music).

A question emerges from the fusion of the empirical material and my pre-understanding and creates aspect no.4: Is there a direct link between action and intention in the music therapy improvisation? And if there is, what does this link look like and how can it be articulated? The realisation of this question could suggest that there really is a need in the field to understand action as a phenomenon; in particular the action – intention relationship - *before* predicting what music therapy improvisation can lead to in terms of therapeutic outcome.

Another issue emerging from the material, and which related to my pre-understanding, was the apparent confusion in the observations connected to the question regarding who takes the initiative and who gives the response in the interaction. This ended up being aspect number 5. Normally I have thought of this as typical for any musical interplay where the musicians through the music melt together as one expression. In a music therapy perspective, however, the disturbing part is realising that the disagreement reveals a problem connected to a good reconstruction of all of the aspects in the interaction process since, obviously, it is sometimes important to know whether a client really takes the initiative or not. At the same time it also reveals the degree of complexity connected to interaction as a phenomenon, which in turn teaches me that there are particular aspects regarding interaction as a phenomenon that also deserve a closer elaboration in order to articulate my pre-understanding. The experienced music therapists have difficulties identifying who takes the initiative and who gives the response in the interaction in their observations of a video excerpt of a music therapy improvisation (which occurs on a quasi-phenomenological level). Therefore I question whether a discussion about this belongs to theoretical levels that are closer to philosophy. After all music therapy improvisation, as with any human interaction, is imprinted with an existential quality, and perhaps a further theoretical abstraction of interaction as one of the most crucial phenomena of music therapy improvisation could lead me to an articulated realisation of my pre-understanding. One suggestion, which seemed meaningful to me, was to move part of the later reflection concerning interaction as a foundational phenomenon to a philosophical level. I felt that the

interaction aspects I was searching for needed to be treated generally, yet without losing the genuine sound of music therapy improvisation as phenomenon, because after all, the type of interaction I was dealing with was musical, not verbal.

In sum, I saw that these were aspects that I could extract from the empirical material and which created a meaningful platform for the next part of the present project: Part 4 - The collection of the theoretical material.

PART 4:

THEORY

Having collected the empirical data, I was ready to move on to the theoretical elaboration. This stage directed me into a process of intense reading and exploration in music therapy literature and also other areas such as linguistic philosophy and sociology. As is known, the gathering of the crucial action-words clarified a topic in the empirical material to be “actions of musical-relational synchronizing” and I found that there were at least five aspects in the results deriving from the material that related to my pre-understanding of music therapy improvisation as a phenomenon and its relation to action. When put in a more suitable order for the present part, I found that I needed to elaborate upon the following topics within various theories:

1. The various characteristics of action (and interaction) connected to music therapy improvisation
2. The time-aspects in the relationship between action and music therapy improvisation
3. The confusion regarding who takes the initiative and who makes the response in the music therapy improvisation
4. The need to describe music therapy improvisation by metaphors such as “place” and “space”
5. The impression of action and intention being described as one and the same phenomenon.

First I will present my own theoretical perspective, which relates mainly to aspect 1 in the results. Because aspects 1 and 2 seem to be directly connected to the research question, I think it is meaningful to elaborate them thoroughly. I see that these result aspects are already treated by several music therapists, especially by those theorists importing theory from early interaction analogy and new musicology (Aigen, K., 1991; 2005; Ansdell, G., 1999; Ansdell, G. and Pavlicevic, M., 2005; Hauge, T.S., and Tønberg, G.E.H., 1996; 1998; Holck, U., 2002; 2004; Ruud, E., 1987; 1990; 1998; Stige, B., 2002; 2003a; Tønberg, G.E.H. and Hauge, T.S., 2003). Therefore I feel that a fruitful way to approach the result aspects 1 and 2 is to interpret music therapy theories connected to these orientations. This section also will serve as some sort of a historical review on music therapy theories relating to action and music therapy improvisation. However, rather than giving a full picture of any of the theories, I will delimit my interpretation to discuss those perspectives in the theories that seem most relevant to the result aspects 1 and 2. My presentation and discussion on these theories creates therefore the first half of part 4.

In the second half of part 4, I will elaborate upon the remainder of the result aspects from the empirical material. In order to do so, I find it meaningful to turn to theories that have not yet been explored within theories on music therapy improvisation. By introducing Bakhtin, the Russian linguist and philosopher, and his concepts *carnival* and *dialogue*, I intend to approach aspects 3 and 4 of the result aspects. The last result aspect, 5, demands another perspective. I feel that this result aspect is approachable by returning to sociology as I redefine the phenomenon of action.

I have decided that a satisfactory way of proceeding in the present part is to first present the theories as close as possible to the way the various authors themselves present them before bringing in my own perspective in a discussion. I will, as far as possible, relate the discussion to events from the empirical material collection. In this way I can create the reflexivity needed as well as a nearness to a situation from which live experiences are derived.

An interpretation of relevant music therapy theories

I will, as has already been explained, start by presenting my philosophical theory on the relationship between music therapy improvisation and the phenomenon of action. This part is really a synopsis of the most interesting aspects derived from my master's thesis. It serves therefore as a theoretical elaboration of my pre-understanding and as a bridge to the other theoretical perspectives. Thereafter, I will explore those theories that are influenced by new musicology. By keeping in mind that the term in the heading, which has emerged from the empirical material and by which my theoretical elaboration is directed, is “actions of musical-relational synchronizing”, one could say, to put it simply, that these theories mainly relate to the “musical-“ aspect of the term. Following this I will present those theories influenced by the early interaction analogy, which in turn seem to emphasize the “- relational” aspect. Finally I will present those theories that are influenced by sociology. These relate in large to time and the aspects in the term that concern “synchronization”.

“Playful improvisation”

As a term, play is often applied as a way to describe how music therapy improvisation is dealt with. This is shown both in the descriptive observations that have been collected and in theories discussing music therapy improvisation.²⁵⁶ Such descriptions can typically be expressed as, “The client and music therapist *play* music together” and “they *play* with possible ways of being together”. As I understand it, the phenomenon of play has more to it and involves a philosophical, existential even, perspective, which I will return to soon.

Naturally, its glorious mix of pleasure and seriousness, depth and lightness, rationality and non-rationality, makes play interesting to anyone who is preoccupied with improvisation. However, because of its internal drive, play is in an exceptional position and it may be unfair to compare it with other phenomena. My experience is nevertheless that play, and especially its connection to action, relates to music therapy improvisation in ways that are of

²⁵⁶ See observations in part 3 (or appendix D) and theories later on.

particular interest to the present study. This refers again to what I in the introduction called the *less rational or/and paradoxical aspects* of the relationship between music therapy improvisation and action.

Several theorists are of special interest herein. One is the Russian psychologist Leontjev who claims that play works through the conflict between two central components; between the need to act and the way to perform the action (Leontjev, A.N., 1977). Leontjev suggests that only play manages to solve this conflict because the motif lies in the *action as content* and not as result. This idea made me reconsider my thinking upon music therapy improvisation. Without saying that the music therapy improvisation is without goals or intentions, I actually questioned myself if it is possible to say that its actions create its main content. Without taking the idea further here, I realised that by allowing actions to create the forefront, one consequence is that all actions, including the less rational, are of great importance. At this point in the text this seems to be the most interesting aspect regarding my focus of investigation in the present project.²⁵⁷

Another theorist of interest is the researcher and psychologist Csikszentmihalyi. Although it is possible to see parallels to Leontjev's thinking, Csikszentmihalyi's perspective is different since he is rather preoccupied with the experience as such, in particular the flow-experience (Csikszentmihalyi, M., 1990).²⁵⁸ I am not especially interested in the flow experience as such here; rather I am interested in the aspects connected to it, for example the way he discusses flow in relation to two dimensions: 1) the individual's action possibilities and action challenges, and 2) the individual's capability and opportunity to act. The way I understand these dimensions is that the first involves natural external impetus such as food, nature and social environment, while the second relates to internal impetus such as motivation, mental capacity

²⁵⁷ For more, see Stensæth, K., 2002.

²⁵⁸ Csikszentmihalyi uses the term "flow" to describe this state of mind, in which a person feels intense inspiration and contentment (Csikszentmihalyi, M., 1990). During moments of flow, a person feels highly creative, and activity becomes simple and effortless. It might be interesting to mention that flow can be constructive or destructive. One example is when a person feels mesmerized by the planning of a criminal act or a self-destructive act. A person who has challenges similar to those of the client on the video recording can sometimes show stereotypical behaviour, which can lead to negative effects on him and/or society. Indeed, it is important to be aware that for these people musical activities, since they are often so attractive, could also make them sink into patterns of destructive flow. Constructive flow, on the other hand, allows a person to improve oneself through one's own natural creativity. Although it certainly could be an interesting subject to study, my interest here concerns not the flow-experience as such; rather it is the process towards constructive flow that I speak of.

and learning. Included in both dimensions is action competence. Therefore to realise the process *towards* flow, actions are required. This process is very much impressed by a strong feeling of presence, which is also characteristic to play and other creative and aesthetic activities.

For me the interesting part is that “play-like” actions based on intrinsic motivation, independent of being paradoxical or less rational, are part of the picture when we try to understand human actions as improvisational and freely unfolding. A “consequence”, which may occur if we incorporate the aforementioned aspects, could be that for people to be involved in such actions they must be both able and willing to “loose themselves”. This is where the philosophical and existential perspectives come in, and in an attempt to make explicit what I mean with this I will turn to the Norwegian philosopher Kjetil Steinsholt, to whom I will also return to later on.

Fascinatingly, from a philosophical perspective Steinsholt portrays play as a “life style” (Steinsholt, K., 1998). By giving it its own ontology, Steinsholt describes play as a way to elaborate life.²⁵⁹ As human beings we come in contact with the unique human existence through play; play reveals the human nature in its true and ideal form.²⁶⁰ According to Steinsholt, this view suggests that we are fully human when we play and are nourished and moved by art and beauty.²⁶¹ This means that we can only play sincerely with aesthetic phenomena, for instance by keeping an open and playful attitude as we voluntarily entertain ourselves independently from the external “real life”. Implied in this perspective is the fact that play makes it possible to experience a row of unplanned meanings, including those that are less rational and paradoxical.

This perspective reveals the presence of a characteristic principle amongst the people who play, which I find can be typical for a music therapist and a client involved in music therapy improvisation; the feeling of freedom to act and to participate.²⁶² This is above all based on an attitude between the people involved both in play and music therapy improvisation, only in play this happens naturally and without help from a therapist. As regards music therapy improvisation, it is my experience that the characteristic attitude is coupled with

²⁵⁹ Steinsholt admits that the philosopher Friedrich von Schiller (1759-1805) influences his ontological perspective here. Schiller claims for example that we are at our most human when we play (Schiller, F., 1969).

²⁶⁰ For more on this topic see Steinsholt, 1998 or/and Schiller, F., 1969.

²⁶¹ Here Steinsholt is obviously influenced by Schiller who calls this “the will to play”. See Myhre, R., 1976, p. 260. For more about the history of music and aesthetic philosophical perspectives, see Varkøy, Ø., 1993.

²⁶² One does not force clients to partake in music therapy.

the phenomenon itself: Music therapy improvisation *affords* such attitude. This means that the cultivation of music therapy improvisation inspires both the client and therapist to loose themselves in the actions. For me this perspective has an existential overtone to it: Music therapy improvisation does not just show how to do, it also shows how to relate to the world and how to be with others in the world.

Theory aspects from new musicology: Music as action

Several music therapists have referred to concepts such as “musicing” (as it is written and presented by Elliott, the music educator) and “musicking” (as it is written and presented by Small, the music sociologist) over the last few years as a way to seek support from interdisciplinary theories (Aigen, K., 2005; Ansdell, G., 1999; Ansdell, G. and Pavlicevic, M., 2005; Holck, U., 2000a, 2000b, 2004; Stige, B., 2002, 2003a).²⁶³ Before I present parts of these I will first turn briefly to Elliott’s introduction on “musicing”. I do this in order to reveal an underlying aspect in his philosophy, which I believe suits the agenda in my perspective.

Elliott says, “musical works are not only a matter of sounds, they are also a matter of *actions*” (Elliott, D. J., 1995, p. 49, author's italics). This means that actions are required before music becomes sound or anything else. In fact, music is a doing and thus “musicing”, just like “dancing”, “drawing”, or “painting”, is a form of deliberate doing and making. Many cultures still view music as something people do. According to Elliott musicing becomes an important term in that it serves to remind us that long before there were musical compositions there was music making in the sense of singing and playing remembered renditions and improvisations:

Musicing reminds us that performing and improvising through singing and playing instruments lies at the heart of MUSIC as a diverse human practice. As the philosopher Nicholas Woltertorff insists, “the basic reality of music is not

²⁶³ I prefer the spelling *musicing* simply because it is a direct inflection of music. I will not use the term much in order to avoid creating a misunderstanding that I adapt either Small’s or Elliott’s theories.

works nor the composition of works but music making (Elliott, D. J., 1995, p. 49).²⁶⁴

This suggests that whenever a person makes music he or she exhibits a multidimensional form of knowledge called “musicianship”.²⁶⁵ Ultimately, such musicianship is demonstrated in actions, not words. It is a form of practical knowledge, or reflective practice, a matter of “thinking-in-action” and “knowing-in-action” (Elliott, D. J., 1995, p. 54).²⁶⁶

“Musicianship-in-action”

Ansdell and Pavlicevic are two music therapists and theorists who pick up on Elliott’s notion of musicianship. In an article in which music therapists’ competence as “communication repairers” is discussed, they suggest musicing to be “musicianship-in-action”, as a way to define what music therapists (really) do (Ansdell, G., and Pavlicevic, M., 2005, p. 194).²⁶⁷ According to the authors, musicianship-in-action includes music as lived experience, as well as music as social and cultural phenomenon. The authors also use a related term, “communicative musicing” for the same. Both terms are meant to reveal how music therapy embodies and fosters a humanistic value system of musical dialogue as companionship and community.²⁶⁸ The way I understand it, communicative musicing and the musicianship-in-action characterizes music therapy improvisation and embraces therefore foundational characteristics as to how music therapists practice ways of being “musically with people in need” (Ansdell, G. and Pavlicevic, M., 2005, p. 195).²⁶⁹

²⁶⁴ After this introduction Elliott discusses perspectives on the nature of musicing and what it means to be a music maker. For more on this topic, see Elliott, D. J., 1995.

²⁶⁵ Elliott refers to the psychologists Bereiter and Scardamalia who single out four kinds of knowing. For more on Elliott’s interpretation of these, see Elliott, D. J., 1995.

²⁶⁶ The author refers to Donald Schön here. For further information see Elliott, D.J., 1995.

²⁶⁷ They admit though that Small’s notion “musicking” also relates to their arguments. For more see Ansdell, G., and Pavlicevic, M., 2005. The authors have also discussed time as an aspect in their article. I will return to this presently.

²⁶⁸ See loc. it.

²⁶⁹ Although the authors mainly talk of “communication” and not “music therapy improvisation” as such, it is my understanding that they all talk of improvisational procedures here. However the authors perhaps make a consideration regarding use of concepts as the article is in a book probably minted on an audience outside the music therapy context.

Musicing in a “music-centred” perspective

Aigen is also a music therapist and theorist who presents musicing as a core term within his thinking. In his latest book he suggests musicing to be the core aspect, advocating for a “music-centred music therapy” (Aigen, K., 2005).²⁷⁰ What he means by this is that musicing is not just considered to be the most valuable human experience, something we know, but is also something we do. It is an informed doing, embodying a specific form of knowledge. Aigen asserts that playing music with others is a microcosm of the challenge put to all human beings to achieve personal satisfaction within social structures. He claims that working towards increasingly richer musical experiences is often the focus of music-centered work and thus self-growth, self-knowledge, and enjoyment become the primary reasons for making music, which underlie all others (Aigen, K., 2005). In this sense, says Aigen (and just as Elliott has suggested), musicing turns into a “knowledge-in-action”. To perform music is to act thoroughly and knowingly and thus musicing is *a particular form of intentional human action*. In this sense action helps music therapists to understand how music therapy improvisation, indigenously, relates to music (Aigen, K., 1991;, 2005).

Musicking in a culture-centred perspective

The theorist and music therapist, Stige, also discusses musicking.²⁷¹ He underlines culture and performance as Christopher Small does. By turning to culture as a perspective, musicking is interpreted as “music as action and interaction in social and cultural contexts”(Stige, B., 2002, p. 104). Stige thinks, as does Small, that this is a way to rephrase the question of meanings of music to meanings of performances and suggests that “these meanings do not simply reside inside the works themselves, but are produced through *shared action in context*” (Stige, B., 2002, p. 100).²⁷² In Stige’s presentation musicking predicts culture and vice versa; culture predicts musicking. In this sense Small’s thinking seems to be influenced by Bateson’s theories on the ecology of the mind, seeing mind not as entity but as process and *relationships* to the world” (loc. it).²⁷³

In his doctoral work Stige develops his thinking further when he brings in another perspective arguing that music originates from a shared human

²⁷⁰ I will return to this perspective in part 5.

²⁷¹ Stige refers to Small and thus he spells musicking with a k. I will do so too, while I am presenting Stige’s ideas.

²⁷² My italics.

²⁷³ Stige refers to Bateson, G. 1972. The italics are Stige’s.

protomusicality developed in human “phylogeny” (Stige, B., 2003a, p. 179).²⁷⁴ He considers protomusicality to be a basic element in humans’ capacity for nonverbal communication, for instance as revealed in mother-infant interaction. The capacity “to music” says Stige,

[...] evolves in ontogeny, as expressions become culturally informed, taking the existing cultural plurality of musics as departure points. When music is experienced as event and activity, it is in and as a specific situation. Music, then, is enacted and experienced as musicking, that is, as the performed establishment of relationships (between sounds, between sounds and people, between sounds and values, etc. (Stige, B., 2003a, p. 179).²⁷⁵

From this we can see that culture involves music therapy improvisation and music therapy improvisation involves culture and is insolubly connected to a context and a situation.

Discussion

I believe that the theories presented above have contributed to understanding the relationship between music therapy improvisation and action as a phenomenon. Notions such as musicking and musicking have helped to “re-connect” music therapy improvisation to the world outside the music therapy room in the sense that music therapy improvisation is no longer treated as an isolated incidence of aesthetical actions and co-experiences between a music therapist and a client in a (closed) room. Rather the theories show how a larger culture, community and context influence actions and music therapy improvisation and vice versa. This “proves”, as Stige says as he refers to the early interaction analogy, how music therapy improvisation could be

²⁷⁴ For more about protomusicality, see either later on or Trevarthen, C., 1989. Phylogeny is a term from biology denoting the evolution of a species. It is a biological process based on the continuous biological adaptation of a species to its environment. See also Stige, B., 2002; 2003a.

²⁷⁵ Ontogeny is another term Stige borrows from biology and denotes the development (often the course of development) of an individual organism. According to Stige, the perspective taken is “ontological development for humans depends on biological as well as environmental and cultural factors” (Stige, B., 2002, p. 334).

understood as shared actions in context. Yet I find that a challenge attached to many of the theoretical discussions of musicing connects to the lack of closeness to live situations. When merely relating to meta-theoretical levels, and not to micro levels in a live situation, a consequence could be that the vitality of action as the core phenomenon disappears. This results in distancing the line of thought away from body gestures, facial expressions and the movements' grace.²⁷⁶ The way I understand the phenomenon, action implies such close and embodied perspectives. In fact, I think these perspectives are only possible to realise through a close elaboration of empirical data. This means that within my perspective if the discussions connected to musicing and musicking leave out such an important aspect, the relationship between action and music therapy improvisation is also distorted.²⁷⁷

Another aspect, which I believe is not well accentuated in the theories discussed above, relates to music therapy improvisation as *improvised actions*. My question, which is a question that also emerged from the empirical material and which I will return to later on, is: Does music therapy improvisation always imply “knowing” and “intentional” actions? As we shall see presently, other theorists, although in a different manner than I have done, also discuss intentionality and consciousness.

I will leave this question in the air for now and move on to the next section of this part:

Theory aspects from the early interaction analogy: Music as interaction

There are an increasing number of references over the last 10 – 15 years within music therapy theory to research on mother and infant interaction. Several useful metaphors for the relationship between music therapy improvisation and action as a phenomenon have emerged from the incorporation of the early

²⁷⁶ Synonyms to the term grace are adorn, bedeck, crown, deck, decorate, dignify, distinguish, elevate, embellish, enhance, enrich, favour, garnish, glorify, honour, laureate, ornament, set off (see for example Roget's New Millennium™ Thesaurus - Cite This Source).

²⁷⁷ Indeed Stige *says* that every setting is situated. My point is that it is not enough to say this; it is just as important to refer directly to a setting, for example by describing the actions, such as body movements and gestures, etc., in order to vitalize action.

interaction analogy. In the following I will present those that I believe intersect with my understanding.

“Sharing actions”

In the works of Hauge and Tønberg action is seen as a basic pre-reflective skill that is possibly developed through music therapy improvisation (Tønberg, G.E.H. and Hauge, T.S., 2003). The basic contact level where social interplay has a more basic regulating function, in contrast to interplay functions based on meaning and intention exchange, is their concern. In their earliest works, which are based upon their music therapy with deaf-blind people, they find it important to differ between intentional and non-intentional meanings in the different social interactive expressions.²⁷⁸ It is for instance suggested that the musical elements are more purely cultivated in a dyadic interplay on a basic contact level. Hence they try to focus on how child and adult are influenced and shaped by each other in a way that is independent from communicative and linguistic skills. Hereby a focus is kept on the terms that constitute the basis for symbol development (or what they call the “pre-symbol level”) in the cognitive development, which is settled through mastering of basic dialogue skills.²⁷⁹ In order to characterize this process they prefer the term *interaction* rather than communication. As they say, the term communication is more “advanced” in that it includes a higher share of intention and therefore the term interaction, in the sense of sharing actions, characterizes better what is going on.

Tønberg and Hauge develop their line of thinking in a later work and on the basis of modern developmental theory they explore how the correspondence between a child’s utterance and an adult’s answer in basic social interplay is transferable to a music therapy way of thinking (Tønberg, G.H. and Hauge, T.S., 2003). It is questioned if it is possible to talk about universal qualities or features in basic intersubjectivity that function across sensory modalities. A proposition is that questions relating to the nature of basic togetherness, independent of sensory modalities, address issues that seem to concern many professional fields exploring human interaction or intersubjectivity.²⁸⁰ In their elaboration they refer to developmental psychology and interestingly, one of the notions they pick up is Trevarthens’s “socio-dramatic communication”, a

²⁷⁸ Yet it is not completely fair to say that the authors consider actions to be totally unintentional. Rather, they point out that an action becomes intentional when it carries symbolic representation. Hence they believe that the term *interplay* is a more appropriate expression (than *interaction*) on a pre-symbolic level.

²⁷⁹ For more see Hauge, T. S., and Tønberg, G. H., 1998 p. 32.

²⁸⁰ For more about modalities, see next page.

notion which refers to the partner's negotiated "shared meaning" by means of dynamic qualities.²⁸¹ Within this negotiation, which is revealed by microanalyses of mother-infant interactions, there is not just a *sharing of actions* going on but also a *creation of interaction*.

Typically, the process involves different psychological planes and one of the levels, which Trevarthen originally labels level two, points to a "risk-tempting, playful and humorous testing of the springs of interaction, communicated by teasing, mixed wickedness with affection [...]" (Trevarthen in Tønberg, G.E.H., and Hauge, T.S., 2003, p. 7).²⁸² Tønberg and Hauge suggest that this type of *playful and dramatic co-action* demand improvisation and a lot of spontaneity, creativity and ability "to stay in the moment", in the adult partner (loc. it). It is presumed, although it is not stated out loud, that a music therapist possesses the needed qualifications to stay in the moment and is therefore able to create a stage for creative participation in frames of joyful togetherness.²⁸³ As a music therapist he/she has the needed competence and is also used to introducing to children a potential stage for momentary and playful unfolding. Music therapy improvisation then, becomes a way for the music therapist to develop a clinical practice that reflects theoretical knowledge connected to phenomena such as basic human action and interaction.

"Dynamic form"

Another music therapist who picks up on a matter related to that presented by Tønberg and Hauge is Pavlicevic. By referring to nonverbal interactions between infants and their mothers, she turns to the theories of Stern and Trevarthen in her construction of the notion "dynamic form", which she thinks sets the agenda for music therapy improvisation (Pavlicevic, M., 2002). Dynamic form, she says, relates to the way "dynamic" as a concept is defined, namely as "force, activity or things in motion; forms of patterns of growth or change; any driving force instrumental in growth or change" (Chambers Dictionary in Pavlicevic, 2002, p. 1).

A core aspect connected to dynamic form regards the cross-modal signals between mother and infant. This is to do with the fact that a newborn infant has the capacity to read the mother's internal state by decoding, so to speak, the emotional signals in her voice, gestures, movements and facial expressions (Pavlicevic, M., 2002). The infant perceives these signals and

²⁸¹ This notion is collected from Trevarthen, C., 1992.

²⁸² For more on these various levels see Tønberg, G.E.H., and Hauge, T.S., 2003.

²⁸³ See Tønberg, G.E.H., and Hauge, T.S., 2003, p. 8.

coordinates them into forms or patterns separated from the modalities through which they are expressed. An illustration which Pavlicevic uses, is an arm movement made by an infant: Intuitively, the mother will apprehend its dynamic form by expressing its qualities such as tempo, irregular rhythm and unexpected lengths of the phrases etc. as she accompanies the movement in her vocalization.²⁸⁴ Also, as the mother apprehends the infant's forms, she has a sense of the infant's internal state. In turn, the infant will recognize the form of her vocalisation as being related to his/her arm movement and know that she has a sense of how he/she feels. This knowing and interacting with another's internal state has been termed "affect attunement" by Stern and "inter-subjectivity" by Trevarthen and according to Pavlicevic requires that both infant and mother "initiate, complement and respond to one another in a highly fluid and intimate dance, within which their internal states resonate with one another through their apprehending of one another's dynamic forms" (Pavlicevic, M., 2002, p. 2). This "dance", says Pavlicevic, has...

...all the complexities and subtleties of a musical improvisation duet, in that it includes expressive features of tempo (e.g. *accelerando*, *rubato*, *ritardando*, *allargando*, *ritenuto*); of dynamics (e.g. *sforzando*, *crescendo*); of timbre (e.g. changes in voice quality) and pitch (melodic contours and harmonic colour) (loc. it).

The expressive forms described above in musical terms, says Pavlicevic, correspond with the dynamic forms of emotions, which are expressed through the qualities of our acts (loc. it).²⁸⁵ According to her understanding, it is the dynamic forms of actions, rather than merely the actions themselves, which enable the mother and infant to know one another intimately (Pavlicevic, M., 2002, p. 2).

Dynamic form creates an entrance to how she understands music therapy improvisation: the music therapist "reads" (just like the mother) the dynamic forms of clients' musical utterances and responds to them musically and aims to move towards an "inter-subjective musical/emotional relationship" with the

²⁸⁴ Because the client participating in the present project moves his arms a lot, this example is, as we shall see later on, especially relevant.

²⁸⁵ Stern uses the term "vitality affects" to describe the dynamic shifts of feelings within us and proposes that the qualities that are common to all modes are: intensity, shape, time, contour, motion, and number. These exist in the mind as abstract forms, which are not inextricably bound to a particular mode. For more, see Stern, D., 1985.

client (loc. it). The music therapy improvisation represents the client's capacity for organising dynamic forms, "for trying them out in different ways, for re-creating their boundaries, for trying out new forms – within the context of a shared relationship" and does not symbolise an emotional state *per se* (loc. it). Here Pavlicevic quotes Nordoff and Robbins in order to illustrate her point on how a healthy and pathological feature of musical behaviour is expressed in music therapy improvisation: a fast tempo does not necessarily indicate tenseness, over-excitement or obsessiveness, or an alertness, playfulness and buoyancy etc.²⁸⁶

Interestingly, Pavlicevic's reasoning is continued as she introduces play as another analogy to her theory on dynamic form. She refers to Winnicott's perspective on play as a "potential space" between mother and infant, claiming that the potential space illustrates how mother and infant test possibilities of fluidity and boundaries between the self and other. Within a music therapy improvisation, however, the potential space is expressed musically, as a "shared musical space" (Pavlicevic, M., 2002, p. 3):

If and when the therapist is able to meet the patient's music, by matching or meeting aspects of the patient's tempo, meter, rhythm and pulse, she is creating a musical context with musical features, which are common to the two players. She is creating a potential space for sharing (Pavlicevic, M., 2002, p. 4).²⁸⁷

Although it is most often the therapist who is the one who enables the client to test him/herself through the music, Pavlicevic accentuates that the two players need also to share what she calls a "reciprocity of intention" in order to create the needed intimate and dynamic inter-subjective relationship (Pavlicevic, M., 2002, p. 4). This kind of relationship is central to the music therapy improvisation and has no need for words: "The therapist does not need to know what the forms refer to; or what their context is in the patient's life" (loc. it). Once a potentially shared musical space has been created, playfully and joyfully, the therapist may intervene by varying the music in order to offer a potential musical direction for the joint interaction. A crucial aspect of such clinical intervention, says Pavlicevic, is that it must be appropriate to the

²⁸⁶ The same point is incidentally made by Aigen when he discusses "the rule-governed versus the music-coded", saying the significance of music (clinical and otherwise) is not isomorphic with its objective, physical structure, and therefore is not amenable to explication through a system of translation rules (Aigen, K., 1991, p. 263).

²⁸⁷ As we can see Pavlicevic speaks of "patient" instead of "client".

preceding musical context “in the same way that a mother who offers *alterations in actions* to her infant must be sensitive to the level of over- or under-attunement which her infant can absorb” (Pavlicevic, M., 2002, p. 4). Moreover, the therapist’s clinical interventions help him/her to check the client’s capacity to be flexible with the dynamic form expressed through sound. Eventually, dynamic form is characteristically and idiosyncratically explored, developed and defined within the music therapy improvisation and such exploration predicts first of all action and interaction.

“Interaction themes”

The next perspective that will be presented in this section relates to the two former sources and is inspired by Ulla Holck’s work. In her doctoral thesis she elaborates upon communicative interplay in music therapy that occurs between severely handicapped children and their music therapists. She ends up labelling the music therapy, which is identified as improvisational, as “interaction themes” (Holck, U., 2002;, 2004). She asserts that the term represents a clinical phenomenon in music therapy and she points out that the first part of the term (interaction) is chosen since she wants to specify the action aspect in the music therapeutic interplay between child and music therapist, whereas the last part of the term (themes) is to be understood as areas of interaction (Holck, U., 2002;, 2004).

Holck shows how such interaction themes can be picked out and also explains what they could mean to the interaction (c.f. Holck 2002, for example p. 180). What seems to characterize an interaction theme, whether it is performed as a bodily action or a musical gesture, is that it has evolved from a shared and implicit interaction history, in which both parts (client and therapist) have left their fingerprints. Holck finds that an interaction theme arises out of a joint improvisation between child and music therapist over a course of time and develops continuously. Although the structure of it may be simple, it has its own “personal form, created by the child and the music therapist in co-operation” (Holck, 2004, p. 8). Its function is to create expectations regarding the interaction.

Expectation is a key word and according to the author, the expectations can be to do with actions or music at a purely functional level, or they can also be at an intersubjective level. Also, according to Holck,

Expectations make it possible to recognize a *departure from the expected*, and thus the child will recognise humour, building of intensity, surprise, teasing, frustration, or aversion, depending on his/her intersubjective development (Holck, U., 2004, p. 8).²⁸⁸

Holck grants that the German music therapist Karin Schumacher, who participates in her research project, has influenced her notion interaction themes. Schumacher labels the interaction in the music therapy improvisation as “Playform” (Spielform).²⁸⁹ Despite its idiosyncratic character the playform needs a clear and recognizable form since its primary function is to bring about something that can be repeated. Finally, the intention is to gradually create a memory in the child that appears as an expectation of what is going to happen. Holck suggests that an interaction theme is a good description. Playform makes it easier for the therapist to read and attune to the child’s actions but as a common frame it does not include the aspect that it can also make it easier for the child to understand the therapist’s actions as meaningful. This is also an important point herein, says Holck.²⁹⁰

Discussion

As is inferred several times, the early interaction analogy has had a large influence on theories about music therapy improvisation. The early interaction research has, with its focus on nonverbal communication such as bodily actions and facial gestures, turned out to be one of the most useful analogies for music therapy improvisation. Not only has it helped to recognize music therapists’ knowledge, which used to be more or less tacit or/and embodied; it has also

²⁸⁸ Author’s italics.

²⁸⁹ Schumacher explains how the playform develops from session to session with Max, a seven-year-old boy who has a diagnosis of infantile autism and mental retardation. (His only verbal expression is “mama” and the communicative initiatives happen without eye contact.)

²⁹⁰ There are also other differences related to the comparison on the concepts, one being the theoretical orientations. For more on this see Holck, U., 2004.

provided a convenient terminology. However, there are generally, as is often the case with the import of external theories, both beneficial and challenging aspects that I wish also to discuss. I will start by discussing the beneficial aspects.

Basically, the beneficial aspects involve its profitable terminology, which I think has become a discourse within music therapy theory. Bodily expressions, voice, and gestures are all aspects connected to this aspect. Terms like “affective attunement” and “inter-subjectivity” have inspired many music therapists: Hauge and Tønberg, Pavlicevic and Holck in particular. The terminology has above all helped in recognizing and verbalizing characteristic actions in music therapy improvisation. They are for example identified as explorative, creative, risk tempting, playful and humorous.²⁹¹ Interestingly terms like “playful”, “enjoying”, “joyful”, “sensitive and unburdening playing” as well as “teasing” are all characteristics that are used in the analysis and the observations describing the actions in the recorded music therapy improvisation.²⁹² In this sense, and one that is independent from an individual’s verbal capacity, the analogy has revitalized action as a crucial aspect in non-verbal communication in general. One could say, since many of the same terms are used to describe both the mother – infant interaction and the music therapy improvisation between the client and the therapist in the video recording, that the influences which the aspects mentioned above have had upon the way of thinking about music therapy improvisation are evident. As such, the comparison between music therapists and mothers reveals what music therapists actually do in a music therapy improvisation.

Before I continue my discussion I find it meaningful to relate some of the ideas to an event in the music therapy improvisation on the video recording.

Influences from the early interaction analogy described in The Guitar Excerpt

I have chosen to return to an event in The Guitar Excerpt where the client moves his arms “as in a dance”.²⁹³ My first question is: In what way is the mother – child analogy evident in the descriptive observations?

In order to have an image of what happens in the chosen event, I will first return to my own observation. In the client column it is described as follows:²⁹⁴

²⁹¹ Some of the adjectives here are in fact used by Trevarthen. See earlier on.

²⁹² See part 3.

²⁹³ This citation is collected from my own observation.

Lets go of arms – crosses them again... (Does this over and over again) Is challenged! Is interested but unsure - does not know what to expect from MT, how loud she will play or how intense she will be...Quickens! And accepts the “pushing” from the music therapist...Keeps his arms “indecisively” in the air as if he does not know where to put them...

In the music therapist column, which relates to the client’s column in time, the following is described:

Now the guitar sounds almost Spanish and flamenco-like by the way she makes *rallentandos* with her right hand²⁹⁵
Intensifies her playing and singing (sings on “ouh” now) by alternating between loud and soft. Repeats herself; alternates between loud and soft singing and playing on the same chord sequences...

By looking at the analysis and the other observations, it is evident that the music therapists are influenced by the early interaction analogy in their descriptions. In the analysis, for example, the following is described, “Like a mother – infant relation, for instance, she (the music therapist) acts like a mother...”²⁹⁶ Something similar is noted by several of the observers. Observer no. 5, for example, describes that, “like a mother to the child” he/she “feels the warmth of the therapist who apparently seems open towards what to expect from the client”. Also, he/she says, “the client uses body language and the therapist picks up on his apparently “non-controlling movements” in her vocalization and guitar playing”.²⁹⁷

When relating to the same event the next question is: Do the analyst and the observers describe the music therapist - like a mother would - as expressing the qualities of the client’s arm movements by “musicalizing” them? I believe they do. From the analyst’s point of view, for example, the client’s arm movements and gestures are expressed as *dynamic and rhythmical elements in the music*. When the client lets go of his arms, it is assumed that the music therapist responds to the gesture by *strumming the guitar softly by playing rallentandos* with her right hand. Likewise, it is noted that the music therapist

²⁹⁴ See observation in part 3 or see bars 20-24 in the scores on The Guitar Excerpt.

²⁹⁵ See bar 20 in the scores entitled The Guitar Excerpt.

²⁹⁶ See analysis in part 3.

²⁹⁷ See observation no. 5 in part 3.

increases the dynamic as a response to the client's crossing of arms in front of his chest. When the client lets go of his arms and then crosses them again, the analyst interprets the music therapist as following his arm movements by playing loud and soft in the same way as before. Lastly, when the client raises his arms and keeps them in the air, the music therapist is described as responding (like a mother) by *vocalizing and intensifying her playing* as she plays louder and in a rather rhythmical way.

For the main part, although they express it differently, the other observers support the impression of the music therapist expressing the qualities of the client's arm movements by "musicalizing" them. Observer no.1 says:

She (therapist) uses her musical sensitivity and skill to "musicalize" his (client's) responses (something which is described by the way the client's arm struggle becomes music) and giving the whole experience greater aesthetic integrity and humanity.²⁹⁸

Observer no. 5 describes the therapist as "waiting for some reactions from the client by accepting the fragmented, reflex impulses of the client and by responding to his movement", whereas observer no. 2 describes how the client moves his arms a lot and that the therapist *stays with the tension* and even *leads on so*, but he/she thinks that the music therapist does so in order to both explore and to "move somewhere".²⁹⁹ Observer no. 6 describes how she/he gets the impression that the therapist intuitively musicalizes the client's actions with her own *body language* (not just her mind) when responding to the client's arm movements.³⁰⁰ The therapist shows the client that she apprehends qualities such as rhythm, tonality, dynamics, meter, speed, form and different register by moving her body and arms in relation to the mentioned qualities.

One can say that so far, the analogy between dynamic form and music therapy improvisation is present in the descriptions connected to the empirical material. However, it is problematic to relate the event in The Guitar Excerpt only to early interaction theory, for reasons that I will discuss in the following section.

²⁹⁸ See observation no. 1 in part 3 or appendix D.

²⁹⁹ See observations no. 5 and no. 2 in part 3 or appendix D.

³⁰⁰ See observation no. 6 in part 3 or appendix D.

Challenging aspects connected to the import of the early interaction analogy

Continuing the discussion, I will return to the aspects connected to the early interaction theories that I find challenging.

Indigenously, music therapy improvisation is something other than early interaction and therefore the most problematic aspect of the import of the theory relates to the difference in affordances between the settings.³⁰¹ The client and therapist appropriate the affordances connected to music therapy improvisation within each situation indigenously. Obviously, to come to music therapy does not involve the same feeling for the client as coming home. In music therapy the client and the music therapist have developed other sets of personal and mutual expectations than those developed at home between the client and the mother or other family members. This is something that influences the performing of the music therapy improvisation, but which scarcely seems to be treated when importing theories from early interaction theory. My experience is (both as a mother and a music therapist) that the people involved, whether it is a family situation or a music therapy situation, are aware of the significant variations in the affordances in the different situations.³⁰² Speaking on behalf of myself I know that I am different in the music therapy room than I am at home. In the music therapy room I am professional, yet not in the sense that I exclude my own intuition or personality. However, it means that what I do and how I act, even my expectations, connect to the music therapeutic intentions that I might have. This seems to be evident in the logs that were written before the session on the video recording starts:

I hear some familiar sounds from the hallway as I prepare the music room for the music therapy session. It is C gurgling cheerfully as his caretaker B wheels him towards the music room in his wheelchair. I notice that hearing these sounds makes me smile. The sound of him enthuses me and his cheerfulness is contagious. At the same time I realize that several images pop up in my head, like flashes of feelings: I “see” C, all of him; the slim body in the wheelchair, his face with this expectant, interrogative and slightly scared look, his arms moving in all directions and how he suddenly crosses them every once in a while, the centre of his body making small shaking movements. I remember

³⁰¹ See how the terms ecology and affordance are defined in the introduction. The affordances connected to music therapy improvisation within this situation are appropriated by the client and therapist in their musical-relational interaction.

³⁰² Yet I am aware that my experiences as a mother may be useful as a music therapist and vice versa.

*how I perceive his sounds and his body as one expression, an expression that is somewhat chaotic, but full of spirit - always ready to move somewhere musically, always ready for the next step! [...]*³⁰³

By thinking of the client being ready to move somewhere musically, an attitude that is specific to this type of situation is indicated. Likewise I assume that the client, despite the fact that his mental development may be equivalent to that of an infant's, senses the differences in the affordances between situations at home and in the music therapy room. His expectations towards me relate to his ideas of me as a *music therapist*, not as a mother. He knows that I, in contrast to a mother, will constantly act musically when we meet in the music therapy room.³⁰⁴ We have also developed a set of mutual expectations, which is different from a family setting; our expectations connect to our history of musical actions. In the above-mentioned log, for example, it is revealed that by remembering his attitude as full of spirit, I also prepare myself to "move somewhere musically" with him.

What this shows is that within this particular setting there is something indigenously different from his home situation. Thus, one cannot expect the music therapist to act and feel like a mother, or the client to act and feel like her child. There is also, of which the music therapy improvisation on the video recording is an example, a different gravity as to how the togetherness is cultivated in that it is the musical actions around which "everything" is built. If we relate this aspect to the theories that I have presented earlier on, a challenge with Holck's term interaction theme could be that the musical aspect may "mistakenly" be left in the background. For many clients, and for this particular client in particular, an arm movement is not just an interaction theme amongst other juxtaposed interaction themes; it is above all a *musical interaction theme*. Moreover the client and the music therapist do not merely "share actions", as is partly suggested by Hauge and Tønberg, they also *share musical actions*. Neither does the theory of dynamic form explain "everything". Without disagreeing that there is a duality between musical and emotional processes, to me it is the *musical attunement* that creates the forefront in the music therapy improvisation on the video recording, not the affective attunement.

A conclusion so far could be that although neither of the theories presented above fit completely with my understanding of the relationship

³⁰³ See part 3.

³⁰⁴ Since the client loves music, my role as a *music therapist* is evidently important.

between action and music therapy improvisation, they all reveal aspects that are part of it.

Theory aspects derived from a sociological perspective

Several music therapy theorists relate to sociology in their thinking upon the relationship between action and music therapy improvisation. In the following I will present those, which I believe are meaningful regarding the second result aspect (the time aspect) emerging from the empirical material. My intention is to study how the theory can explain time aspects in the video recorded music therapy improvisation as “actions of musical-relational synchronization”.

Chronos and kairos

As human beings we exist in the here and now and hence to act in the world we need the vital coordinates of time and space. David Aldridge is one of the music therapists who has theorized upon the aspect of action and time in music therapy (Aldridge, D., 2000;, 2001). According to him there are two forms of time that are relevant, as defined by the Greeks – *chronos* and *kairos*:

To act in the world we need the vital coordinates of time and space. We exist in the now and here. While we consider chronological time as important for what we do in terms of co-ordination, it is the idea of time as *kairos* that is significant. If *chronos* is time as measured, *kairos* is time considered as the right or opportune moment (Aldridge, D., 2001, p. 4).³⁰⁵

³⁰⁵ Kairos (καιρός) is an ancient Greek word meaning the "right or opportune moment". While chronos refers to chronological or sequential time, kairos signifies "a time in between", a moment of undetermined period of time in which "something" special happens. What the special something is depends on who is using the word. While chronos is quantitative, kairos has a qualitative nature. Interestingly, the term "kairos" is used in theology to describe the qualitative form of time. In rhetoric kairos is "a passing instant when an opening appears which must be driven through with force if success is to be achieved". In the New Testament kairos means "the appointed time in the purpose of God", the time when God *acts* (e.g. Mark 1.15, the kairos is *fulfilled*). It differs from the more usual word for time, which is chronos (kronos) (Wikipedia, the free encyclopedia, retrieved 07-08-25).

The difference between these two types of perspectives on time becomes salient in an article where Aldridge discusses how patients suffering from neurological brain injury are possibly rehabilitated through music therapy improvisation (Aldridge, D., 2001). These patients, who are confronted by minds and bodies that are failing to perform as previously expected, are often prisoners of mechanical time. According to the author they do not have a chronic illness but a kairotic illness. Sensory abilities may well be present but they have no context of coherence: “While sufferers are *in* time, as chronological events amongst the rest of the world and its myriad of happenings, they are no longer *of* time” (Aldridge, D., 2001, p. 4).

If timing is an ability that is failing, which is often the case with patients with severe brain injuries, then musical form offers an alternative form within which timing can be temporally recovered and practiced, preferably in interaction with others (Aldridge, D., 2001). First of all, this process demands action, in which body and mind are involved, that is to say, “a creative act of improvising forms of being in time”(Aldridge, D., 2001, p. 13). Secondly, it demands a social context because we always seek cognition: “We modify ourselves and others, as they in turn mutually modify us and themselves, through interaction” (Aldridge, D., 2001, p. 2) By relating this perspective to rehabilitation, *re-cognition* becomes a sub-set of *re-habilitation*, says Aldridge (loc. it). Music therapy improvisation then, is suggested as a way to offer a *flexible temporal structure*.³⁰⁶ This means that it offers an alternative form within which timing can be temporarily recovered and practiced. As a result, an experience of coherence and timelessness, something that is typical for kairotic time, is promoted.

Interestingly, Aldridge views the term synchronization to be a core concept in the analysis of the continuous form of communicative processes (Aldridge, D., 1989). To do so he differentiates between intrapersonal and interpersonal synchronization. This suggest as 1) intrapersonal “self-synchronization” and 2) interpersonal “interactional synchronization” (Aldridge, D., 1989). Because I find his summary of Aldridge’s ideas to be meaningful here, I will turn the music therapist, Fachner. He finds two points in Aldridge’s ideas to be especially crucial herein. These are:

1. Communication takes place on a molecular level within our bodies. Outside conscious perception, there is interaction between endocrine system,

³⁰⁶ My italics.

immune system and nervous system. Intrapersonal “self-synchronization” with the individual, personal time of “kairos” is maintained through the process of entrainment, through the harmonization and “taking along” of body rhythms and systems. In moments of stress, for example, the periodicity of body rhythms is disturbed, and psychosomatic reactions may occur. In communication, the aspect of interpersonal “self-synchronization” in the nonverbal field is expressed e.g. in timbre, gesture, habitué forms or movements. Overwhelming information triggers corresponding motor reactions that are nonverbal and have commenting or significant meaning for interaction, like “surprised mimics” or “convulsive movement” of the entire body. This direct bodily transfer of tangential information may be made audible and communicable in music therapy in rhythmic drumming. Self-synchronization generally means the rhythmically organized regulation of form and relation of movement and language behaviours and might reflect the neuronal “timing” of kairotic processes.

2. In interactional synchronization, speaker and listener influence each other as active participants in communication. The speaker moves while speaking, as does the listener. When we are listening we move in synchronization with the articulator structure of speech. In an ordered communicative context there is no separation between what is “transmitted” and what is “received”. Similarly, music therapists report that therapist and patient are “united in music” (Fachner, J., 2007).³⁰⁷

Phrasing is another means to illustrate biological and musical processes and the mutually known synchronization context. Talking to others we generally recognize from rhythmic and melodic accentuation when our partner has ended a phrase, and we give a “feedback” through short vocalizations, gestures and small body movements.

“In-time improvisation”

When returning to Ruud, one of the first theorists to choose a sociological perspective, he too discusses time connected to music therapy improvisation. An aspect, which I find interesting, concerns the resemblance between liminal experiences and “communitas” which includes a direct, immediate, and total confrontation of identities (Ruud, E., 1998). Communitas is a concept

³⁰⁷ This is Fachner’s summary of Aldridge’s ideas. Because language needed minor adjustments, the text in this citation is not completely identical with the original. This does however not change its meaning.

introduced by Victor Turner as a confrontation of I and Thou in a Buber-manner.³⁰⁸ *Communitas* is almost always thought of or portrayed by actors as a *timeless* condition, “an eternal now, as “a moment out of time”, or as a state to which the structural view of time is not applicable” (Turner in Ruud, E., 1998, p. 132). Ruud explains that instead of “aesthetic refinement”, improvisations in music therapy seek to build such a community through a temporary levelling-out of all social roles. Occasionally, when a music therapy improvisation results in liminal experiences of closeness and mutuality between the therapist and the client, such as identified in Turner’s “*communitas*”, spontaneous or existential is an especially appropriate description of improvisation. Hence the spirit of community goes before the introduction of rules and social systems (Ruud, E., 1998).

Another aspect of time is dealt with elsewhere when Ruud refers to the phenomenological sociologist Alfred Schütz who treats music as a form of social interaction that precedes verbal communication. This is what Schütz names “mutual tuning-in relationship”, which originates in the possibility of living together simultaneously in specific dimensions of time” (Schütz, 1951, p. 78; Schütz in Ruud, E., 1998, p. 147). By the “mutual tuning-in relationship” the “I” and the “Thou” are experienced as a “We” by both participants. Although Schütz refers to the composer and the listener in his presentation on We, it is nevertheless relevant here. It is interesting for example to see that Schütz uses the term *inner time* when asserting that the We are lived through in “a simultaneity created by the ongoing flux of experience in “inner time”” (Schütz, A., 1951, p. 78). I think this suggests, as does Aldridge in his theories on synchronization, that both music and interaction is required in order to identify an experience of We in time-less flow.

Ruud finds that Schütz’s concept of We, because of the inherent participatory nature of music therapy improvisation, is empirically evident in the case of Jim. Since the case explains well what is meant by We, I will allow a short presentation: Jim is an adolescent boy with behavioural problems who finds it difficult to engage in meaningful conversation. He seems to be “stuck” in the disco mode, and Ruud explains that this is a way for the client to restrict himself and to maintain a stereotype. As the music therapy improvisation proceeds, the character suddenly changes and leads up to a “cha-cha-cha”, introducing a popular Norwegian song. The tune invites Jim to successfully imitate and respond more directly to the code and from Ruud’s point of view, it

³⁰⁸ For more, see Turner, V., 1969.

is also an effort to break out of the restricted code, the disco mode, which had been the basis for their musical “contract” but which also “tyrannized all our improvisations” (Ruud, E., 1998, p. 144). In the final section of the improvisation Ruud tells how the process moves into a complementary jazzifying of a popular Norwegian children’s tune. Jim is able to fill in with rhythmic riffs in a way that made the improvisation “truly symmetrical” and at a remarkable climax they both stop,

anticipating and predicting each other’s stylistic interpretation, thus demonstrating the creation of a common code, or the mutual taking of the other’s perspective (Ruud, E., 1998, p. 145).³⁰⁹

Looking back at the case of Jim, Ruud sees that it is exactly this “live experience of mutual tuning-in through time” that happens here. In fact, as he listens to the tape of the event, he finds evidence of a “reciprocal intentionality” in the changes in harmony, melodic and rhythmic fill-ins, and the increasing incidence of musical understanding. The example shows how they both live through a We.

Schütz’s thinking inspires Ruud to re-view communication, verbal or non-verbal, as socially dependant. Within this perspective music therapy improvisation is like a miniature of a social system, in which it is possible to construct the tools the client needs to become involved in a larger social system (Ruud, E., 1998). Thus, phenomenologically speaking says Ruud, the question of “Why music in music therapy?” can be reduced to music’s temporal structure and time (Ruud, E., 1998).

“Communicative musicality” and “groove”

As is inferred earlier on, Ansdell and Pavlicevic also comment upon time by referring to Schütz (amongst others) in the article that is referred to earlier on. It is asserted that unlike language, which is in a constant process of being overlaid with more or less fixed terms and meanings assigned by cultures and social groups, musicality is a fundamental prototype that “holds together” the mutuality constructed through speaking, moving, and “being with” persons in a social world.³¹⁰ This creates a *musical community* which is not just identified through time but also “place”(Ansdell, G. and Pavlicevic, M., 2005). From

³⁰⁹ The case of Jim is described in Ruud, E., 1998.

³¹⁰ The authors refer to Malloch here. For more see Ansdell, G., and Pavlicevic, M., 2005.

what I understand - and which I will discuss later on - this musical community is typically afforded by music therapy improvisation and its way of establishing togetherness within a setting.

Another metaphor that relates to the same and which was first introduced to music therapy by Ruud who in turn was inspired by Charles Keil, the music anthropologist and which is later on picked up by several music therapists, is “groove” (Aigen, K., 2002; Ansdell, G. and Pavlicevic, M., 2005; Ruud, E., 1994;, 1998). When the players fall into the groove of the music, the groove creates a “cultural place”. One can only establish groove within a musical culture, because it is communicative playing in a cultural place. Therefore, in order to recognize the “feel” of the music one needs to know the culture and be able to participate in it. Ansdell and Pavlicevic comment that not only do we have to *be-in-time-together* for successful music therapy improvisation to happen, but also *“be-in-place-together – where “place” is somewhere shared and good to be in”* (Ansdell, G. and Pavlicevic, M., 2005, p. 210). Put differently, pulse – the timing of movements and the coherence of such timing – realises the “place” or the “groove” of the participatory musical community.

“Participatory discrepancies”

An aspect, which is already identified by several theorists within the fields of both music therapy and musicology, concerns discrepancy or variation in good time in the participatory music therapy improvisation (Aigen, K.,2005; Ansdell, G., 1999; Ansdell, G. and Pavlicevic, M., 2005; Berkaak, O.A. and Ruud, E. 1994; Keil, C., 1995; Ruud, E., 1978;, 1994;, 1998). Keil, the ethno-musicologist, conceptualizes the phenomenon as “participatory discrepancies”, which is typical within genres such as jazz and blues improvisation (Keil, C., 1995; Keil, C. and Feld, S., 1994). The phenomenon, which lies within the music’s performance, occurs when there is an intense rhythmic flow and large participation involved in the music making. When a slight variation in the music happens, such as is the case when playing a little behind the beat (or what is called a “laid back” playing in jazz) or singing “almost” out of tune (sometimes labelled as “blue tones” in the blues), this creates a variation that gives significance to the performance.

Ruud believes that participatory discrepancies as a phenomenon is interesting within a music therapy perspective and explains it as “those experiences that lead to involvement and participation in music originate from a mutual sense of playing around the beat and out of tune” (Ruud, E., 1998, p. 158). It is also referred to as a “musical discourse around a set of culturally

established musical codes” which “emerges in milliseconds and microintervals” (Ruud, E., 1998, p. 158). Those codes are, however, performed differently in a music therapy improvisation than they are in jazz or blues. The rhythmical flow, for example, may be performed as a musicalization of arm movements or facial gestures, as is shown in connection with the above descriptions of The Guitar Excerpt collected from the empirical material.³¹¹

Discussion

The aspects from sociology presented above contribute - just as the early interaction theories do - to providing a set of terminology and metaphors, in which the relationship between action and music therapy improvisation gains a deeper understanding, in particular of the time aspect. Aldridge, for example, in order to distinguish between time as *chronos* and time as *kairos*, says it is the idea of time as *kairos* that is significant. Another way of considering *kairos* is to interpret it as *filled* time (i.e. the old Greek interpretation).³¹² This means that for the event to become *kairotic* the participants need to *experience* time as filled. Apparently, such experience occurs on both intrapersonal and interpersonal levels. When the experience relates to meaning of some sort, the time is filled with meaning; it is *meaning-full*. The matter is complex and before discussing this any further, I will try to “materialize” the time aspects by returning to another event in the excerpt of the video recording in the empirical material collection. This event occurs in the scores as follows:³¹³

³¹¹ I will return to the empirical material shortly.

³¹² See my definition earlier on where I referred to the theological understanding of *kairos*.

³¹³ See also part 3 and and/or “The Djembe Excerpt” in appendix C.

Example 10: "Materializing" time aspects

The Djembe Excerpt, no. 7 – 8

The musical score consists of four staves. The top staff is labeled 'voice cl' and is empty. The second staff is 'djembe cl', showing a sequence of notes with 'S' markings below them. The third staff is 'voice th', showing notes with dotted lines connecting them to notes in the 'djembe th' staff below. The bottom staff is 'djembe th', showing notes with 'S' markings. A tempo marking '♩ = 58' is at the top left. Measure numbers '7' and '8' are placed above the first and last measures respectively. An 'accel.' marking is above the seventh measure of the 'djembe cl' staff.

What is really “meaning” here? To discuss this matter I will turn to Bruscia again. When describing music therapy improvisation he identifies three aspects of meaning that arise: outcome, process, and communication (Bruscia, K., 2000).³¹⁴ I believe it is meaning as process and communication that apply to this particular event. This means that I understand that the client and the therapist above all experience the process and the communication as We, as a time filled with meaning. This is supported by the observers who describe the process here to be *dynamic*, as something the participants *improvise, explore, play around, create and form* etc.³¹⁵ Others describe the communication as meaningful, that they are *surprised* by the client’s skill and/or *the level of togetherness* (as a We) in the event. Observer no. 7, for instance, describes how the client tends to imitate “in spite of his limited abilities/skills” whilst observer no. 8 experiences an “*amazing communication*” in this part of the excerpt. Observer no. 11 believes that the therapist and the client “are almost intertwined, at their most *playful and more expressive and meaningful way*”.³¹⁶

Another way of looking upon the above example, which is easily overseen in the above presentation, is the way it creates dialectic between chronos and kairos. I will explain what I mean by this by relating directly to the above example: Firstly, the dotted lines in the scores indicate that there is an interaction occurring in chronological time as the client and the music therapist

³¹⁴ For more, see Bruscia, K., 2000.

³¹⁵ See observations and analysis in part 3.

³¹⁶ All citations are collected from part 3. The observer has underlined “playful”.

alternate their drum beats. The turn taking creates a rhythmical pattern, which creates regularity and structure. Presuming that the participants are conscious at one level, they will get a feeling of what will happen next. This is needed in order to create some kind of expectation, which *in turn* fills the time with experiences of meaning. This means that the rhythmical parting of the time (chronos) creates expectations that are experienced as more or less meaning-full (kairos). Thus, kairos predicts chronos and vice versa, something that is above all materialized through action.

One question is: What other elements explain the experiences of meaning connected to the event? Is it the “delayed synchronicity” or perhaps the participatory discrepancies?³¹⁷

Delayed synchronicity or/and participatory discrepancies in The Djembe Excerpt

Indeed, time is not, neither in the music therapy improvisation nor in the mother – infant interaction, a question about “perfect timing”, in the meaning of being totally *synchronic* and doing the exact same thing at the exact same time. Trevarthen makes this point by saying, “attunement is not all, just as a mother is seen not just to mirror, but also to extend her infant’s proto-conversation by playful and carefully judged *mis*-attunements” (Trevarthen, C., 1989).³¹⁸ Thus, in order to become interesting there needs to be variations or small discrepancies in the interaction, something that plays against a tight regularity, around the beat and out of tune. Several music therapy thinkers agree upon the importance of this aspect (Aigen, K., 2005; Aldridge, D., 2001; Ansdell, G. and Pavlicevic, M., 2005; Ruud, E., 1998). Yet, in order to clarify how this could occur in the event, which is described with a “delayed synchronicity” by the analyst, it is necessary to question what causes the variation in the first place.

Evidently, the event involving the “delayed synchronicity” occurs as the client and/or the therapist slightly displace the pulse in the juxtaposing beating on the djembe. The analysis reveals that two aspects cause the pulse displacement. One is the fact that the client uses a little longer time than the therapist before he beats the djembe. This is caused by the fact that he leaves

³¹⁷ As we know, the analyst uses the term “delayed synchronicity”. See the analysis in part 3.

³¹⁸ Ansdell and Pavlicevic use this citation to explain what happens with Jay. The therapist’s playing with Jay does not just passively reflect her gestures, but also offers the possibility that greater musical conversation is possible. This is referred to as a basic pattern of “musical communication which has been shown to underlie highly sophisticated patterns of musical relatedness in performance” (Ansdell, G., and Pavlicevic, M., 2005, p. 202).

his arm and hand on the djembe when the therapist beats the drum (as if he “listens” with his hand to what she does). The other is that the music therapist “exaggerates” her beating by making large arm movements when she plays. Interestingly, which is a feeling I cannot remember from being within the live situation, in my observation from outside it I criticize her for *delaying* her response to the client and thereby disturbing the pulse in the interaction:

Do not understand why she moves her arms and hands so far away from the drum in this sequence – this delays her response to C...She must be aware of the consequence of her large movements?³¹⁹

Apparently, because I cannot explain why I acted this way as a music therapist from within, there seems to be no explicit answer regarding the question, what could cause the delayed synchronicity. However, it seems sensible to say that the participants’ more or less conscious body language explains parts of it. The client needs time to feel her beat with his hand and the therapist needs time to perform her exaggerated and enlarged arm movements which is described “as if she makes some statement towards the client” in my observation.³²⁰ An interesting aspect is that it is presumed that the variation causes the dynamics and intensity in the music therapy improvisation to increase and that it brings in a feeling of tension, as if the interaction is fighting “a complete synchronisation”.³²¹ It is also interesting to see how the people involved *within the setting* experience the variation: What does the empirical material reveal about this?

Presumably, the client experiences the event as fascinating; at least it seems as though this is the case by the way he focuses and concentrates on his playing. Something commented upon by several observers is that here the client manages to stay within a pattern of doing the same thing over a “longer” period for the first time in the video recording.³²² Regarding the music therapist’s experiences connected to this specific event, I will comment upon this by returning to the logs where the following is described:

*I feel that we are having a “real” discussion: C has his arguments and I have mine. Yet the discussion is without a transparent conclusion...*³²³

³¹⁹ See observation connected to this event in The Djembe Excerpt in part 3.

³²⁰ See my observation in part 3.

³²¹ These interpretations and citations are collected from the analysis in part 3.

³²² See observations in part 3 or in appendix D.

³²³ See the logs entitled “After The Djembe Excerpt” in part 3.

This citation shows that the therapist too experiences the event as being intensively present, as in a “real” discussion.³²⁴ Therefore, from what is known there seems to be no doubt that the event is brought to the attention of both the client and the music therapist. Both of them are intently focused on each other and their playing, and the impression is therefore that at this stage of the improvisation they work hard, that they argue and negotiate. Perhaps the event, because of the attention caused by the delayed synchronicity, which again is afforded by musical elements, reveals a larger reciprocity in the interaction? Then the ability *to time* becomes crucial. Eventually, the music therapy improvisation is partly qualified by a *sense of (good) timing* amongst the participants’ and the music therapist in particular.

A concluding note

Evidently, it seems as though music therapists in their theories dealing with the relationship between music therapy improvisation and action are largely influenced by external theories such as those based upon early interaction and those derived from new musicology and sociology. I find the internalizations of the theories meaningful, especially when the theorists relate their thinking directly to real events and live situations. The theories offer above all new concepts and metaphors; they have also helped in recognizing actions as being characteristic to music therapy improvisation and how the actions are intimately linked to time as a phenomenon. It is therefore my experience that the first two result aspects derived from the empirical material, the aspects concerning action characterizations and time matters, have been brought to light in a satisfying way. Hence I feel that I am ready to enter the elaboration on external theories in order to approach result aspects 3, 4, and 5.³²⁵

³²⁴ Observer no. 2 comments that there is a “serious quality to this work, to this “being together” in the same space”. See observation no. 2 in part 3 or in appendix D.

³²⁵ See the introduction of this part for further details of what these are, or see following chapter.

My import of other theories relating to action and music therapy improvisation

In the second half of this part of the thesis I will present and import ideas from theories that have yet not been discussed in connection to music therapy improvisation. It might be helpful to remember that I have in mind aspects 3 and 4 from the results derived from the empirical material in my elaboration. As we know, aspect 3 concerns the confusion about who takes the initiative and who makes the response in the music therapy improvisation and my suggestion, for reasons that will be revealed throughout this section, is that an elaboration upon Bakhtin's term "dialogue" serves as a meaningful way in which to explain the confusion. His term "carnival" is suggested as a meaningful way in which to approach result aspect 4, and to my mind it relates to the tendency to describe music therapy improvisation as "place" and "space".³²⁶ One suggestion that will be revealed later on is that music therapy improvisation is possibly a place for "carnival actions". After a presentation of Bakhtin's carnival I will return to Steinsholt, the Norwegian philosopher to whom I referred in the introduction chapter, and his ideas about play as carnival. This seems like a sensible thing to do since it was Steinsholt's portrayal of play as "carnival life", not Bakhtin's idea of carnival's transformation into modern literature, that first inspired me to reconsider my theory on music therapy improvisation. (In this respect I owe gratitude to Steinsholt here.³²⁷) Finally, as I have done previously, I will "materialize" the text by returning to examples and events from the empirical material collection in my interpretation.

³²⁶ I am aware of that other theorists are relevant regarding this aspect, amongst others Winnicott and his theory about play as a *potential space*. I have however chosen to leave out this perspective since I wish to concentrate on Bakhtin and his ideas here.

³²⁷ See the following chapter.

Introducing Mikhail Bakhtin and relevant aspects of his thinking

The Russian linguist and language researcher Mikhail Mikhailovich Bakhtin (1895-1975) is gradually emerging as one of the leading thinkers in the twentieth century.³²⁸ His ideas, which are being creatively constructed into sets of terminology, have influenced many people, not only linguists and philosophers.³²⁹ After studying his writing I too have a feeling that Bakhtin's set of thinking creates meaningful points of entry to my project. Two notions in his terminology are of particular interest. One is *dialogue* and the other is *carnival*. I will delimit my elaboration by discussing aspects of these, and the nature of these aspects will be revealed in my presentation on each of them.³³⁰ By maintaining a pragmatic attitude and by keeping action as a focus in the elaboration, I believe I can study *principles* in his thinking. Holquist, the linguist and a respected Bakhtin-expert, suggests interpretations of Bakhtin's theories to be a pragmatic oriented science philosophy, as "one of several modern epistemologies that seek to grasp human behaviour through the use humans make of language" (Holquist, M., 1990, p. 15).³³¹ Bakhtin's "real" project then unifies with the present in the degree to which both aim to understand human behaviour.

Bakhtin's "dialogue"

When I allow myself to elaborate upon aspects of Bakhtin's dialogue, I do so knowing that the elaboration involves simplification and reduction.³³² Bakhtin's

³²⁸ For more, see Holquist, M., 1990.

³²⁹ Musicology is one of several related disciplines. For example see Weisethaunet who elaborates upon Bakhtin's concept of Chronotope (Weisethaunet, H., 1998). Within music therapy, although not thoroughly elaborated, Bakhtin is mentioned and it is especially his dialogue concept, which is commented upon. See for instance Garred, R., 2004 and Ansdell, G. and Pavlicevic, M., 2005.

³³⁰ Bakhtin's metalanguage is, as pointed out by Carl Emerson and Michael Holquist in the introduction of the book "The Dialogic Imagination" containing essays written by Bakhtin, extremely complicated and deserves a detailed study. However, a detailed study of his thinking does not fit within the frames of the present project. Therefore there is a need to maintain that the intention is not to reconstruct a full or "correct" interpretation of his thinking.

³³¹ It is also worth mentioning that Bakhtin was also known as a good educator and an inspiring communicator. Every seat was taken when he held lectures. After his death he has also been recognized as an important philosopher.

³³² Bakhtin opposes formalization of his thinking and this probably explains why he never labels it with terms such as "theory" or "philosophy". Nevertheless, many people from various fields are influenced by Bakhtin in their theory building (as is the case with the present author). Slaattelid claims that there is a "recirculation"

approach is through language and people's use of language and in order to approach my world it might be helpful to "redefine" language to include body language and gestures (e.g. the client's arm movements in the former section).³³³ Interestingly, Børtnes, a professor in Russian literature, says that dialogue as a word relates to the Russian word *protivopoložnost'*, which in an etymologic sense means "dialogical opposition/resistance" (Børtnes, J., 2001, p. 97).³³⁴ This involves being directed towards each other, not necessarily as opponents, but face to face and thus it includes body expressions, gestures and mimic. This image of dialogue is meaningful in the present project, not just because the client involved is without words and therefore more *dependant* on his body language, but also because - as is already shown in the observations in the empirical part as well as in the theoretical elaboration in the previous section - music therapists tend to "read" a client's body movements as part of his/her overall language.³³⁵

I will discuss those aspects of Bakhtin's dialogue that are most interesting to my perspective, which are collected under the following topics:

- Defining dialogue
- Dialogue as existence and communication.

I will use the same procedure as in part 3: I will first turn to Bakhtin before bringing in my own perspective and interpretations.

Defining dialogue

Dialogue is a term that Bakhtin never finally defined but one he developed and changed throughout his lifetime.³³⁶ This leads to several possible ways to

going on where concerning Bakhtin's terminology, one that implies reduction and simplification of his ideas (Slaatelid, R. T., 1998).

³³³ Indeed, Bakhtin says that language (verbal language) is only one of several ways that dialogic relations manifest themselves in the larger dialogue that is the event of existence (Bakhtin, M., 1981). Read the following part connected to "Dialogue as existence and communication".

³³⁴ I have translated the citation from Norwegian to English.

³³⁵ One might say that gestures and body expressions are this client's "first language"; it is his natural and intuitive way of unfolding, expressing himself and responding and hence frames his "word repertoire".

³³⁶ Interestingly, Slaatelid refers to Tzvetan Todorov and his book, *Mikhail Bakhtine: Le principe dialogique* from 1981 where it is suggested that Bakhtin (and his dialogue) went through five periods of development from around 1920 to the last part of the 1970s where the first periods consisted of a phenomenological and a sociological period. After that came the linguistic period and a period in which literature history was emphasized. In the fifth and last period all four previous

approach it. Within my project I suggest *relation, utterance, action, and persons* as creating meaningful entrances, but before returning to these I will first approach it linguistically and in context of his time.

Dialogue is composed of the prefix *dia-*, which means “through” and the suffix *-logue*, which derives from the Greek “logos” meaning “words”. This indicates that dialogue originally connected to communication through words, which could explain why Bakhtin as a linguist chooses the term. Yet dialogue was also a large concept of his time, both in philosophy, especially in the German Marburger school, and politics (Marx amongst others). It is well known that these influenced Bakhtin.³³⁷ He also admits that he is influenced by Socrates but says he owes Martin Buber and other former dialogue-philosophers his gratitude (Bakhtin, M., 2003). There are striking similarities between Bakhtin’s dialogue and Buber’s dialogue, particularly the way in which Buber presents the term in his book *I and Thou*. The largest difference is that to Buber dialogue is not possible without imagining God whereas to Bakhtin, who was also a very religious man, dialogue exists *between people and because of people*.³³⁸

So far it seems as though embracing dialogue is not a very sensational thing to do; it is one of the words that are used within many fields and theories, including music therapy.³³⁹ In everyday usage dialogue is a synonym for conversation. Speaking and exchange are aspects of dialogue that play an important role in everyday usage, as well as in Bakhtin’s dialogue. But what gives his dialogue such a central position is precisely the kind of *relation* conversations manifest; the conditions that must be met if any exchange between different speakers is to occur at all. Since Bakhtin did not define the

periods emerged into one synthesis. In my perspective it might be interesting to know that Bakhtin was interested in areas such phenomenology and sociology. One of his last projects, which he never finished, was to write a Methodology for the human sciences (Slaattelid, R. T., 1998).

³³⁷ Ansdell and Pavlicevic suggest that “a role-call of such “philosophers of dialogue” would include: Hegel, Novalis, Freud, Dilthey, Husserl, Jaspers, Heidegger, Merleau-Ponty, Levinas, Buber, Gadamer, Wittgenstein, Adorno, Bakhtin, Bohm, Kristeva – taking us from German idealism to contemporary social constructionism” (Ansdell, G. and Pavlicevic, M., 2005, p. 204).

³³⁸ Buber’s philosophy is a point of departure in Rudy Garred’s doctoral work. See Garred, R., 2004.

³³⁹ Regarding my perspective, I prefer the term interaction and not dialogue. Dialogue feels “worn out” and is easily associated with verbal communication, which is misleading in the present project. I will however, stick to “dialogue” in this section in order to not confuse the presentation.

term himself, Holquist suggests his understanding on relation to cover its definition:³⁴⁰

Relation is most economically defined as one which differences – while still remaining different – serve as the building blocks of simultaneity [...] It is this *mutuality of differences* that makes dialogue Bakhtin's master concept, for it is present in exchanges at all levels – between words in language, people in society, organisms in ecosystems, and even between processes in the natural world (Holquist, M., 1990, p. 40).

I understand that it is the personal differences merging into mutuality through dialogue that Bakhtin accentuates. Relation then is the basis around which dialogue arises.

Another essential aspect in Bakhtin's dialogue is the *utterance*. Basically, says Bakhtin, an utterance is a unit of speech communication that cannot be invoked "in general".³⁴¹ It is *of someone for someone about someone* and is ineluctably tied to someone within a situation (Bakhtin, M., 1986b). In real-life dialogue, which is the simplest and the most classic form of speech communication, the change of speaking subjects (speakers) that determines the boundaries of the utterance is especially clear. However, the same process occurs in other spheres of communication as well. Interestingly, Bakhtin adds that the nature of the boundaries of the utterance remains the same, even when including areas of "complexly organized cultural communication (scientific and

³⁴⁰ One might question why Bakhtin never defined dialogue. One explanation is that the phenomenon resists a final definition. As Bakhtin implies in his texts, dialogue remains open-ended and influenceable. This is not just something he wrote; his life too was dialogical. Through the Bakhtin-circle, which was a group of people discussing ideas and philosophy of his time, he assured that his ideas were based on dialogues with others.

³⁴¹ Bakhtin criticizes other linguists and linguistic schools for confusing definitions of the sentence with the utterance. What they study as a sentence is in essence a kind of hybrid of the sentence (unit of language) and the utterance (unit of speech communication). "A sentence in context cannot elicit a response. It acquires this capability (or rather, assimilates to it) only in the entirety of the whole utterance" (Bakhtin, M., 1986b, p. 74). An utterance is thus seen as being linked to the past and anticipates the future. There are also semantic relations between the utterances (see explanation on his notion "heteroglossia" later on). Saussure, to whom Bakhtin refers (and criticizes), makes the classical distinction between language as language system (le langage) and speech (le parole). The fundamental difference between Saussure and Bakhtin regarding language is that Bakhtin understands parole as a social phenomenon while Saussure defines parole as the individual part. According to Bakhtin all social utterances are social phenomena that express dialogic relations between persons. For more, see Bakhtin, M., 1986b.

artistic)” (Bakhtin, M., 1986b, p. 75).³⁴² Each separate utterance is individual, of course, but each sphere in which language is used develops its own *relatively stable types* of utterances. We may call these “speech genres” (Bakhtin, M., 1986b, p. 60).

Also, something that is of particular significance within the present project, *action* is required in Bakhtin’s dialogue, by this meaning action between people who direct their attention towards each other. Thus in dialogue, action insists on a *co-action in joint attention*. Just as an utterance is directed towards someone, action in dialogue refers to being actively engaged, face-to-face, in a live situation. Claiming that we cannot relate to what is within each individual, Bakhtin says that action is what we have and what we can relate to (Bakhtin, M., 1998). This means addressing another person through action as well as being involved in a *personal* sense. In other words, an action demands personal commitment, something that Bakhtin labels “embodiment” (Bakhtin, M., 1986b). This all means that utterances only exist as embodied utterances, between persons and their actions. Apparently, this explains why “everything” in Bakhtin’s dialogue is a response/an answer and how a response primarily requires action, not in the sense of problem solving, but in the sense of relating.³⁴³

Dialogue as existence and communication

The above presentation reveals that dialogue has an existential overtone. In a foundational sense, and not just as words, dialogue intersects with life itself; it does not exist without people and their interaction. Existence then becomes the event of co-being, which manifests itself in the form of a constant, ceaseless creation and exchange of meaning. “Being” for Bakhtin is simultaneity of a co-being. In other words, dialogue becomes an endless existential social project. In this sense Bakhtin adds another tone to the term, which is innovative and vitalizing: Dialogue is simply a way to define a human being’s relation to another human being. Hence, a human being does not merely use language as a way to express him/herself but also to communicate and to be *in* dialogue (Bakhtin, M., 1986). In this sense dialogue is not just the basis for existence; it is also its goal and purpose.

³⁴² Bakhtin questions whether science manages to deal with utterances that are unrepeatable and unique and thus may resist generalization. In *trans-linguistics*, a concept constructed by Bakhtin, the aim is to study the structures and the laws by which the utterances function, not their uniqueness.

³⁴³ Interestingly, in Norwegian we say, “To get response” (*å få respons*).

One question is: If Bakhtin juxtaposes existence and dialogue with communication as a phenomenon, how then does he define communication? The most interesting part in his interpretation of communication, which I have chosen to focus on, is the status he gives the “Other”.

“The Other”

In times when the Self and the organization of Self receives much attention within newer psychological and sociological theory, Bakhtin changes the picture by moving the role of the Other to the forefront.³⁴⁴ This is for instance visible in the following citation:

To be means to be for another, and through the other, for oneself. A person has no internal sovereign territory, he is wholly and always on the boundary; looking inside himself, he looks into the eyes of another with the eyes of another (Bakhtin, M., 1984, p. 287).

As we can see, the image of an addressee is crucial. In fact, everything a person does is understood in relation to an addressee.³⁴⁵ No utterance, no voice, in fact not even an action is possible without imagining the Other. Even a word, as it leaves the mouth, is half someone else’s:

It begins with the fact that a word is half someone else’s. It becomes “owns own” only when the speaker populates it with his own intention, his own accent, when he appropriates the word, adapting it to his own semantic and expressive intention (Bakhtin, M., 1981, p. 293-294).

In Bakhtin’s imagination there are several possible Others since dialogue is seen as external (between two people) or internal (between an earlier and a later self). Who makes the utterance in the dialogue however, remains unclear. Bakhtin puts the question this way: Whose voice is being heard? (Bakhtin, M., 1981). He suggests that although the voice belongs to “you” it is not sure that “you” own the meaning. Rather there is a complex interaction of voices and meaning. Bakhtin introduces several concepts in order to explain the

³⁴⁴ It will be going too far to go into detail of a presentation of theories of the Self. The essential part here is that to Bakhtin, dialogue enacts a drama containing more than one actor. Therefore “Self” is above all dialogic, a relation that is not static but is about to be (or about to end).

³⁴⁵ Slaattelid suggests Bakhtin’s addressivity to be his hermeneutic philosophy. For more, see Slaattelid, R. T., 1998.

complexity but it is *polyphony* and *the process of ventriloquation* that are of greatest interest to me.

Polyphony

Bakhtin defines polyphony by referring to the value of open-ended and polysemic texts. Although he initially borrowed the term from music theory it is his readings and interpretations of the novels of Dostoevsky that enabled him to develop the notion.³⁴⁶ Bakhtin's thesis is that the affirmation of someone else's consciousness is a core aspect in Dostoevsky's work, saying that all voices are important and the structure is open-ended and polyphonic. Bakhtin points out however, that voices and the negotiation of meanings are intimately intersected with the *situation* in which they are performed. All utterances are therefore *heteroglot*, meaning that at any given time, in any given place, they belong to a set of conditions - whether these are social, historical, or physiological - that ensure that a word uttered in a particular place at a particular time will have a meaning different from what it would have under any other conditions (Bakhtin, M., 1981;, 1984).³⁴⁷ Typically, there is a constant interaction of meanings: "Which will affect the other, how will it do so and in what degree what is what is actually settled at the moment of utterance" (Bakhtin, 1981, p. 426). All meanings involved have therefore the potential to condition others.³⁴⁸

³⁴⁶ It is perhaps worth mentioning that Bakhtin had many well-educated people around himself who were interested in areas such as linguistics, literature philosophy, and music. Many of these were members of the so-called "Bakhtin-circle" and it is likely that people within the circle influenced each other. The story is that the Russian composer Volisnov, influenced Bakhtin more than others. This may explain why Bakhtin uses musical terms (such as "polyphony" and "orchestra" as well as "polyphonic", "polyvocal" or "multivoicedness") in his theories. For more on these terms, see Bakhtin, M., 1984.

³⁴⁷ "Heteroglossia" is one of Bakhtin's key terms. According to Holquist, "heteroglossia is as close a conceptualization as is possible of that locus where centripetal and centrifugal forces collide; as such, it is that which a systematic linguistics must always suppress" (Holquist in Bakhtin, 1981 p. 428). Dialogism is the characteristic epistemological mode of a world dominated by heteroglossia. The way I understand it, heteroglossia also suggests that *everything means*, by this meaning that everything is understood as part of a greater whole. Moving into a discussion on heteroglossia is going beyond the scope of this project, which basically relates to what Bakhtin probably would have labelled a micro-dialogue (see Bakhtin, M., 1981). An assumption is that the notion easily adapts to system theories, for example to Stige's idea of a *culture centred music therapy*. Although Stige mentions Bakhtin, he does not present a thorough interpretation of his ideas. (See Stige, B., 2002.)

³⁴⁸ This is really Holquist interpreting Bakhtin in Bakhtin, M., 1981.

Another way of putting it is to say that dialogue can never escape its situation.³⁴⁹ A voice has meaning within a context; here a voice *means* but only together with other voices. Thus the voice of “I” can mean what “I” say (or vocalize or play for that matter), but only *indirectly* since it is never solely responsible for its utterance and the meaning implied. In order to give an idea of the complexity of the matter, Bakhtin introduces the process of *ventriloquation*.

Ventriloquation

In a view grounded in ventriloquation the very act of speaking precludes any claims about the individual being independent of society. According to Wetherell, the linguist and Bakhtin expert, interference and subordination are especially evident in the process of ventriloquation. It reflects the socio-cultural situation of those doing the understanding (Wetherell, M., 2001).³⁵⁰ Hence ventriloquation gives a picture of the difficulties of being able to tell who actually speaks, and whose voice is being spoken by and whose meaning are owned in the sound of the voices. The doll, to which the ventriloquist gives life to through his own voice, confuses matters. Whose voice is being heard? Whose meaning does the doll’s voice represent? Although the voice belongs to the ventriloquist, it sounds as if it comes from the doll and therefore functions as a realization of somebody else’s voice.

Discussion

I realize that my transferring of Bakhtin’s existential perspective and dialogical connections could resemble aspects of the research of Garred, the music therapist. Garred, by studying Buber’s philosophy, reveals dialogical dimensions in music therapy and a short note on his ideas seems to be timely here.

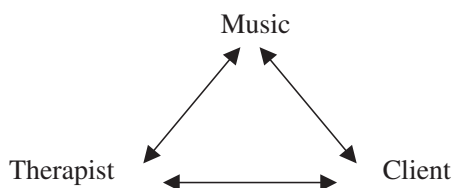
³⁴⁹ This matter also relates to another key term of Bakhtin’s, the *chronotope*, which in short deals with time and place. For more on the chronotope see Bakhtin, M., 1981. See also Weisethaunet’s interpretation on the term in a musical anthropological perspective in Weisethaunet, H., 1998.

³⁵⁰ See also Wetherell, M., 2001, p. 191.

A note on Garred's ideas on dialogue

Garred suggests the symbol of a triangle describing the dialogic connections between the client, the music therapist and the music:

Figure 3: Music Therapy Triangle (Garred, R., 2004, p. 132)



The lines in the triangle create various dialogical connections; the client – therapist relationship, the client - music relationship, and the therapist - music relationship, all of which are possibly experienced as in a Buber's I - Thou.³⁵¹ To set therapist and client in a direct interrelation to each other, as well as to the music, Garred suggests that the figure indicates how one side of the triangle mediates the relation between the others. A point herein is, “the position of music is found to be not as an autonomous end in itself, or as a means for an external end, but between these, as a medium for therapy” (Garred, R., 2004, p, iii).

I think that the triangle, in its simplicity, creates a meaningful and clear image of the basic interrelations between the most significant actors (Others) in music therapy improvisation. A challenge connected to Bakhtin's thinking is that, although he maintains that dialogue takes at least three parts (; the *I*, the *Other* (who really can represent several consciousnesses) and the *Relation* between the *I* and the *Other*), it would be difficult for him to label the third angle “music”. The way I understand it, Bakhtin's dialogue always exists between people and thus a version of the third component in the triangle needs to involve a human *relationship caused by the music*. This need not be in contrast to Garred's interpretation of music as Buber's “Thou”, which includes

³⁵¹ For further information, see Garred, R., 2004.

the inner experiences of a *relational* music, but there seems to be a difference between the philosophers' starting point here. In contrast to Buber, Bakhtin draws a larger attention towards the external events and towards what people do; his interest lays in other words in human action and interaction, not merely in the internal processes.³⁵² "Truth" Bakhtin states, "is not to be found inside the head of an individual person, it is born between people collectively searching, for the truth, in the process of their dialogic interaction" (Bakhtin in Shotter, J., 1999, p. 184).

The largest "problem" with the triangle as a model of dialogical connections is perhaps the triangle itself, or the idea of a framing. The way I understand him, Bakhtin's dialogue is always "open-ended" and polyphonic and thus resists something like a shape. To Bakhtin dialogue always involves intertextuality between voices and meanings.³⁵³ The way I understand it, this in turn creates a complexity, which makes it difficult to tell who really speaks and who actually means at the time of an utterance's expression. As the process of ventriloquation suggests, it is not really possible to tell whose voice and whose meaning is being heard.³⁵⁴ Therefore the client's angle in the triangle could just as well have been the therapist's angle, etc. Also, because Bakhtin's dialogue remains an open event, any attempt to be comprehensive or authoritative, which the triangle *could* indicate, would be misleading.³⁵⁵

Bakhtin's emphasis on action seems thus to create the main distinction between the philosophical perspectives. It must be said that although this is a distinction that is crucial for the present project, as abstracted meta-theories the perspectives probably have more in common with each other than they have opposing each other.³⁵⁶ Both perspectives reveal that there is no one-to-one

³⁵² For more on Garred's interpretation, see Garred, R., 2004.

³⁵³ Julia Kristeva, the philosopher, has focused on Bakhtin's intertextuality, which she thinks is a key concept in Bakhtin's thinking. For more about this, see Kristeva, J., 1984.

³⁵⁴ See my interpretation of the process of ventriloquation in part 4.

³⁵⁵ See for example Holquist, M., 1990, xii. Interestingly, Holquist points out that Bakhtin never uses the word "event" alone but in conjunction with the word "being", which means that Bakhtin insists on being as an event. For more see Holquist, M., 1990, p., 25.

³⁵⁶ Another point in Bakhtin's dialogue is that a study of such complexity requires embodiment through live situations (e.g. Bakhtin's use of the term embodiment). Although Garred in his thinking concerning the various dialogical connections in music therapy shortly relates to the case of Annabel, I think that a more thorough materialization of an event is required to get hold of Bakhtin's ideas. A broader reflexivity between empirical and the theoretical elaboration than what Garred does in his treatment of Buber's dialogue seems therefore to be desirable in a Bakhtinian perspective.

relation between the dialogical connections afforded by music therapy improvisation. They all interrelate.

Although Bakhtin's dialogue is a complex notion, as I have been working my way through his texts I have experienced that it has something to it that helps me to articulate my own understanding of music therapy improvisation. I assume that this "something" explains the aspect in the results from the empirical material concerning the confusion over who takes the initiative and who makes the response within the music therapy improvisation. Yet in order to approach this assumption I need to ask myself what it is in the music therapy improvisation that resembles Bakhtin's dialogue. This seems like a suitable place to return to the empirical material asking whether aspects of Bakhtin's dialogue connected to those presented above, appear in the video recording of the music therapy improvisation. What about Bakhtin's perspective of the Other: How does this fit into the picture and how is the process of ventriloquation recognizable within the music therapy improvisation? (Is this even a meaningful metaphor regarding the relationship between action and music therapy improvisation?)

My immediate impression is that music therapy improvisation associates with Bakhtin's dialogue as a combination of his "real-life dialogue" and a "complexly organized cultural communication". A real-life dialogue is already associated in the log (connected to The Guitar Excerpt) where the image of a café pops into my head:

I find myself standing on the outside of the café looking through the window. On the inside I see two people drinking their lattes. They are turned towards each other – and focus their attention by asking: How are you...? How are "we"? What shall we talk about? How shall we talk? (They seem to have a lively conversation, their faces are expressive, alternately smiling and raising their eyebrows.)³⁵⁷

The image of the café shows that the music therapy situation resembles real-life dialogues. Both the client and the music therapist - without lattes but with instruments such as guitar, piano, and various drums - are in a position where both are ready to address the other, freely and openly as in any "lively conversation" between two people. However, we know by now that there are differences between the situations that make the music therapy improvisation

³⁵⁷ See the logs entitled "During The Guitar Excerpt" in part 3.

turn into a complexly organized cultural dialogue in comparison to the real-life dialogue: The conversation is performed differently in that it is basically musical. Also, it is not as symmetrical as the image of the coffee drinkers in the café; it involves a client, who needs help, and a music therapist, who is the “help expert”. Altogether, these differences, along with several more, involve the typical music therapeutic way of cultivating and organizing its dialogical processes.³⁵⁸ According to Bakhtin, a study of the complexity connected to its culturally organized interaction requires embodiment (as in Bakhtin’s use of the term embodiment) through live situations. What has emerged from the empirical material in the present project is that the complexity organized within the music therapy improvisation relates to its condensed and intensified way of “musical-relational synchronizing”. I suggest therefore, turning again to a certain event in the empirical material in order to aid imagining the idea of the dialogue and the Other.³⁵⁹

Imagining the Other in the video recording

The event is collected from The Guitar Excerpt:

³⁵⁸ This explains the need to keep an indigenous ideal as a stance.

³⁵⁹ Interestingly, Holquist points out that Bakhtin never uses the word “event” alone but rather always in conjunction with the word “being”, which means that Bakhtin insists on being as an event. See Holquist, M., 1990, p. 25.

Example 11: Imagining the Other in the video recording

The Guitar Excerpt, bars 7-12³⁶⁰

The musical score consists of two systems. The first system covers bars 7-9. The voice part shows the client's vocalizations, with 'm' notes and slurs indicating fast utterances. The guitar part shows chords (Amaj7 and Bm13/A) and guitar pauses. The CI part shows the therapist's vocalizations, also with 'm' notes and slurs. The tempo is marked 'a tempo'. The second system covers bars 10-12. The voice part shows the client's vocalizations, with 'm' notes and slurs indicating fast utterances. The guitar part shows chords (Amaj7 and Bm13/A) and guitar pauses. The CI part shows the therapist's vocalizations, also with 'm' notes and slurs.

The scores show that the client makes fast vocal utterances on “m” in places when the therapist withdraws either her voice (bar 7) or both her voice and the guitar (bar 9 and bar 12). It is as if the client “speaks” (in a stutter-like way). Likewise, the music therapist “speaks”, by making “m”- utterances similar to the stutter-like speaking of the client, when the client withdraws (in bars 8, 10, and 11). The utterances are further embodied through my descriptive observation of the same event:

Client’s column:

Moves his head a little to the side – away from the music therapist
 Keeps his eyes and mouth open...Listens... (Does he put his head in this position in order to focus his hearing?) Makes vocal sounds as before; six “hurried” singing-like tones on “mmmm”, now not as distinct as before. (Is he touched?) Listens in a calm and collected way (hands are relaxed) keeping a posture that is turned towards the guitar and the music therapist’s playing, as if

³⁶⁰ See the whole excerpt in the scores in appendix A.

wondering: “What is happening here?” “Doesn’t her music sound “familiar”?”
“Do I hear her imitating me and my voice and my way of singing, or am I
imagining it?”³⁶¹

Music therapist’s column:

Plays A maj 7 chord but changes groove while she sings “restlessly” on a note
(e) and plays rhythmically and distinctively ♪♪♪♪♪♪♪♪ on the A maj7 - chord³⁶²
Sounds as though she adapts her music to C’s “hurried” singing-like tones and
incorporates C’s initiative by incorporating it into a larger musical whole...
Plays A maj 7 chord but changes the groove while she sings another note (c#)
rhythmically ♪♪♪♪♪♪♪♪, and plays an A maj7-chord by “hitting” the guitar
strings in a more energetic way rhythm-wise³⁶³

Accepting the image of both participants speaking to each other and knowing
(from the video recording and from the descriptive observations) that they
actually speak *towards* another, indicates that there is a dialogue going on,
which is more than just an exchange of “words” and vocal sounds. By
simultaneously observing and experiencing each other’s actions and utterances,
whether these are performed bodily or through vocal sounds, both participants
relate to each other in a direct sense by looking “into the eyes of another” (as
asserted by Bakhtin) in the music therapy improvisation.³⁶⁴

I think, despite its short duration, the event already contains several
complex aspects of Bakhtin’s dialogue. Because the music therapy
improvisation is directed towards someone being there and wanting to respond,
the image of the Other is particularly relevant. I suggest the prime Other to be
the client and/or music therapist, something which is obvious when relating to
the empirical material. An example of this, which is described in the above
observation, is when the client “moves his head a little to the side – away from
the music therapist” and “keeps his eyes and mouth open...listens...”. Here it is
also questioned whether he makes this gesture “in order to focus his hearing”
and since it is the music therapist who makes the music at this stage of the
event, it is assumed that the client focuses his hearing in order to hear the music

³⁶¹ This happens during the bars 10-12 in the scores in appendix A.

³⁶² See bar 10 in example 11.

³⁶³ See bar 13 in example 11.

³⁶⁴ See citation from Bakhtin earlier on.

therapist better. His hearing and his interest are in other words interpreted as being directed *towards* the music therapist and her musical actions, as if he expects something to come from her. Similarly, although not directly pronounced in the observation, it is suggested that the music therapist acts *as if* the client expects something from her as she “changes groove while she sings “restlessly” on a note (e) and plays rhythmically and distinctively (as ♪♪♪♪♪♪♪♪) on the Amaj7 – chord”. Hence it is assumed that she adopts her music to the vocal utterances of the client in order to “incorporate” his initiative. This seems to be another way of suggesting that the music therapist’s attention is directed *towards* the client and his response. Basically, she does not just act in order to avoid losing contact with him, rather her attention and actions are directed towards the interaction as such, as a way of “incorporating it into a larger musical whole”.³⁶⁵ As we can see this creates two dialogical connections; one is between the client and the music therapist and the other is between them, the relation, and the music making. Prime dialogical connections here are therefore the client, the therapist, and their musical relation.

Polyphony is a relevant term, in the sense that the setting involves the presence of several consciousnesses, such as the client’s caretaker, and the client’s parents. In my opinion it is questionable whether any of the actions within the event, or in the whole recording of the music therapy improvisation, would have been performed without an idea of them as possible Others. Pragmatically speaking then, Bakhtin’s idea of the Other is meaningful. Yet, it gets more complex when abstracting the discussion to meta-theoretical levels. If we take the process of ventriloquation, for example, this already implies a complex combination of meanings and interaction. It is not just difficult to point out whose voice is being heard; it is also difficult to tell whose meaning is presented. There is one place in the observation that is especially interesting and illustrates this complexity. This is the description in the client’s column, which suggests that the client hears his own voice performed by the voice of the music therapist’s: “Doesn’t her music sound “familiar”?” “Do I hear (or am I imagining) that she is imitating me and my voice and my way of singing?”³⁶⁶ The event shows that the observer realizes that the music therapist, just like a ventriloquist, “speaks” with the voice of the client and that she does so in order for him to hear his own voice and thereby become aware of his Self. In other words, the client experiences himself through the therapist. Yet, he does not

³⁶⁵ The citation is collected from my observation.

³⁶⁶ This happens during bars 10-12 (see the scores) and the descriptive observations connected to these.

just experience an imitation of his own voice; rather he experiences a realisation of his own voice. This suggests that it is not just the music therapist's skill in imitating that is important here, rather it is her ability to empathize with the client, even to "become" the client, that is crucial.³⁶⁷ Above all it requires that the music therapist is willing to *understand* in the German sense of the verb; she *stands fore* (*ver-stehen*) meaning "confronting" and coming to an understanding with him, not just "stand under" him (as in *understand*, meaning *holding* him).³⁶⁸ By lending herself to the process and by becoming the doll that speaks with the voice of the client, while simultaneously possessing the role of the ventriloquist who observes the whole scene, she offers the client a response that is unlike other responses. Really, the process of ventriloquation shows how the music therapist makes the client's consciousness "audible": *She acts him* out loud.³⁶⁹ Moreover, the process of ventriloquation reveals another dialogical connection, one between the client and the doll, where the music therapist represents the client. Normally, the latter type of dialogue occurs within a person, for example between an old and a new "I" within a person. However, here the internal dialogue has become external with the help of the music therapist. In a therapy context this is an important point, because the client is not able to experience himself in this way without the help of the therapist.

As it is transcribed into a music therapy improvisation, the process of ventriloquation also shows a pragmatic incorporation of other consciousnesses, indicating a polyphonic state of mind. Apparently as a music therapist, although very much focused on the client, she continuously thinks of the therapeutic outcome and his well-being. Therefore, in the back of her head, she pays attention to others' consciousnesses as well, especially those of the client's parents and his caretaker (who sits next to him) and probably also those of the people the present research project is directed towards. Eventually, one can say that dialogue, such as it is being practiced within music therapy improvisation, keeps several consciousnesses at play – independently of who "speaks".

³⁶⁷ This suggestion is partly supported by the other observers who assume that there is a projective identification going on.

³⁶⁸ See my definition of *understanding*, which is influenced by Gadamer's meditation on the verb, in the introduction chapter.

³⁶⁹ This perspective is thoroughly discussed in my article "Det dialogiske menneske" (*The dialogical human being*) where I interpret the case of Edward from Bakhtin's dialogical stance. For more see Stensæth, K., 2006. Edward is a case described by Nordoff and Robbins in their book "Creative Music Therapy" that some theorists have described from different theoretical perspectives in a series called "Dialogues on Edward" in the Nordic Journal of Music Therapy. See for example Aigen, K., 1998; Ansdell, G., 2000; Nordoff, P. and Robbins, C., 1977; Rolvsjord, R., 1998.

Bakhtin's "carnival"

"Carnival" is another major term of Bakhtin's and one that pervades his whole thinking, including his concept of dialogue. Bakhtin reintroduces the mediaeval carnival as the "popular laughter culture" and suggests the idea that the symbols in carnival have been transferred to our time and still exist in literature (Bakhtin, M., 1981; 1986a; 2003).³⁷⁰ It is especially the idea about this carnival's ability to *regenerate* and *revitalize life* that pervades his thinking. In the mediaeval carnival, which was completely free from religion and politics, people could realize feelings, dreams and utopian ideas that were normally perceived as immoral, insensible or irrational. Normality was repelled whilst the carnival existed and people could actually live the life they dreamed of, freely, uninhibitedly and in contrast to the suppressed conditions they were used to. Therefore carnival represented a stage for unfolding and provided opportunities for action, which were particularly uncommon and unprecedented at a time in history where so much of existence was connected to moral, religion and politics.

The basis of *laughter*, public laughter culture in the medieval period that is, gives rise to carnival rituals that are also recognizable in modern times. Real laughter however is universal and has an ambivalent character (Bakhtin, M., 2003). It characterizes the carnival through parody, irony and what Bakhtin names "grotesque realism", which implies degradation. This means that everything that is *up* like the spiritual, idealistic and abstract, is brought *down* - to earth, to where bodies appear in an unbroken unit. It does not negate the serious, but purifies and replenishes it and it is this laughter that attracts the public into the material bodily celebration of carnival. Bakhtin asserts that as a distanced image a subject cannot be comical; to be made comical, it must be brought close and everything that makes us laugh is close at hand, therefore all comical creativity works in a zone of maximal proximity.

³⁷⁰ Bakhtin's doctoral thesis had the title *Rabelais and Folk Culture of the Middle Ages and Renaissance* and was an interpretation of the French renaissance writer Rabelais and his philosophy, in which Rabelais' stories on Gargentua and Pantagruel were essential. Bakhtin's work on Rabelais was criticized for exaggerating the significance of Rabelais, especially the carnival's revolutionary function. In this sense it was experienced as Bakhtin's rebellion against Stalin and his own times. At first the Russian State Accrediting Bureau denied him his doctorate but Bakhtin had many friends and academic groups that were influenced by his ideas and helped him towards an acceptance of the work. Eventually the work was published in 1965, nineteen years later.

Laughter has the remarkable power of making an object come up close, of drawing it into a zone of crude contact where one can finger it familiarly on all sides, turn upside down, inside out, peer at it from above and below, break open its external shell, look into its centre, doubt it, take it apart, dismember it, lay it bare and expose it, examine it freely and experiment with it. Laughter demolishes fear and piety before an object, before a world, making of it an object of familiar contact and thus clearing the ground for an absolutely free investigation of it. Laughter is a vital factor in laying down that prerequisite for fearlessness without which it would be impossible to approach the world realistically. As it draws an object to itself and makes it familiar, laughter delivers the object into the fearless hands of investigative experiment – both scientific and artistic – and into the hands of free experimental fantasy (Bakhtin, M., 1981, p. 23).³⁷¹

As we can see carnival involves a familiarization of the world through laughter. This is extremely important, says Bakhtin. In fact, “it is indispensable in making possible free, scientifically knowable and artistically realistic creativity in European civilization” (loc. it). This relates to the fact that during carnival, life is subject only to its own laws, the laws of its own freedom. A consequence is that carnival becomes a stage for insensible and irrational actions. Typical carnival characteristics herein are of the improvisational, experimental, explorative, aesthetic, and identifying sort. Also included in this is the freedom-based, the pretending, the transcendent, the virtual or the suspension of “reality”. Likewise there is no footlight in carnival; in fact footlights would destroy the carnival, just as the absence of footlights would destroy a theatrical performance.³⁷² Rather the actors often get so engrossed in the event that while it lasts there is no other life outside it.

Because of their obvious sensuous character and their strong element of play, Bakhtin grants that carnival images closely resemble certain artistic forms, namely the spectacle. In turn, medieval spectacles often tended toward carnival folk culture, the culture of the marketplace, which to a certain extent became one of its components. However, Bakhtin says that...

...the basic carnival nucleus of this culture is by no means a purely artistic form nor a spectacle and does not, generally speaking, belong to the sphere of art.

³⁷¹ For more on this aspect, see Bakhtin, M., 2001.

³⁷² See also Bakhtin, M., 1984.

Rather it belongs to the borderline between art and life. In reality, it is life itself, but shaped to a certain pattern of play (Bakhtin, M., 1984, p. 7).

Typical for the “between-space” (between art and life), which attracts people to participate, is the carnival’s centrifugal force. Nothing compares to carnival when it comes to internal motivation and attraction. It is probably this aspect, which inspires Steinsholt to meditate on play as carnival.

At this point in the project, after having studied Bakhtin’s texts thoroughly and receiving a background for Steinsholt’s thinking, it seems meaningful to return to Steinsholt’s idea on play as a way to live the carnival life.

Steinsholt’s carnival

Steinsholt connects carnival as metaphor to his thoughts on play and suggests that play, rather than being an activity connected to areas such as education and development, involves a “carnival lifestyle”.³⁷³ Play is where the participators come “to live the carnival life” (Steinsholt, K., 1998).³⁷⁴

They can move to and fro, in and out of the spectacle; they can tease, imitate and be ridiculous; they can get into verbal fights and exaggerate own body movements and make fun of the grown ups’ stories about the world (Steinsholt, K., 1998, p. 34).³⁷⁵

Play, just as carnival, implies no footlight or any distinction between actors and spectators and carnival reveals that play is essentially freedom based (Steinsholt, K., 1998). People come and go and they decide when to participate. Also typical is that life is turned upside down for a while; the insensible is allowed and fragments, repetitions, improvisations and interpretations exist alongside the simultaneous and spontaneous. Most importantly, according to Steinsholt carnival reveals how the voices of the playing children sound. In fact, carnival represents a chance for the children’s voices to be heard.

Basically, these are the main elements by which meaning is constructed in play, says Steinsholt. Also this meaning, which the children in play create together, is without results and remains unfinished and fragmented. What we have is the children’s performance of actions, which create only part of the

³⁷³ For more on this discussion see Steinsholt, K., 1998

³⁷⁴ For further information see introduction chapter.

³⁷⁵ This is my translation.

truth (Steinsholt, K., 1998). From the outside this may seem chaotic and incidental. However there is a sense of a whole but it exists only as process; that is as a process towards a *possible* whole. One could say that the whole, by the people involved, is glimpsed in a glowing dedication and an inhibited unfolding where they constantly make new relations. Therefore, as process carnival creates an ongoing chain of new events and new stories, just as play does. The experience of a continually interesting here-and-now amongst the people involved, as illustrated by Bakhtin's carnival, defines when play is play and when it is not.

A crucial point in Steinsholt's carnival lifestyle is the need for frames to change and renew the whole time. Therefore the "real" challenge connects to the art of staying within an interesting here-and-now. This brings me back to play's demanding alternation between tension and release. Normally, children cope with this alternation between the levels, which are also known as the *telic levels*, the goal-aiming producer's level, and the *para-telic level*, the level involving role-play where the children forget time and place and are intensively involved in play as an experience.³⁷⁶ Typically the carnival lifestyle creates such experiences.

Discussion: My carnival

After having studied Bakhtin's presentation of his term "carnival" and Steinsholt's adoption of carnival in relation to play, I find that my pre-understanding of music therapy improvisation has received support from new perspectives. Bakhtin's thinking above all supports an emerging assumption of the phenomenon involving carnival characteristics. However, rather than talking about the symbols of the medieval carnival transferred to modern times and literature as Bakhtin does, or talking about "carnival lifestyle" as Steinsholt labels play, I will relate to music therapy improvisation as "carnival place" and "carnival actions". My suggestion is therefore that carnival relates to aspect 4 in the results in part 3: music therapists' descriptions of music therapy improvisation as "space"/"place" for interaction.³⁷⁷ This implies that the music therapy improvisation indigenously allows actions that are typical for music therapy improvisation as such and that these resemble carnival actions. In fact, I

³⁷⁶ The latter resembles the flow-experience. See Csikszentmihalyi, M., 1990 for further information.

³⁷⁷ See the empirical material in part 3.

believe that music therapy improvisation is a place for carnival actions. Really, it is a place that involves redemption of *carnival actions*, as in laughter and pageantry. This needs to be further explained by bringing in events from the empirical material.

Music therapy improvisation as a place for carnival actions

As is presented in the empirical material and the elaboration on the internal theories, many music therapists describe music therapy improvisation as a “space” and “place” for interaction in the analysis and the observation.³⁷⁸ My understanding is that place is described as something that is not just there; rather it is a place created by the client and the music therapist as they attune to each other, make music and improvise. Pauses and silences are also identified as crucial herein in that they are experienced as “loaded”, by this meaning that they are important and meaningful in the interaction.³⁷⁹

Ansdell and Pavlicevic refer to “place” as a shared experience of the music’s idiom, “with its connotations of laid-back jazziness, its characteristic body movements, its modes and textures of playing and singing” (Ansdell, G., and Pavlicevic, M., p. 209). For me this is a good description of the characteristics of music therapy improvisation as “place”. Additionally, when I suggest defining “place” to include carnival actions, the characterization brings me closer to my pre-understanding on music therapy improvisation as a meeting point, one that is *freedom based*, possessing carnival’s attraction, inspiration and joyfulness. By imagining that it is a spectacle, it represents a very different opportunity for unfolding compared to every-day activities. As such, music therapy improvisation almost becomes an “escape” from accustomed meeting places, such as regular daily conversations. Perhaps it is meaningful to say that music therapy improvisation creates a place *between* the “real” world and the world of carnival? This between-world seems to be personal, it is created *because of them* and their way of cultivating the music therapy improvisation. It is also different from many other forms of human interaction in that it allows and *embraces* carnival actions such as the fragmented, non-rational, process-like, insensible, comical, humorous, ridiculous, premeditative, improvisational, experimental, explorative, aesthetical, identifying, pretending, transcendental, virtual, etc.

³⁷⁸ I will relate to *place* in the following.

³⁷⁹ See part 3.

For me the image of music therapy improvisation as a place for carnival actions becomes a way to recognize music therapy improvisation as *improvisation*. By this I mean that the concept of carnival moves the focus away from the rule based and the strictly planned and towards the process of staying within an interesting here-and-now, in which the continuous changing and renewing of frames happens. Therefore one might say that as with carnival, music therapy improvisation is to *contemporize* and represent on a plane equal to contemporary life (Bakhtin, M., 1981, p. 21).

In the following I will return to an event from the empirical material questioning in which ways carnival actions such as those presented above are recognizable in the music therapy improvisation on the video recording. How are the actions described in the analysis and the observations? I have chosen to focus on an event from The Piano Excerpt, in which the client typically moves in and out of the musical interaction:³⁸⁰

³⁸⁰ See my observation in part 3. There are probably several places in the excerpt of the video recording that can be used as an illustration on carnival actions, but since I want to vary the examples I have chosen to focus on an event from The Piano Excerpt here.

Example 12: Client moving in and out of the musical interaction

The Piano Excerpt, bars 12-19

The musical score is divided into two systems. The first system (bars 12-14) features a common time signature. The tambourine part (tamb. cl.) has a dynamic of *mp* and includes a *pppp* section. The voice part (voice) is marked *mp* and *Legato*. The piano part (piano) includes a *mp* dynamic and a *leg.* marking. The second system (bars 16-19) features a 3/4 time signature. The tambourine part (tamb. cl.) has a dynamic of *mp* and includes a *ten.* marking. The voice part (voice) is marked *ten.*. The piano part (piano) includes a *ten.* marking, a *f* dynamic, and a *f^{8vb}* marking. The piano part also includes a *Staccato Marcato* marking.

In this example the client is rather active, although not necessarily very *inter-*active. His attention seems to be directed towards his instrument, the tambourine, and towards the music coming from the therapist. In bars 12 and 14 he plays with the bells on the tambourine; here he makes *rallentandos* that create a contrast to the rhythmical vocals coming from the music therapist. In bars 13 and 14 it is assumed that he responds to the music, both the therapist's vocalisation and the steady piano rhythm, and plays small rhythmical motifs on the flat tambourine skin. In my observation connected to this part of the video recording the following is described:

Client's column:

“Looses” the tendency of interplay slightly and again plays “restlessly” on the tambourine by tapping his fingers (Or is it just that he does not know what to do at the moment?)³⁸¹

Music Therapist's column:

Struggles to stabilize regularity in the music...Prolongs the fermata and creates space (for both herself and the client?) by leaving the piano out and merely sings some legato tones circulating around a note (e)³⁸²

The fact that the client seems to play restlessly with the instrument shows how the music therapy improvisation allows carnival actions, such as going in and out of the “spectacle” while at the same time exploring a variety of actions. This impression is supported by the next four bars which reveal that the client's actions follow his attention, which changes from being directed inwardly towards the explorative (in bars 18 and 19) and self-focused, to the outward responding to the sound of the music and the therapist's actions. In contrast to the first four bars, the description of the last four bars reveals a total change of attitude in the therapist's music as she introduces a fast rhythmical bass motif played staccato and marcato (bars 18 -19), as if building up tension. Typical for carnival is the participants' possibility of starting over again, creating new themes and suggesting new directions for their interaction. When participating in carnival they do not know where to move on to, they are just *in it* exploring *how* to move on, together. This creates ambivalence causing the participants, despite being happily present in the moment, to not know where to move to, or what to do. Yet there is little concern connected to this type of ambivalence. It is the presence that is important, a presence that involves a continuous exchange and exploration of musical ideas between the client and the therapist - rhythmically, melodically or through contrasts. Sometimes it culminates in a joint attention, but basically the musical playing and experiencing becomes a way to test out impulses and feelings and to play the more or less rational impulses.³⁸³ What we see is that as a place for carnival actions, music therapy

³⁸¹ This starts already in bar 11 but continues in bar 12 in example 12.

³⁸² See bar 12 in example 12.

³⁸³ There are two places in the scores that reveal such joint attention. One is in bar 15 and the other is bar 17. Bar 15, in which both client and therapist play up-beats, creates an intention of them both going in the same direction. In bar 17

improvisation allows the “insensible”, humorous, ridiculous, repetitive and freedom-based to occur. In fact, carnival embraces the music therapy improvisation as a place of large engagement and the feeling of timelessness and generates continuous possibilities for creating new interesting musical “places” to move into. Even more so, it seems to me that the client has a sense of this; he “knows” that the music therapy improvisation allows carnival actions. However, despite their fragmentary character, the whole is kept alive, with great effort from the music therapist and by the music making, which is always at hand. When I say that the music is always there or “at hand” this includes everything about the music that creates a feeling of whole, including silence and pauses.³⁸⁴

A concluding note on Bakhtin’s ideas

It seems to me that dialogue emerges as a meaningful metaphor for music therapy improvisation in several ways. However, as I understand it, the most important way seems to relate to the position Bakhtin gives the response. As we have seen, he regards every utterance as a response. This implies that every utterance within a music therapy improvisation, whether it is performed as an instrumental sound or a facial expression, is to be treated as a response. This means that that which earlier on has been interpreted as an initiative in the music therapy improvisation is really a response. Interestingly, although it may not solve the problem regarding aspect 3 in the results which concerns who takes the initiative and who makes the response, this perspective creates a significant point in the discussion. Hereby, the complexity connected to music therapy improvisation as dialogic processes is brought to the forefront in an original version: The initiative, as a first step in a chain of actions, does not exist; rather it is “erased” and redefined, since an initiative is really already a response. Thus, it is really impossible to separate initiative from response. Also, for Bakhtin, response always points to the intertextuality of an utterance; it is always connected to other utterances and other meanings and cannot be separated from these either. Obviously, the music therapist has a certain responsibility here. He /she must first of all respond to the client, whatever the

they both “land together” - at least this is the impression I get when the client and the therapist unify rhythmically in something that sounds like a cadence.

³⁸⁴ As a matter of fact the music therapist seems to be very much aware of the effect of silences and the pauses occurring within a music therapy improvisation. See analysis and observations in part 3.

utterance is. He/she must also show a responsive understanding by actively and personally involving him/herself in the client's process.

Another way in which music therapy improvisation connects to Bakhtin's dialogue, which the process of ventriloquation makes explicit, is the way others' consciousnesses come into play. Music therapy improvisation seems therefore to be polyphonic; in other words there is always a degree of inter-personal aspects influencing the setting. Indeed, and as is shown, in a therapy situation the "presence" of others' consciousnesses is essential.

Personal involvement and a polyphonic state of mind is not enough though. *Action* is required, meaning that the client and the music therapist need to have something to do, a "something" that is shareable and interesting at the same time. This is where the music therapy improvisation characteristically affords its *musical* and *improvisational* togetherness. In turn this creates a "place", one that is personal and includes carnival actions, which might include ambivalences and paradoxes. The "real" challenge in music therapy improvisation, as in carnival, play and many creative aesthetic activities, is connected to the art of staying within an interesting here-and-now - as Steinsholt's interpretations of Bakhtin's carnival as a metaphor on play also shows.

As is suggested throughout the second half of part 4, carnival characterizations relate to the descriptions of the video recorded music therapy improvisation. So far I feel that I have approached aspects 3 and 4 in the results from part 3 meaningfully. Yet, there is still one aspect in the results that is not answered and this concerns the relationship between action and intention: How can I explain this aspect? I find that I need to return to fundamental perspectives in sociology in order to tackle this point.

Returning to the phenomenon of action

In my search for an explanation for the last result aspect I again turned to Østerberg, the Norwegian sociologist, and his texts. I found out there was more to it than I had first understood. This created a need to redefine the relationship

between action and music therapy improvisation and in the following I will explain what I mean by this.

As we remember, Østerberg says that if we are to understand how social life created by human actions and interactions in surroundings are influenced by earlier activity and thereby how a cultural landscape or a sociomaterial field is put together, we need first to look at *action as a phenomenon* (Østerberg, D., 1993). He suggests that an interpretation of action should be perceived as something other than explaining reasons or causal functional explanations. In contradiction to natural lapses, society does not follow such laws. What happens in society cannot be explained by reasons and sociological legitimations. Ultimately this makes it impossible to tell what the future will bring. Social life and society contain both the predictable and the unpredictable, and our task is to interpret proportions in society and social relations in ways they really are, including ways that go beyond the everyday understanding that takes place in each one of us. Therefore action is an equivocal phenomenon, by this meaning that *action may realise an intention* and at the same time *an intention may realise the action* (Østerberg, D., 1993, p. 17).

To me this explains how an immediate action becomes a realization of something we do not yet know but which is realised by the action itself since *the intention is created within the progress of the action*. Thus, each action has an intention. However, the intention is neither specific nor defined before the action. In other words: The plan is changed on the way. In fact, the plan is both created and shaped on the way. When relating this line of thinking to music therapy improvisation, such as the one collected for the present project, what does this mean?

The relationship between action and intention in music therapy improvisation

Østerberg's explanation clarifies parts of my pre-understanding between action and music therapy improvisation; above all it explains what I will call the *tension between action and intention* and in the following I will try to explain what I mean.

First of all I find Østerberg's integration of the predictable and the unpredictable into his understanding of the relationship between action and intention especially interesting. When asserting meanings to be both intentional and non-intentional in different social interactive expressions, such as is done in music therapy improvisation, his grading of intentionality is striking. If we accept that each action has an intention but that the distance between action and

intention varies, this could for instance suggest that the term *nonintentional meanings* become superfluous.³⁸⁵ I suggest therefore drawing an *axis* between action and intention:

Figure 4: Action – intention axis



The line connects action and intention and creates a constant link, a continuum, between the two. The interesting part however is that the arrows go in both directions. Pointing in one direction, it shows that *an action may realise an intention*. Pointing in the other direction, it shows that an intention may *realise an action*. This explains that although there is a constant tension between them, it is not always possible to predict what the action or the intention will end up being. A constant tension is created between them where one is always “pushing” or “pulling” the other. The next question is: How is this axis recognizable within a music therapy improvisation?

It makes sense to me to think of the client’s actions in the music therapy improvisation as moving around on the axis. A turning point, such as the event in The Djembe Excerpt where the “delayed synchronicity” is identified, is a specific point on the axis. Mostly, however, the music therapy improvisation is a “between-place” moving back and fourth on the axis. This is possible to exemplify when relating to the event in The Guitar Excerpt where the client starts to lift his arms. (This example is used in the discussion about early interaction theory.³⁸⁶) When the client raises his arms in the air, he does so basically because he is stimulated by the therapist’s guitar playing. Thereafter it is the music therapist who reads the client’s actions as intention, which leads to other actions wherein she plays the guitar as an *accompaniment* to the client’s arm movements. Already there is a chain of events going on in which there is a constant tension between intention and action: Her (the music therapist’s) intention to start him off realises his (the client’s) actions (here: arm

³⁸⁵ C.f. Østerberg, D., 1993.

³⁸⁶ See aforesaid discussion.

movements). It can also be interpreted as if her actions (her guitar playing) realises his intentions (to participate), or that his actions (arm movements) realises her intentions (to develop the music and “move somewhere with him musically”).³⁸⁷ This means that the music therapy improvisation is a continuous *play* with and exploration of actions and intentions. It shows that by nature it is *improvisational*, meaning that the effort connects to the contemporizing and realisations of actions and intentions. Naturally, the therapist’s approach to music therapy improvisation is responsible for guiding the process in a direction that is beneficial to the client.

³⁸⁷ The citation is collected from the log before the session starts.

PART 5:

THE REFLECTIVE SYNTHESIS

In this part I will both continue to reflect upon my own experiences and also synthesize all the various sources of insight into a theory or vision. First I will propose what I experience the main ideas to be at this point in the text. Following this I will go deeper into each idea. Here, as I have done before, I will return to events from the empirical material and/or aspects from the theoretical discussions. Thereafter, as a way to place my reflections in a wider context, I will present and discuss theory building as a subject. Finally, I will ask myself what the epistemological values of my theory could be.

Proposing the main ideas of the study

I must admit that in large, the prior elaborations seem to support my pre-understanding regarding the relationship between music therapy improvisation and action as a phenomenon. They reveal for example that the relationship between the two of them is connected in a fundamental way such that it

becomes almost impossible to talk of one of them without talking of the other. Moreover the elaborations show that music therapy improvisation includes a range of actions, amongst which are those of a less rational type and those which I have formerly named as carnival actions. This suggests that some actions are immediately experienced as meaningful within the context, while in others the meaning emerges as process. Some actions imply exploration; through these the client and the therapist can pretend, try out and seek transcendent experiences. As the results from the empirical elaboration show, several characteristic descriptions are given as to how this is all put together. The question is if there are any overriding ideas herein?

In order to capture the main ideas of the study's elaborations, I find it helpful to recount the aspect that Bruscia brings in when he defines reflective synthesis as a term. Here Bruscia suggests that the researcher must use his/her intuition in order to synthesize the sources of insight into an original theory or vision (Bruscia, K., 2005, p. 545). After I have worked my way through the empirical material and the theoretical discussions, two ideas emerge as being especially significant.

One idea relates to a meta-theoretical level of reflection and locates the relationship that I am studying on the boundary between several explanations. This suggests that meaning connected to the focus of investigation becomes a *boundary phenomenon*. This could be understood in several ways. Before elaborating upon this, I wish to emphasize the word *boundary* and its connection to the prefix *-inter*, which means *between*. Basically, what I wish to indicate is that when we seek meaning, which any therapy process is about, the relationship between music therapy improvisation and the phenomenon of action exists on a *boundary*. It does not just proceed *between* a client and a music therapist; it also exists *between* action and intention, *between* synchronization and discrepancies, *between* content and outcome, and *between* paradoxes and rationality, etc. Even its meaning is dynamic as it moves *between* various meanings. I suggest therefore that for music therapy improvisation to become itself it must move in the *tension* offered by these between-spaces and that it is the experience of time within the context of the live setting that decides what meaning is present. Returning to the heading of the results emerging from the empirical material, one could say that the "actions of musical-relational synchronization" must be experienced as *meaning-full* in order to become kairoitic.

The other idea connects more directly to the empirical and theoretical elaborations and concerns the emphasis on the phenomenon of interaction

herein. It is as if the present study and its perspective on action reveal how music therapy improvisation is actually *interaction therapy*. This refers to the descriptive observations where the experienced music therapists describe what the client and the music therapist do as *inter*-action. A tendency seems to be that the observers describe the music making - i.e. through their use of pauses, dynamics, small rhythmical motifs, etc. - as if it is interactional. The same tendency is found in the theories built by music therapists. This is exemplified in terms like *interaction themes* and *shared actions*.³⁸⁸ Hence, it seems as though music therapists do not understand action as an isolated magnitude in music therapy improvisation; rather their understanding is intertwined with the term interaction. They also describe the interaction as personal; in fact it is as if music therapists understand the phenomenon of action to be inextricably connected to the client and the therapist as persons, as if it is a shared *interpersonal* “property”.

Interestingly, the prefix *-inter* turns up in the words I use to describe both ideas. This questions whether my ideas, although they belong to different levels of reflection, relate to one another. My intuition is that they do, and I assume that some philosophical perspectives that are dealt with before, such as certain aspects connecting to play as well as to Bakhtin’s terms carnival and dialogue, contribute to explaining how they connect. I will reflect upon this in the following section, in addition to discussing each idea more thoroughly. I will also reflect further upon how my ideas relate to my pre-understanding, which initially created the present project’s point of departure. I must also add that in interest of simplicity, I have chosen to relate only to events from The Guitar Excerpt, in particular the section where the client raises his arms in the air, “as in a dance”.³⁸⁹

The emergence of a *boundary phenomenon*

As is suggested already, in addition to explaining part of my pre-understanding, I think the emerging of the term “boundary” could define different aspects of the relationship I am studying.³⁹⁰ These can in turn belong to various levels of

³⁸⁸ See Holck’s and Tønsberg and Hague’s theories in part 4, for example.

³⁸⁹ The citation is collected from my observation of an event in The Guitar Excerpt.

³⁹⁰ I realise that Pavlicevic mentions the term boundary too. In her explanation of her theory she says, as we might remember, that music therapy improvisation represents the client’s capacity for organizing dynamic forms, for trying them out

reflection, which is something I will discuss later on. First I wish to start out by returning to the last section in part 4 where I discuss the phenomenological perspectives of action.

The action - intention boundary

Indeed, the relationship between action and intention emerges as a crucial aspect in my understanding regarding the study's focus of investigation. Yet, before I continue by discussing why this is, I wish to repeat that my reflections concerning the boundary between action and intention are only thought constructions. This means that although I separate the terms action and intention in the following, it is important to know that they are really two interdependent aspects of the phenomenon of action. Also, there is a need to be aware that my understanding of the relationship between actions and intentions does not explain cause and/or effect; rather it is their construction that I explore. When I say that an action realises an intention, I mean that it is the action that creates the foreground while its intention emerges. Thus, one could say that I try to understand which of them comes first, action or intention?

To discuss this subject in the following I think it is worthwhile to recount the following figure:

Figure 5: Tension between action and intention (action – intention axis)



As I suggest in part 4, I find that the figure illustrates music therapy improvisation *as* improvisation. It also reveals how the improvisational character characterizes music therapy improvisation *as process*. This means that for the client and the music therapist to experience the music therapy improvisation as meaningful, it must be placed somewhere on the axis, in the tension between actions and intentions. This could reveal that the process is on the *boundary*, between realising new actions and realising new intentions.

in different in different ways, for "recreating their *boundaries*" (Pavlicevic, M., 2002, p. 2, my italics).

Through the example connected to the client's arm movements in the empirical material, which is a section of the music therapy improvisation that lasts for only one minute and thirty seconds, I have already described how this perspective can be transferred to a live situation. Because I wish to explore the perspective thoroughly, I will again recount the event from the example with the client's arm movements: In the beginning of the session when the music therapist starts gently strumming her guitar, the client immediately, and unintentionally perhaps, raises his arm. The music therapist relates to his arm movements intuitively; musically she "accompanies" it *as if* the client's actions are consciously intended. Yet, the client is probably not yet aware of such intentions; for him they are perhaps pre-intentional. Hopefully, her actions realise them for him. The picture can also be turned, by this meaning that her intentions also realise his actions. As a professional she has therapeutic intentions even before she meets with him. From this point of view his arm movements are realised by her therapeutic intentions.

Yet the picture might be even more complex. I think that when the boundary between the two positions is almost invisible, the music therapy improvisation is experienced as altogether powerful. Here the tension between action and intention is optimal and therefore both action and intention could create the foreground. In a paradoxical position like this the atmosphere is therefore "condensed"; it is not possible to point out that anyone's intentions, whether they are the client's or the therapist's, realise actions. It seems to me as if the client's arm movements at a certain place in The Guitar Excerpt could show what I try to say here. Let me therefore exemplify what I mean.

The boundary between action and intention exemplified by the client's arm movements

The example I study here is the section between the bars 19 – 29 in The Guitar Excerpt. During these bars the client raises his arms twice, once during bars 22 and 23, before he makes the vocal utterances in bar 24, and once again during bars 25 and 26. Although they do not reveal how the client moves his arms, I will show the scores connected to the example. This is done to show how the music, especially in terms of dynamics and rhythm, connects to possible intentions and actions:

that the music therapist's intentions are to *observe and challenge* the client, for instance by testing out how much musical stimulus he desires. It is also suggested that her *intentions are a mix* of all the descriptions above.³⁹¹

To sum it up in one sentence, we can say that her intentions are to invite the client to act and participate, to uphold his interest, to recognize him and empathize with him as a person, as well as to observe and challenge him. From this we can tell what plans the music therapist has. Yet, as we know from the discussion earlier on, this explanation alone is not enough. What I have described so far are her therapeutic intentions. They are more or less conscious at the time of her actions and she always keeps these in mind as she works with her client. She has more immediate intentions too, but these are often connected to another level of consciousness than that of the therapeutic intention. Such intentions are more apparent in her actions and, typically, they emerge within the presence, during the course of the actions. They are for example visible in her techniques when she matches, mirrors, and holds the client's actions. This suggests that she allows the client's actions, which are his arm movements, to realise new intentions. By doing so, she allows her plans to be changed on the way.

What this shows is that her intentions are closely entwined with that which the client does; her actions and intentions are woven into his actions and intentions and together they create new intentions and new actions. This idea is reminiscent of Pavlicevic's theory of dynamic form where she suggests that the two players need to share what she calls a "reciprocity of intention" in order to create the needed intimate and dynamic inter-subjective relationship (Pavlicevic, M., 2002, p. 4).³⁹² However, from my perspective, which is somewhat different from Pavlicevic's in that I do not focus so much on the emotional state between the client and the music therapist, it is not really possible to tear the intentions away from the actions; rather actions and intentions are in one and the same "package". This suggests that the client and music therapist must share a sense of reciprocity in their actions, as well as of intentions.

However, in order to grasp a larger complexity regarding the relationship between action and intention here, I must also look at what the client does and how he reacts. Looking only at the scores would probably give the impression

³⁹¹ As I said, this citation is a summary of my analysis connected to The Guitar Excerpt.

³⁹² See part 4.

that he is rather passive and has little/no intentions. The video recording reveals however that this is not the case. Here we can see that he makes several movements and gestures with his body and his face. In my observation connected to this section of The Guitar Excerpt it is described as follows in the client column:

Is challenged! Is interested but unsure - does not know what to expect from MT, how loud she will play or how intense she will be... Quickens! And accepts the "pushing" from the music therapist... Keeps his arms "indecisively" in the air as if he does not know where to put them "Sings" by humming on "hm hm hm" and then raises his arms way up in the air as if joining the dance... (a flamenco dance?)³⁹³

The cited section shows that the client is active in terms of behaviour and attitude, both of which reveal a somewhat enthused, expectant and yet indecisive boy. But what do the arm movements mean and what are his intentions?

To give one definite answer to the above question is difficult, especially since the client cannot speak for himself. I can therefore only make suggestions. Basically, my impression is that his actions, not just in terms of arm movements but also since he is "challenged", that he "quickens" and "sings", reveal that he pays attention, is focused and dedicated. I understand this as if he wishes to take part and join the musical interaction. To put it simply: Because he likes the music therapy improvisation, he wishes to enjoy it, preferably by actively taking part in it. One might therefore say that his immediate intention is to join in but that he just does not know how to do it. However, when he raises his arms into the air, he finds a way to take part. I am unsure whether this is something he is aware of. In the very moment of the action this is not an issue for him either. Probably it all happens randomly, as seems to be his "natural and intuitive way of unfolding".³⁹⁴ The point is that his arm movements represent a point of the improvisation where his "problem" regarding active participation is "solved" for a short while. This is where he joins in and where his actions, of course with stimulation from the music therapist's musical actions, realise his intentions. Apparently, since the therapist's intention is to invite him into her musical playing, her intention too is fulfilled. This could

³⁹³ See part 4, The Guitar Excerpt, bars 20 -25.

³⁹⁴ The citation is from my analysis of this section. See part 3 for more.

imply, without her being aware of it, that his actions also realise this intention in her.

Ultimately, this shows that through their actions and intentions, they both realise actions and intentions in each other. Hence, what we have again here are actions and intentions woven together as in a complex network. If we transfer this to the action - intention axis figure presented earlier, we see that the various intentions push their actions and vice versa; actions push intentions in a way that it makes it unclear as to where the transition between them happens. When the client raises his arms, it is not really possible to point out what intentions and what actions create the foreground. In addition, because the level of intensity in both the intentions and the actions at this point in the music therapy improvisation appear to be strong, perhaps even optimal, the situation is experienced as powerful. A timely question is: How do the other observers who participate in the present project experience this event? To what degree do they validate my idea and understanding so far?

The client's arm movements understood by other music therapists

From what I can see, there is reason to believe that the other music therapists in their descriptive observations support my understanding. Although they do not explain it in the same way as I do, and despite the risk that I might take their interpretations too far, I think it is fair to say that their descriptive observations of the same section of the video recording are fairly comparable to mine. All of them comment upon the client's arm movements. This could mean that despite getting the impression that the observers understand the section with the arm movements rather differently, they also experience the event as significant and powerful. Naturally, they do not describe it in terms of action and intention, as this is a perspective chosen by me. So what do they actually say?

Some observers are definite in their descriptions.³⁹⁵ No. 4 comments upon the client's readiness, which, he/she says, "are evidential in the way he moves, shows tensions, and uses his voice". He/she interprets the client's readiness as an intention, which realises the music therapist's actions.

Observer no. 5 describes the client's arm movements as "non-controlling movements". Although the observer does not say it directly, he/she suggests that by picking up his movements in her vocalization and guitar playing, the therapist wishes to make the client aware of them and hereby control them. One

³⁹⁵ All of the following citations are collected from part 3.

way to read this is that the observer thinks that the therapist's actions realise the intention in the client to control and master his movements.

Observer no. 7 describes it rather differently from the others. In contrast to observer no. 5, for example, he/she thinks that the client is in control and that he therefore acts consciously. He/she thinks that the client moves his hands in a demanding way when the therapist stops playing (in bar 24), as if saying, "Don't stop - I want the music to continue". Then, when the client raises his hands, the observer concludes that the client recognises the pitch differences as well as the basic musical structures. Hereby he/she guesses that the client, by moving his fingers and hands as with playing the guitar, imitates the therapist's guitar playing. He/she therefore tends to understand that the client's arm movements are actions that realise his intention, which through imitating is to be and act like the music therapist.

Observer no. 2 actually indicates that because the therapist "stays with the tension and even pushes on this way", she acts in order to both develop something and move somewhere. As a result, "the client opens his body and lifts his arms, whereby the therapist creates a new space like a climax". This suggests that the therapist's intentions, which are to develop something and move somewhere, realise first her actions as she plays the guitar *and* his actions as he opens his body and lifts his arms. Then again his actions (as he opens his body and lifts his arms) realise new actions in the therapist whereby she musically creates a space like a climax in her playing.

None of the descriptions seem to unify totally with my understanding. This does however not necessarily mean that we disagree. Rather, they are variations of the same "theme" which is action versus intention. I assume that the varied understandings of the theme are a consequence of the fact that this is complex. A point, which seems somehow to support my understanding, is that the observers seem to find this particular section of the music therapy improvisation *challenging* to figure out. This could be interpreted as a validation of my understanding that this event is paradoxical regarding the relationship between action and intention. I assume for example that the latter description made by observer no. 2 supports my understanding to some extent, especially in the sense that the chain of intentions and actions as well as the apparent "confusing" continuum herein, makes this particular section powerful and intense. The observer's choice of concepts such as "tension" and "climax", for example, support my impression here. Also, our starting points are different. Whereas I study the video recording from a specific perspective here, the other observers' descriptions are basically immediate and more open in that

they do not look for something in particular. In contrast to me, they have only had limited time to abstract their impressions and to judge whether their interpretations are contrasting or sufficient.

Ultimately, this suggests that *alone* each descriptive observation cannot prove my idea. However, especially because there is disagreement, even contradiction in the descriptions regarding which intentions or actions create the foreground in this particular section of the video recording, I think that *in sum* they validate my understanding that it is not really possible to point out what comes first here: action or intention. This means that together the descriptive observations, including my own observation and analysis, support the supposition that the music therapy improvisation from the perspective of the action-intention relationship has reached a paradoxical position here.

Later on I will discuss what this could mean in terms of therapeutic potential, but for now I wish to reflect upon other possible perspectives connected to my idea of the focus of investigation as a boundary phenomenon. To me it seems especially interesting to apply certain theoretical aspects of play here.

A play-full boundary

I think that in order for the focus of investigation to appear as a boundary phenomenon, play-like aspects are illustrative. In the following I will explain what I mean by this and what I include in the term *play-like aspects*. I will do this by referring to part 4 where I elaborate upon my comparison between music therapy improvisation and play as a phenomenon.³⁹⁶ In addition I will reflect upon the example of the section involving the client's arm movements.

As we remember, several theorists, including those music therapy theorists to whom I have referred earlier on, claim that the phenomenon of play is a good model for understanding the construction of creative aesthetic actions (Csikszentmihalyi, M., 1990; Gadamer, H-G., 2003; Holck, U., 2004; Leontjev, A.N., 1977; Pavlicevic, M., 2002; Steinsholt, K., 1998; Tønberg, G.E.H. and Hauge, T.S., 2003). Together with other music therapists, I think that this point also pertains to music therapy improvisation (Holck, U., 2004; Pavlicevic, M., 2002; Tønberg, G. E. H. and Hauge, T.S., 2003). In order to explain what I

³⁹⁶ See also my master's thesis (Stensæth, K., 2002).

mean by that, I wish to return to aspects of Leontjev's theoretical perspective first.

As we have seen, because play has the power to elaborate the "conflict" between the two central components in human actions, that is between the *need* to act and *the ways* in which to perform the action, actions rather than results create play's content. Thus, allowing actions to create the foreground in the music therapy improvisation is a play-like aspect. If we define the client's arm movements and part taking as a *need*, the above mentioned play aspect creates an interesting explanation of the event. The conflict, which could also be defined as his "problem", is that the client does not know how to act in order to approach his need. However, when he raises his arms into the air, he finds a way to act and take part and his "problem" is solved. This means that the client, obviously with stimulation from the music and the therapist, manages to work up the conflict between his need to act and a way to act. His arm movements "prove" that.

Another play-like aspect, which I have discussed before, connects to inspiration and contentment. The way I understand music therapy improvisation with this client, action is required to achieve inspiration and contentment, which in turn could lead to transcendent experiences. For me the interesting part connects to the individual's appropriation of these, in which he/she is optimally challenged. Play is again a good image, and curiously, because children are the play "experts", it is possible to glimpse the character of the process by watching them entangled in play. One can literally *see* inspiration and contentment in their faces as the children loose themselves in play. While playing, children reveal great joy and satisfaction coupled with a strong sense of presence, as if the world outside play is non-existent. Also, one sees that the children seek optimal inspiration and contentment through their aesthetic creative being and doing by changing the rules and directions of their playing every other second. This could show how the individual, as he/she is so strongly inspired, is willing to stretch his/her mental and psychical capacity, sometimes even to its very limit. This suggests that inspiration and contentment are characteristic aspects of the phenomenon of play; together they create another play-like aspect. It would seem that this play-like aspect, although not necessarily as intense and engrossing as in children's play, can be transferred to the section of the video recording where the client raises his hands up in the air. From what I can tell, his inspiration and contentment is evident in the sense that the client shows a strong sense of presence. His face has an "absorbed" look and his focus is entirely on the musical actions in that he seems to be, as is

commented in the logs, “full of spirit - always ready to move somewhere musically, always ready for the next step!” I also have the feeling that his capacity, both mentally and physically, is stretched at the moment he raises his arms. Whilst not necessarily stretched to his limits, I take it that he is definitely inspired here. However, because he cannot express his inspiration and contentment in words and because he expresses himself intuitively through his body, it is as if his arm movements become *external evidences* of his *internal experiences*.³⁹⁷

There is however something in this section that could be experienced as somewhat disturbing. As a matter of fact, as a music therapist I recognize this feeling from other sessions too. The disturbing part concerns whether the client gets so challenged that the situation gets unpleasant for him, as if he is frightened and slightly out of balance mentally. How could this be and what does the feeling mean? If we look at my own observation of the section of The Guitar Excerpt, it is described that the client is totally interested, yet at the same time he is rather challenged and pushed by the music therapist. Moreover he becomes “unsure” and “does not know what to expect” from her, “how loud she will play or how intense she will be”, and when he raises his arms he does so “indecisively” in the air as if he does not know where to put them”.³⁹⁸ This impression, one that several of the music therapists in their descriptive observations share with me, suggests that the client is both unsure and *indecisive and* challenged and enthused at the same time. It is as if he stretches his capacity too far. I have come to understand it as *ambivalence*; in fact, I experience it as “carnival ambivalence”, which seems to be a condition created by the music therapy improvisation. Although I have described the term carnival ambivalence in part 4, I will discuss it more thoroughly as a condition in the following.

Ambivalence and carnival boundary

My thought is that carnival ambivalence, even stronger than in the example that I described in part 4, creates an interesting explanation of this part of the music

³⁹⁷ It is described in my analysis that, “his arm movements are his intuitive way of unfolding and expressing himself through his body”. See my analysis of The Guitar Excerpt in part 3.

³⁹⁸ The citations here are collected from the empirical material in part 3, in my observation of The Guitar Excerpt.

therapy improvisation.³⁹⁹ Ambivalence here includes not knowing what to do or not knowing what comes next, despite wanting to know. I will again turn to carnival to explain what I mean.

As we know, Bakhtin describes carnival as magnetic, as in a centrifugal force, because it is extremely attractive for human beings.⁴⁰⁰ I understand carnival magnetism in music therapy improvisation in two ways. One way relates to its position, which is described by Steinsholt as a grey zone between fiction and reality (Steinsholt, K., 1998). When I discuss this perspective, my reflections connect to a philosophical level. The other way in which I wish to approach carnival's magnetism concerns the type of actions involved in carnival. As we know, I have called them carnival actions. Naturally, "materialization" through the empirical material of how I understand these is easier to follow than in the philosophical approach.

Let me first return again to the descriptive observation of the client from the section connected to The Guitar Excerpt where the client takes his arms down. Here, taken from the client column, an example of ambivalence as a condition is literally expressed in the brackets:

Crosses arms again but not as tightly as before, withdraws a little, crosses arms...as if negotiating with himself ("**Shall I let go – or shan't I?**")⁴⁰¹

The utterance in the brackets indicates that the client is both willing and unwilling at the same time. He resists participating despite the fact that he is very interested and ready to act. This shows that despite the paradoxical situation deriving from it, acting on the carnival boundary like this involves taking risks. "Risk tempting" in theories on music therapy improvisation is not a "new" discovery. Theories connected to the early interaction analogy have already ascertained this point. Tønberg and Hauge refer to Trevarthen when they suggest that music therapy improvisation involves different psychological planes and that one of the levels involves the "risk-tempting" testing of the sources of interaction (Trevarthen in Tønberg, G.E.H. and Hauge, T.S., 2003, p. 7). Here too, as in the excerpt from the video recording, the alternation

³⁹⁹ This perspective must be seen from the perspective of the medieval times, which was governed by rigid laws and extreme morality. As we remember, Bakhtin emphasizes that carnival, which was very serious and very joyful at the same time, was the only place where people could work up big issues in life.

⁴⁰⁰ It is interesting, as is shown before, that I have actually used the term "magnetic" in the logs. See part 3 in the logs connected to The Guitar Excerpt or see part 4 in the section entitled "My carnival".

⁴⁰¹ See my observation of The Guitar Excerpt.

between tension and release is recognizable, whether it is between entranced involvement and withdrawal, between surplus and opposition, etc. My impression is however that carnival ambivalence is different; as I have tried to show here, it is a “riskier zone” than the zone created between the mothers and the infants in early interaction.

To illustrate the intensity of carnival ambivalence from other types of ambivalence, I find that the term “conflict”, which Leontjev’s uses in his definition of play, to be useful.⁴⁰² Conflict means struggle or fight and involves a certain level of resistance. This explains that carnival ambivalence could be rather demanding for the client in the music therapy improvisation. For him the music therapy improvisation is not just for fun; rather it is hard work. The feeling of resistance could possibly explain why the client’s reactions are characterized as exacting and difficult in the moment that he discusses with himself, “Shall I let go – or shan’t I?” The interesting part is that for him, a point that is a real paradox, by letting go he overcomes ambivalence and his own resistance and regains control.

It is interesting to relate carnival ambivalence to my idea concerning the action – intention axis. What happens with the action – intention relationship when the client steps out of the carnival spectacle? Apparently, since the participants’ focus is still on the carnival, stepping out of the spectacle is not stepping out of carnival. This means that actions and intentions, although they are not realised during the moment of ambivalence, are still present. However, I imagine that as he steps out of the spectacle and withdraws, the client *suppresses* the relationship between actions and intentions. But when he raises his arms, he steps into the spectacle again, and at the same re-vitalizes the tension of the action - intention relationship.

It seems to me that carnival allows its action performers to be *too* challenged, *too* stimulated. This *could* create the feeling of anxiety and being out of control. Is this what the client feels in the moment before he raises his arms into the air? Since it is difficult to say precisely what the client feels, especially seeing as he cannot express it in words, I suggest first approaching his reaction as a consequence of moving on the carnival boundary. Probably carnival’s constant change of strategies for actions, which is also a play-like aspect, explains why it involves intense and all-embracing actions. This shows that taking part requires a great deal of devotion and interest from both the client and the therapist. Meanwhile, because carnival is freedom based, he can

⁴⁰² See my presentation of play in part 4.

go to and fro. This means that he can move unrestrainedly in and out of the carnival spectacle as he wishes. My idea is that the carnival boundary, next to upholding carnival's magnetism, stimulates his participation and involvement. This means that he must constantly balance his participation and involvement in order to maintain optimal interest. A consequence herein is that he could be "over-stimulated" every now and then.

When I transfer these thoughts to the live setting in the empirical material where ambivalence occurs, it seems to me that the client is indeed over-stimulated in the short moment before he raises his arms. It could be that over-stimulation explains his need to withdraw. In the logs it is described how he also negotiates with himself here. Perhaps he even discusses his action possibilities versus his action capability in this self-negotiation? This suggests that he does not just ask himself "Shall I let go – or shan't I?" He also questions, "In what way can I continue – what are my options here?" Interestingly, here too is a paradox; the latter question excludes the first question, since obviously he must participate before discussing how to participate.

By this I do not intend to show the contradiction in the client's actions; rather I wish to show that music therapy improvisation, like carnival, can be extremely attractive for the client and the therapist. Therefore the intensity also sometimes creates carnival ambivalence. This could mean that for the client, such as is the case with the one participating in the present project, could sometimes experience the music therapy improvisation as challenging and confronting, yet at the same time supporting and inspiring. It seems to me that observer no. 1, in his description where he tries to feel the music therapy improvisation from the perspective of the client, validates my glimpse of carnival's magnetism in the video recording when he says, "I (client) experience how fun the music sounds and feels from the physical vibrations to the colours it brings to my mind [...] Each chord or beat, each phrase is for me, under me, supporting me, but also pushing me".⁴⁰³ Evidently, by putting him/herself in the position of the client, the observer experiences being held in the pushing. Herein is an important point, especially when seen with the eyes of a therapist. This point concerns the possibility for the client to actually withdraw. Although he is challenged, he is not forced into demanding experiences. This means that amidst tensions, intensity and magnetism, the client is actually *free* to take a step outside the spectacle. He is free to let go of

⁴⁰³ See observation no. 1 in appendix D.

it, which is probably what he does when he “withdraws a little, crosses arms...as if negotiating with himself”.⁴⁰⁴ The impression given is therefore that the client senses this option. Also, the therapist senses that he senses this. Ultimately this shows that music therapy improvisation, as in a carnival boundary, involves a delicate balance between too much and enough stimulation. It also shows that its freedom-based starting point becomes a qualification through which to enter the music therapy improvisation.

Eventually, it seems as though carnival is a fitting image for music therapy improvisation. Because of its attraction, which Bakhtin calls carnival’s centrifugal force; the client and the therapist are willing to take large risks to be in it. For me, this moving on the carnival boundary, in and out of the “spectacle”, or in and out of strong tension and release, explain how they provide new perspectives regarding what to and how to do it. As carnival actions it is exposed how the music therapy improvisation moves the focus away from the rule based and the strictly planned. Moreover it is process centred, an aspect which is also play-like. As I have suggested in the theoretical part, it is about creating and staying within an interesting here-and-now.

But what does the image of carnival do with the role of the music therapist: Could she, for example, be the jester?

Is the music therapist a jester?

As we might know, initially a jester was a professional clown employed to entertain a king or nobleman in the middle ages. The jester’s role was to amuse them with jokes and to create a pleasurable atmosphere. Obviously, the music therapist’s role could be related to that of a jester’s since she too must make sure that the atmosphere in the carnival-like music therapy improvisation is joyful and pleasurable. Yet, her role includes more than that. She must above all make sure that the client feels safe entering the carnival. This is part of her responsibility, which she must keep in mind whilst securing a joyful and pleasurable atmosphere. Her attention is therefore at two places simultaneously. One could say that the music therapist is “Janus-faced”, because she must look in two directions at the same time.⁴⁰⁵ An intriguing question is: How does the music therapist experience her double role as the responsible one and a Jester in

⁴⁰⁴ See part 3 in my descriptive observation of The Guitar Excerpt, client’s column.

⁴⁰⁵ Janus was an ancient Roman god of doorways, of beginnings, and of the rising and setting of the sun, usually represented as having one head with two bearded faces back to back, looking in opposite directions, one young and one old. Consequently, a hypocritical person is often called “Janus-faced.” (<http://dictionary.reference.com/browse/Janus>, retrieved 07-09-11)

this part of The Guitar Excerpt where the client experiences carnival ambivalence? To grasp the music therapist's thoughts from within the live situation, it is interesting to review what it is described in the logs immediately after The Guitar Excerpt:

I become aware of my own feelings; that it is time for me to move on, that it seems impossible for me to stay any longer within this intense mode and that I need air - I need to "breathe". Doesn't he need to "breathe" too...? I become aware of my own pushing, "Is this too much for him?" "Can I go further?" I wonder if I am being too intervening, too "invading"? Yet I sense that he is safe, that he knows what to expect and I find that it is time to open out and to offer him an instrument - ⁴⁰⁶

Apparently, the citation shows that the therapist intends to secure that the client feels safe as she listens attentively. It also shows that she is aware that the music therapy improvisation, which is in "an intense mode", moves on a carnival boundary. She also senses that the client might feel insecure, even over-amused, and she is aware of her own actions and how they affect him. When she questions her own pushing, she even admits that she might cause the ambivalence he experiences.

One could say that the music therapist during carnival ambivalence questions her own role as a Jester. Does she make it too amusing for him? She also question whether she over- or under-attunes the client's emotions. Like a responsible mother she apprehends the dynamic forms of the client's actions and hence has a sense of his internal state.⁴⁰⁷ Yet, in contrast to the role of a mother's, the music therapist is not so consolidating. Whereas the mother all-embraces the infant with her body and mind, the music therapist's focus is another. It is very much on the client's actions, whatever these might be. It seems as if the music therapist confronts the client's actions musically and hereby creates a way for her to enter the carnival spectacle.

As we can see, the music therapist's role includes much more than just that of a jester's. I therefore think that it is meaningful to call the music therapist a *companion* and an *accompanist*, as Ansdell and Pavlicevic proposed earlier on. This means that the therapist does not only accompany the client's actions in sound; rather the therapist accompanies the life of the client too.

⁴⁰⁶ See the logs entitled "After The Guitar Excerpt" in part 3.

⁴⁰⁷ See my discussion in part 4 or Pavlicevic, M., 2002, p. 2.

Merging related aspects

So far I have discussed which aspects in the empirical and the theoretical material could support my intuitive impression regarding the focus of investigation being a boundary phenomenon. It seems to me that merging several of these aspects could be meaningful. I think that for example the perspective concerning the relationship between action and intention relates to play aspects, whereas carnival creates an image of the sum of these two. As I have inferred in the introduction to this part, this means that music therapy improvisation and its relationship to action exists in the tension between the *different* forces within these perspectives. In the following I will reflect upon how I think this could be put together.

Let me start out by discussing the play-like aspects, which I find to be crucial. As I have suggested, music therapy improvisation, like play and carnival, seems to work through the “conflict” between the two central components in human actions; that is between the *need* to act and *ways in which* to perform the action. The conflict suggests that there is a tension between the need to act and ways to act, as it is shown in the following figure:

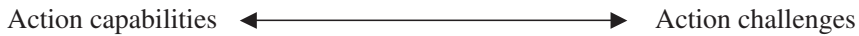
Figure 6: *Tension between the need to act and ways in which to act*



Yet, as we know, inspiration and contentment is also crucial herein. In order to adapt the influences from Csikszentmihalyi’s thinking to my understanding here, I will relate the individual’s challenges to act *versus* his/her capability to act.⁴⁰⁸ In fact, in my understanding there could be tension between these as well. Hence I suggest, as I have done before to draw a figure with an arrow that indicates a tension between actions as capabilities and challenges:

⁴⁰⁸ For more on this see Csikszentmihalyi, M., 1990.

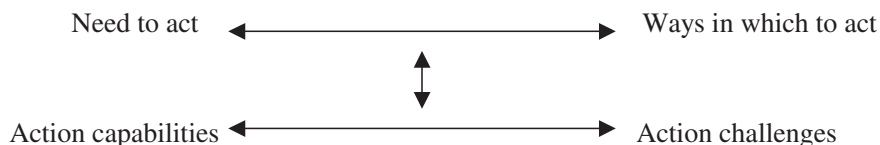
Figure 7: *Tension between action capabilities and action challenges*



I am aware that the latter figure is somewhat similar to the figure before in that concepts like action ways and action capabilities relate to one another. However, the two figures describe different phenomena. Whereas action needs and action ways relate to general and foundational psychology, as in Maslow's theory of self actualization, the latter figure describes a condition which comes after the foundational level. In fact, it describes what it takes to provide inspiration and contentment, which is a presupposition for the individual to act freely and willingly. Apparently, this is something that differs from person to person. The client participating in the present project is physically and mentally handicapped and therefore needs help and preparation regarding this point. His action challenges are for example directly connected to the help he gets; in fact, his action challenges could be seen as a consequence of the music therapist's ability to incorporate his actions into a musical whole. Thereafter, in order to create a tension his action challenges must match, or even go against, his action capabilities, which in turn depend on his developmental age and aspects such as sensory apparatus and physical and mental capacity.

Although the figures describe different phenomena, they also interrelate. The tension between the client's action capabilities and action challenges, which we know explains how to approach inspiration and contentment, also depend on aspects such as need to act and ways to act. This means that the client will not act if he cannot feel a need to act; nor does he act if he cannot find a way to act. Thus, since both of the figures seem to relate to one another, I suggest drawing an arrow indicating a tension between them. This creates another figure, which could be drawn as follows:

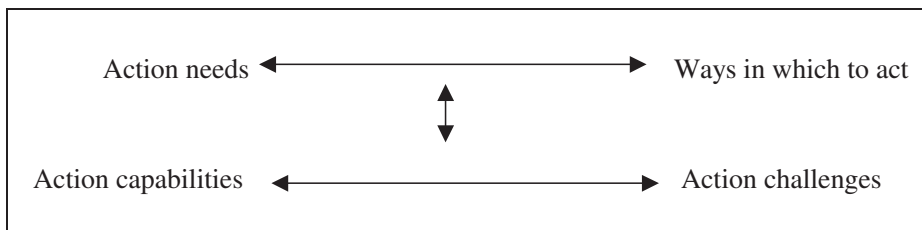
Figure 8: Relationship between the tensions mentioned above



This figure does not just explain the construction of the client’s actions; the music therapist’s actions are constructed similarly. To unfold intuitively and with enthusiasm, yet with a different physical and mental point of departure, her actions depend on the same tensions. Eventually, by drawing arrows between the play aspects, we can see how all of the various aspects “push” each other and even become interdependent in the client’s and the therapist’s actions. One could say that, in sum, the play-like aspects connected to the actions in music therapy improvisation as well as the various tensions created between them, which are all collected in the above figure, creates *a condition* in the action performers. Condition seems thus to be a key word here.

Interestingly, in her book “The field of play” Kenny discusses conditions to be important considerations in music therapy (Kenny, C.B., 1995). From the study of theoretical roots she finds four essential elements, which are: 1) conditions, 2) fields of environments, 3) relationships, and 4) organization/self-organization. Out of these, at least if we are to consider music therapy improvisation as a process-oriented art and science, the least explored element is conditions. She says, “it is important to consider these “conditions” even before the onset of the therapeutic relationship, since they may constitute non-verbal cues in the field” (Kenny, C.B., 1995, p. 40). I agree with Kenny that condition is an important element in music therapy improvisation. However my idea, which is different from how she presents it, is that a condition could be a lurking state of mind that is activated by the situation. I therefore think that by emphasizing the mentioned play aspects, music therapy improvisation activates “play-condition” within the client and the therapist. Thus, in order to gather all play aspects into one entity I will draw a frame around them, as is shown in the following figure, and label it play condition:

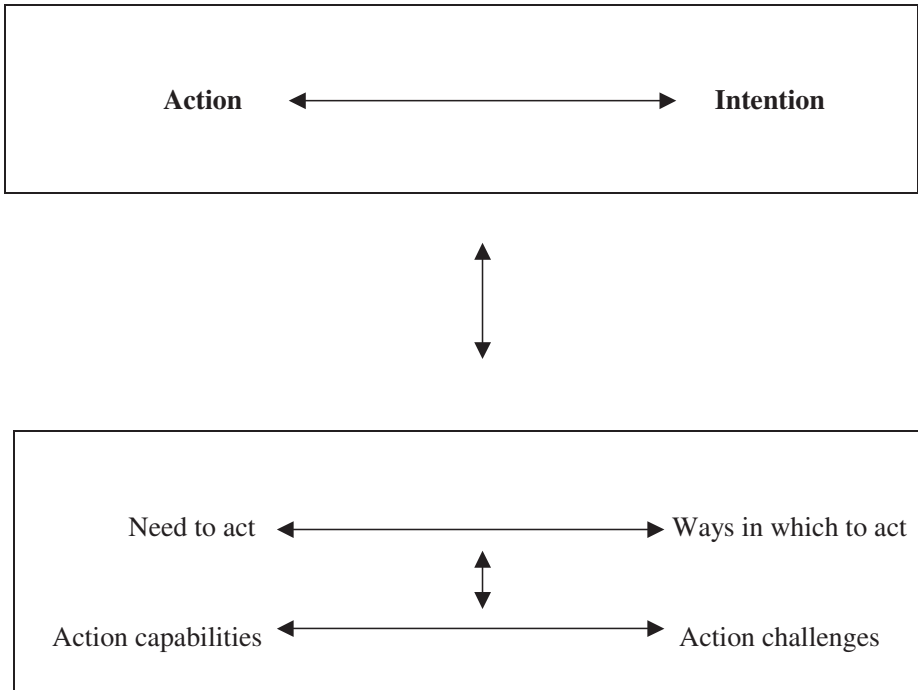
Figure 9: Activating play-condition



Ultimately, this figure shows that for music therapy improvisation to be realised, it requires play condition within the client and the therapist; play condition becomes a presupposition.

Interestingly, since the agenda is to uphold an interesting here-and-now in play-condition, there seems to be a connection to the relationship between action and intention. Moreover I think that the axis, which illustrates how action as a phenomenon finds itself in a constant tension with intention, intersects with the play condition. One could say that play condition creates a background that *allows* the more basic relationship between intentions and actions to occupy the foreground. This suggests that it is possible to connect afore mentioned figures by adding another arrow, exemplified as follows:

Figure 10: Relationship between the phenomenon of action and the activation of play condition



Basically the figure reveals that there is a dynamic relationship between various presuppositions regarding the focus of investigation. This means that in music therapy improvisation the client's as well as the therapist's actions connect to tensions between such as intention, need, possibility, challenge, capability, opportunity, inspiration and contentment. For me, all of these aspects seem to predict each other. What is likely, and as I have tried to show, it is the intertwining of these that enables music therapy improvisation to affiliate action as a phenomenon. This means that the figure shows how various levels of consciousness could be present at the same time *within* the action performers. The action – intention relationship occurs on a phenomenological level and is not something the client or the therapist think about in the music therapy

improvisation. Clients are normally not aware of such as “action needs” either; rather needs are realised, as they are aroused and stimulated for example by the musical interaction. For the client participating in the present project the levels of consciousness are different from a client whose developmental age is higher. Because he mostly acts intuitively and impulsively, his actions seem to be performed without a high level of awareness. He does not worry about his “action capabilities”. This however does not mean that his actions are constructed differently from a person who is more aware of what he/she is doing; rather it means that the client’s attention is different. Whereas other clients’ attentions could be directed towards how to act, for example how to play an instrument, this client’s attention is more connected to the pleasure of acting. For him, it does not really matter how the actions are performed. What does matter is to unfold and experience the actions as so interesting that he wants to continue. As for the therapist, she acts both consciously and unconsciously; in order to accompany the client she must, as suggested by Bruscia before, move between various modes of consciousness.

To materialize these ideas it could be helpful to return shortly to the example from *The Guitar Excerpt* again. Practically, what we see is that the client’s arm movements, next to solving his need to act with a way to act, are also a result of the tension created between his capabilities and challenges to act. To push his action capabilities and action challenges, the music therapist helps him. She performs her help actively and in musical terms. When he crosses his arms and withdraws, for example, she pauses a little before she *accompanies* his dancing arms with flamenco-like playing on the guitar. Her help is also based on the wish to understand him and on her trust in the music to create such understanding. As we remember from my definition of the term understanding, this means that, as she accompanies his actions in sound, she wishes to come to an understanding with him. By listening attentively to what he does she tries to move “somewhere with him musically”, as is expressed by one of the observers.⁴⁰⁹

To abstract my ideas, for example by returning to Bakhtin’s philosophical levels of thinking, I think that carnival is a good metaphor of how the above figure connects to a live situation. I think it visualizes how the perspectives merge and create a carnival boundary. Here, in the zone between carnival and reality, through carnival actions, tension and release, the client can unfold freely. As carnival actions, anything he does will be accepted and dealt

⁴⁰⁹ See observation no. 2 in part 3 or appendix D.

with. In fact, as I understand it, ambivalent and risk tempting actions hold therapeutic potential in the sense that he might experience *regeneration* and *revitalization*.⁴¹⁰ In this sense, his life gets a new direction too. This means that unburdening carnival unfolding, which is not without effort and resistance, holds therapeutic potential. The paradox then is that because carnival remains “unreal”, new perspectives of reality are glimpsed.

So far the reflection reveals that the focus of investigation involves dealing with tensions and “conflicts”, which in turn could lead to release and solution and therapeutic outcome. For this particular client, that is as long as he feels safe and free, ambivalence and resistance could be seen as signs of “health”; they reveal that he is able to get involved while still holding self. The music therapist is responsible for bringing the client’s process in a good and healthy direction, so that he can explore his boundaries. Because this client’s body language is his first language, he will express his experiences through his body, be it arm movements, facial gestures, or vocalization, etc. One could say that externally his actions pave an internal path through which he, with help from the therapist, can understand himself better.

The role of interaction

I will now reflect upon idea no. 2, which concerns the role of interaction. This idea has, as is known, emerged from the empirical material as well as the theoretical elaboration. Here we have seen that the experienced music therapists in their analysis and observations as well as in their theories tend to describe actions in music therapy improvisation *as* interactions between the client and the music therapist, as if their actions are always *directed* towards each other. This could imply that music therapists, in our understanding of music therapy improvisation, find it difficult to separate phenomena like action and interaction. I wish, as a way to define the role of interaction, to discuss the main distinctions between my understanding and those interpretations that are dealt with earlier on in this thesis. In order to clarify this distinction, I will again return to some of the perspectives in part 4.

⁴¹⁰ As we remember, *regenerate* and *revitalize* are the verbs Bakhtin uses to describe carnival.

Action versus interaction

Obviously, knowing what the therapist and the client do in music therapy improvisation is to confront each other with musical actions, it is natural that the role of interaction is such an overriding theme in music therapists' thinking. Indeed, from the therapist's perspective the emphasis on interaction could be understood as a therapeutic consideration. Because music therapists "wish" that the client and the therapist would interact in the music therapy improvisation, we also find this connection. Yet, to look for connections between the actions does not mean that the music therapist and the client share intentions, feelings or internal emotional state. Since these theories seem to create suitable models for the interpretations of such connections, I will again return to some perspectives connected to early interaction. I believe this will create a background of what I mean by the mentioned distinctions between my understanding and others'.

Some approaches, especially those represented by music therapists such as Holck, Tønnsberg and Hauge, and Pavlicevic, are especially appropriate for understanding music therapy improvisation on the video recording collected for the present project.⁴¹¹ By turning to the example with the client's arm movements in *The Guitar Excerpt*, which is an example that I have used to materialize several theoretical perspectives, it is possible to reveal how the music therapist, like the mother, musicalizes and attunes to the client's bodily actions. So far my idea resembles the theoretical perspectives connecting to the early interaction. It also matches well with the results from the empirical material, which I have collected under the heading "musical-relational synchronizing". However, because my research project is particularly directed towards the relationship between music therapy improvisation and the phenomenon of action, other perspectives emerge as significant. For example, in an attempt to isolate action as a phenomenon from music therapy improvisation, it has been possible to develop the action – intention axis. This process has contributed to bringing fourth a crucial distinction to theoretical approaches such as Pavlicevic's theory on *dynamic form* and Holck's theory on *interaction themes*.

In Pavlicevic's theory, because she does not differentiate between action and intention, the impression is given that actions and intentions are one and the same thing. However, as I have tried to show, there is a complex relationship between action and intention. Sharing actions does not imply sharing intentions

⁴¹¹ See part 4 for more information about this.

too. Indeed the music therapist apprehends the dynamic form of the client's arm movements' by expressing their qualities in for example tempo, rhythm and vocalization. This shows that for the music therapist to "affect-attune" depends on the client's actions. Hereby she allows his actions to realise her intention, which is to "affect-attune". This matter need not be a contrast to Pavlicevic's thinking. To be precise, it could be that there is reciprocity of intentions between the music therapist and the client in the music therapy improvisation, something Pavlicevic asserts in her theory on dynamic forms. Yet, my point is that this reciprocity of intentions does need to be *illuminated accordingly and simultaneously in their actions*. Due to the tension between them, actions and intentions *juxtapose* in creating foreground and background. In fact, they change positions continuously. This is a significant point in my understanding. It means for instance that the client and the therapist within the setting could experience the positioning of the action – intention relationship differently. Sometimes, an intention that appears to be near for the client could be experienced as distanced by the therapist, and vice versa.

Curiously, in the logs written in connection to the music therapy improvisation an impulse of a wave-like pattern is described, and I wonder if the waves could symbolize the juxtaposition between actions and intentions that I as a music therapist from within the live situation sense here?

I become aware of a pattern in our interaction, the somehow delayed synchronicity where one of us pulls the other, rarely quiet simultaneously. I see that this creates a "wave-like" pattern: one of us makes a move, a small wave, then the other makes his/her move, a small wave, which comes as a result of the first wave – and every once in a while the waves join and make one big, unified wave! The "wave" idea fascinates me...⁴¹²

It seems to me that the music therapy improvisation moves on like this, as waves so to speak; the positions between intentions and actions juxtapose. This aspect seems to be required to uphold an improvisational character, which ultimately seems to be a crucial point concerning the present research project.

As for Holck's theory on interaction themes, it is especially her incorporation of the term *expectation*, which is interesting here. Expectation, especially when it is connected to actions or music at a purely functional or intersubjective level, makes it possible to recognize a departure from the expected. Apparently, terms like expectation and intention do have much in

⁴¹² See the logs in part 3 entitled "During The Piano Excerpt".

common. To put it simply, when connected to an action, one could say that both phenomena give the action some kind of direction and meaning. Yet, in contrast to Holck, I speak of an *emerging* phenomenon. Through actions, within the process of acting and doing, intentions emerge. Expectation is, at least psychologically wise, a more established magnitude and appears to be a phenomenon that occurs later than intention. However, together the combination of action and intention could create expectation, which I regard as happening often in music therapy improvisation. Therefore, we could say that although there is theoretical distinction between the terms, it is difficult to differentiate between them pragmatically. Hence, expectation is not a distant phenomenon herein; rather it is relevant, but more as a *consequence* of the relationship between action and intention.

Often, which is sometimes the case with the client participating in the present project; the musical aspects could be more interesting than the interaction aspect. His attention is therefore merely on the music. This means that for him, because he is so into the musical aspects, interaction and relation could be “secondary”. Even the music therapist is sometimes a means to fulfil his interest. It is as if she is an extension of the instrument out of which the music comes. Likewise, interaction and relation could be secondary for the music therapist sometimes too. Although she is always aware of the client’s needs and the interaction aspect at some level, the music therapist could also at times focus a great deal on her actions and the music as she loses herself in the playing.

My claim, which I think has been revealed by the action – intention relationship, is that action and interaction are different phenomena and therefore they also deserve to be treated differently. My experience is that actions in music therapy improvisation are not always intended *as* interaction in the sense of being minted on the person sitting opposite. They are carnival actions, performed impulsively and intuitively within a collective setting. To sum up this means that in music therapy improvisation, action and interaction are different yet closely related phenomena. Also, we have seen that some theories, because they seem to focus little on action as a phenomenon and much on the inner status of the action performers, cannot fully explain my understanding regarding the focus of investigation. I need therefore to add other theoretical perspectives. Since the experience of understanding and sharing actions seems to be so crucial, I find that it is meaningful to turn to Bakhtin’s concept dialogue in the following discussion.

A dialogical attitude

Naturally, because they are faced towards each other and approach the music making willingly, the client and the therapist will direct as well as synchronize their actions towards each other. Hereby they will *experience* that they share actions. Interaction in the meaning of sharing could be seen as a *consequence* of their positioning and the inspiration they feel from the music making. This, which could remind of my intuitive feeling from the onset of the present project, suggests that music therapy improvisation *affords a dialogical attitude* amongst those who take part in it.⁴¹³ Do the client and the music therapist from within the live setting show a dialogical attitude? Do the experienced music therapists in their observations of the video recording describe a dialogical “state of mind”? I think they all do. This is especially salient in the way the client and the music therapist *ask questions* within the live setting. Also the descriptive observations and the analysis, which is from abstracted positions, reveal that music therapists *ask questions*. Hence, I will hereafter relate to the dialogical attitude in music therapy improvisation in terms of *questions* and *answers*. This seems meaningful to do of two reasons. One is that I in part 4 have “erased” the idea of a first initiative in the music therapy improvisation. The other is that these terms seem to unify well with Bakhtin’s world of ideas.⁴¹⁴

As we know from his descriptions of the response, Bakhtin would probably have said that a question holds an answer, or a question *is* already an answer. In my context this suggests that music therapy improvisation does not involve a fixed structure but a dialogical activity. In fact, to hold the answer, the question must already be connected to the answer, as a tension, like the one in the action – intention relationship. This could be shown as follows:

Figure 11: *Tension between questions and answers*



⁴¹³ See the first page in the introduction, part 1. Here I assume that music therapy improvisation gives life to a type of “active togetherness”, which both therapeutically and from an existential perspective seems to be especially meaningful.

⁴¹⁴ Bakhtin uses words like *answer*, *answerable* and *answerability* to explain his term, dialogue. I will soon return to his explanation of these terms.

If we relate the figure to the empirical material we have seen, the client, through his bodily utterances and expressions, “asks questions” within the live setting. An example of this relates to the section in The Guitar Excerpt when the client questions “Shall I let go – or shan’t I?”⁴¹⁵ Here he crosses his arms just before he raises them, as in a dance. As we know from before I have described his arm crossing as an ambivalent action. It is as if he, when he lets go of crossing his arms and raises them, actually draws the question mark in the air. Apparently, the client does not direct his question towards the music therapist; rather he directs it towards himself. Thus the interaction occurs not primarily between him and the therapist; rather it seems to be more like an inner speech; between his old and new self. Moreover, by asking he seems already to have answered: When he crosses his arms experiencing ambivalence, one could say that the questioning and the answering are so demanding here that he moves out of the carnival spectacle. Yet, to not move back into the carnival spectacle, which I suppose is what he discusses, is for example not an option. Therefore his withdrawal from the spectacle, as well as his questioning, is paradoxical: Despite raising a question he already has the answer. As in carnival, this shows that the sequence of questions and answers is indifferent. Both are responses of the tension, either to a question or to an answer. The point seems to be to create enough tension to uphold the dialogical attitude.

Also, the same kind of dialogical attitude seems to be present with music therapists who are outside the live setting. Interestingly my impression, which is one that *supersedes* the impression that music therapists define music therapy improvisation *as* interaction, is that way we continuously ask questions about our own understanding. This tendency is for example present in the descriptive observations of the video recording from part 3. A citation from the logs, which refers to the music therapist’s thinking connected to the phenomenological setting, is a relevant illustration:⁴¹⁶

*I get the feeling that we are both apart and together at the same time. Is it C who plays randomly with me, next to me, for him, for me? Does he feel that I play with him, next to him, for myself, for him?*⁴¹⁷

⁴¹⁵ The citation is of course verbalised by the music therapist observing the video recording.

⁴¹⁶ See the descriptive observations done by the experienced music therapists in part 3.

⁴¹⁷ For more see part 3, in the logs entitled “During The Piano Excerpt”.

We can tell from this citation that the music therapist asks herself questions about her actions in the music therapy improvisation and her understanding of them. This could suggest that, alongside thinking in terms of questions, we also tend to ask ourselves *if* - and *in what degree* - there is actually an interaction going on. The citation could also be an example of that music therapists, when we think and act, create self-dialogues. By stretching the metaphor a long way, one could, in terms of my inclusion of Bakhtin's idea regarding the process of ventriloquation, question whether she sees the client as a puppet of herself when she puts herself in his position: "Does he feel that I play with him, next to him, for myself, for him?"

The experience of sharing

Ultimately, a dialogical attitude suggests that the client's and the therapist's actions, when they are performed as questions, already contain an expectation of an answer. Imbued in this interpretation is the claim that their questioning and answering is a way of sharing. For me, the experience of sharing also includes coming to an understanding with someone. Also, if we keep in mind Aldridge's point that synchronizing occurs on both intrapersonal and interpersonal levels, this means that the client and the music therapist through their musical actions and their dialogical attitude create a way in which they come to an understanding with themselves and each other.

If we accept Bakhtin's existential and communicative perspectives connected to his term dialogue, the experience of sharing is basic. Yet, to be able to create sharing, one must first act. Again, this shows how basic action as a phenomenon is; in fact, without action it is difficult to initiate music therapy improvisation. Although sharing and understanding is recognized on an emotional level, this does not mean that the client and therapist must attune their emotions completely. Primarily they must act and wish to act; actions *qualify* experiences of sharing and understanding herein.

Response-ability and respons-ibility

So far we have seen that actions are the basis around which this dialogical attitude is realised. We have also seen that in order to experience sharing, the dialogical attitude is crucial amongst the client and the therapist. Yet, there is a difference in their position and attention. "All" the client needs is actions and involvement. Basically he can do anything, since the therapist, as observer no. 9

says as she speaks with the voice of the therapist from within the live setting, “Whatever comes out from you I’m ready to deal with it”.⁴¹⁸ It seems that for the client, obviously with professional support from the therapist, the music therapy improvisation is about becoming able to answer and respond. One could say that for him, his ability to respond is a central theme. For the music therapist the situation is different. Alongside initiating her own actions and responses, she must help the client to act as well as look for coherence in the sum of their actions. To play with the word response, one could say that the therapist is response-*ible* for making the client response-*able*.

Apparently, answer and response are key words here. Since this is reminiscent of Nordoff and Robbins’ theories where they speak of terms like music child and responsiveness, I will comment on their thinking here. Their term “interresponsiveness”, which together with musical skills and expressive freedom is described at level 3 in their theory on creative music therapy improvisation, could in *practice* relate closely to my understanding.⁴¹⁹ Yet, I view my reflective perspective as fundamentally different from theirs. In contrast to their notion *music child* for example, which is referred to as an inborn musicality and musical sensitivity in every human being, my idea is that the starting point in every music therapy improvisation is not found inside the client or the therapist. Rather, it is found *outside* and *between* them, in their actions. Together with Bakhtin, I view the crucial point to be what people do and what they make of it. Thus, in my understanding the phenomenon of action is prior to any outcome or explanation of the music therapy improvisation. In my imagination action and response are therefore insolubly connected.

Eventually, like Bakhtin I think that every action, irrespective of who performs it, is a response that holds an expectation of another response. Through their actions they both become response-able. However, because the term response-ability sounds somewhat too constructed and because questions seem to be so apparent within as well as outside the music therapy improvisation, I propose *answerability* to cover the same idea.⁴²⁰ The music therapist is responsible, as a helper, companion and an accompanist, for the client’s answerability. Although this belongs to her professional responsibility, she too is answerable. Therefore I consider answerability, rather than terms like dialogue or communication, to be a better concept when describing the

⁴¹⁸ See observation no. 9 in appendix D.

⁴¹⁹ See part 1 or see Nordoff, P. and Robbins, C., 1977.

⁴²⁰ As we shall soon see, answerability is a major term in Bakhtin’s thinking, especially in his earliest texts.

relationship between music therapy improvisation and action as a phenomenon. It reveals that there is a direct connection between the actions in the music therapy improvisation; answering predicts that someone asks questions. In fact, answering requires that someone ask the questions in an understandable way (i.e. my definition of understanding). Answerability is therefore suggested as a consequence of the dialogical attitude and the questioning that is found in the empirical and theoretical elaborations in the present project.

“Musical answerability”

For many clients and especially for the client participating in the present project, it is questionable whether a dialogical attitude could have been equally present if it were not for the music. To maintain interest and to get involved, next to feeling safe and free within the situation, the musical aspect is decisive. The musical aspect is also important for the therapist; it inspires and quickens her to act and to encounter the client. Hence, one could say that for the music therapy improvisation to *afford* dialogical attitude, music is crucial. In the sense that clients’ answerability depends on the *musical* aspects and that the *music* therapy improvisation affords the required dialogical attitude, it seems to me that I am dealing with a *musical* answerability here.

I suggest therefore using *musical answerability* to label the core idea emerging from the present discussion. Not only does it include the philosophical perspectives of Bakhtin’s concepts carnival and dialogue, it also creates a return to the results from the empirical material, which I have called “actions of musical-relational synchronizing”. In the following I will explain what I mean by this. To give a full explanation of why I choose the term *musical answerability* I think it is helpful to return to Bakhtin’s thinking.

Bakhtin’s answerability

In one of the earliest known publications by Bakhtin there is a two page long essay called “Art and Answerability” (Bakhtin, M., 1990). After some pondering I found that the term “answerability” could be meaningful for my understanding too.

To understand Bakhtin’s answerability, which according to the editors and translators of the afore mentioned essay is really a precursor of his concept

dialogue, we must understand his architectonics, which is a way to explain how something is put together. To do so we know that Bakhtin calls for a philosophical thoroughness and an overarching conceptual framework, i.e. his idea of dialogue.⁴²¹ “Only the unity of answerability”, says Bakhtin, can guarantee the inner connection of the main constituent elements of the individual person (Bakhtin, M., 1990, p.1). These elements, which are science, art and life, he/she must integrate into his/her unity. Art is crucial herein. In fact, Bakhtin ends the essay by saying: “Art and life are not one, but they must become united in myself – in the unity of my answerability” (Bakhtin, M., 1990, p. 2). A person must in other words answer with his/her own life for what he/she experiences and understands in art, so that everything he/she experiences and understands will not remain ineffectual in his/her life.

In his repositioning of the Other, Bakhtin embraces addressivity and answerability. Authors and Bakhtin-experts like Holquist and Slaattelid point at addressivity, which in large unifies with answerability, to be Bakhtin’s main idea in his existential project (Holquist, M., 1990; Slaattelid, R. T., 1998). Holquist understand this as follows:

We are alive and human to the degree that we are answerable, i.e. to the degree that we can respond to addressivity. We cannot choose *not* to be – in dialogue, not only with other human beings, but also with the natural and cultural figurations we lump together as “the world” (Holquist, M., 1990, p. 29).

The question is: How does this relate to the focus of investigation? As is already inferred, with the term musical answerability, besides integrating the ideas emerging from the empirical and theoretical elaborations in the present project, I wish to emphasize Bakhtin’s overriding ideas. Eventually, this means that musical answerability relates to at least three levels of reflection. These include 1) the practical relational perspective, 2) the social perspective and 3) the existential perspective. I will begin with the existential perspective and in order to include the client’s voice in the discussion I will refer to his arm movements in The Guitar Excerpt, which should be well known by now.

⁴²¹ As we know, Holquist labels Bakhtin’s ideas as *dialogism* (Holquist, M., 1990).

Musical answerability, an existential perspective

Glimpsing an existential perspective à la Bakhtin, the term musical answerability suggests that the client and music therapist in music therapy improvisation do not just share actions or music; they also share existence as a musical event. In this sense musical answerability connects to the existential project; it is almost understood as a human condition, without which we cannot exist. Two aspects are especially interesting for music therapists. One connects to Bakhtin's inclusion of the area of ethics. The other concerns his term polyphony, which as we know is the musical term Bakhtin uses to reveal the variety of voices connecting to a dialogical activity.

For Bakhtin the ethical aspect is fundamental in existence. As unique human beings in the world we are answerable. We cannot change this and therefore we are also ethically obliged to respond. Holquist understands the ethical aspect in Bakhtin's dialogue as follows:

We are responsible in the sense that we are *compelled* to respond, we cannot choose but give the world an answer, each one of us occupies a place in existence that is uniquely ours; but far from being a privilege, far from having what Bakhtin calls an alibi in existence, the uniqueness of the place I occupy in existence is, in its deepest sense of the word, an answerability: in that place only I am addressed by the world, since only I am in it. Moreover, we must keep on forming responses as long as we live (Holquist, M., 1990, p. 29-30).

The ethical aspect and the idea that we must “keep on forming responses as long as we live” are of course interesting for music therapists. First of all, it gives us a reason for being music therapists. Because we know how to incorporate the clients' actions and realise their answerability, for example through “actions of musical - relational synchronisation”, we could have a professional obligation to do so. Secondly, by doing so, we also contribute to revealing clients' answerabilities for others. By realising a client's musical answerability the music therapist offers him/her a way to be in the world.

For the client our obligation could be crucial. To become answerable, the client depends on someone to understand his/her actions and utterances as dialogical activity. This way the therapist could confirm the client's existence. Interestingly, the word exist comes from Latin to ex-ist, which means *to come*

forth, be manifest (<http://dictionary.reference.com/browse/exist>).⁴²² For the client this could suggest that music therapy improvisation is especially meaningful in the sense that it creates a chance for him/her to come forth. The most obvious way for the client participating in the present project to manifest himself is to move his body, which he does easily with inspiration from music. This could suggest that the characteristic arm movements have a meaning that goes beyond the ability to move a limb. Perhaps one could say that when he raises his arms he also reaches out for the world.

The other issue, polyphony, connects my term musical answerability to existence as a larger dialogical system. In order to characterise how human dialogue involves several voices, Bakhtin borrows the term polyphony from the world of music. I suggest “taking it back” by transferring his understanding of it to this research project’s focus of investigation. The process of ventriloquation, as it has been exemplified and materialized in this project, shows for example how the music therapist or the client in the music therapy improvisation include others’ voices in their actions. These voices could belong to someone from within the setting or from outside it, such as the client’s parents for example. This could mean that when the client raises his arms, he also raises the arms of his parents too. For that matter he could even raise his arms of his cultural background. Hence, polyphony seems also to be a state of mind; it could be called culture centered in that it allows inter-personal aspects to influence the setting. The main point however is that in their actions, polyphony reveals the presence of other dialogical connections than just the one between the client and the therapist.

Musical answerability, a social perspective

To unify with Bakhtin’s world musical answerability is above all a social project. It is about externalising and internalising and how to become part of a larger community. The experience of sharing is therefore rather crucial. Interestingly, and as many music therapists know, the term community and communication descends from Latin, “communicare”, which means, “to impart, share,” or “to make common” (<http://dictionary.reference.com/browse/communication>).⁴²³ As Bakhtin has already indicated and as has been pointed out several times in the discussions of

⁴²² Retrieved 07-08-31

⁴²³ Retrieved 07-09-01

the theoretical elaboration and the empirical material in the present project, this suggests that the aim in musical answerability is to *experience sharing* by making common, i.e. through “actions of musical-relational synchronizing”. Isolation is its contrast. Hence, musical answerability is in a way also about avoiding isolation. This could suggest that if we use his arm movements as an image again, by moving and raising his arms the client reaches out for *someone*. As we know this need not be the mother. Rather musical answerability, to borrow the words of Ansdell and Pavlicevic, “ “holds together” the mutuality constructed speaking, moving, and “being with” of persons in a social world” (Ansdell, G. and Pavlicevic, M., 2005, p. 200).⁴²⁴

Yet, an important point is that musical answerability can only be realised by action, that is to say my understanding of the phenomenon of action, i.e. the action – intention relationship and the play condition. Thus, action seems to create some kind of theme in this social picture, a *cantus firmus*, so to speak. Curiously, to fit within a social frame, musical answerability could relate to an “orchestral model”, which is a model that was first suggested by Tønberg and Hauge and later on Ansdell and Pavlicevic (Ansdell, G. and Pavlicevic, M., 2005; Tønberg, G.E.H. and Hauge, T.S., 2003).⁴²⁵ In their description of the model, which creates a contrast to the now rather outdated telegraph model, they emphasize coactivity, harmonization and co-regulation in context. Its social use defines the meaning. In addition, the orchestra model makes it possible to define the process of communication as meaning created or shaped herein.

In my perspective, although it includes the characteristics described by Tønberg and Hauge, an orchestra model would also include something else. Obviously its emphasis is on action, which means that the tones are the sounds of the actions. Yet, as we have seen, within music therapy improvisation actions behave in a certain way. They are above all polyphonic and carnival-like, which means that they can be paradoxical, chaotic, playful, dramatic and spontaneous, and they are performed without the presence of an audience. Also, there is no score or conductor. Curiously, since the music therapist interprets him and his actions, the client could be seen as the score. Likewise, because the

⁴²⁴ In their description the authors refer to Malloch here. For more see Ansdell, G., and Pavlicevic, M., 2005.

⁴²⁵ The authors describe music therapy improvisation as a system of communication here. It is important to recap that music, although it can be used to communicate, is not a system of communication in the ordinary sense. The type of communication to which they refer, is something other than information in a linear and mechanical sense, like the telegraph model for instance, where there is a sender, a message and a decoder/receiver (Ansdell, G., and Pavlicevic, M., 2005).

therapist attunes to his arm movements, one could say that he has the arms of a conductor. However, the point here is that to become musically answerable the actions, whether it is the client or the therapist who performs them, must go through dialogization. Thus, in musical answerability an action, already before it is performed and uttered, is a tone in a larger musical work.

Ruud suggests another model. In his description of music therapy improvisation, he views the phenomenon as a miniature social system (Ruud, E., 1998). This view suggests that actions as communication are socially dependant. Ruud describes how it is a live experience of mutual tuning-in through time that happens here and that these could create the experience of a We.⁴²⁶ In the present project this experience could be expressed in the analysis of the video recording where the analyst gets the impression that the musical announcements are not isolated; rather they create a whole.⁴²⁷ According to the analyst, it is not easy to tell from the sound who plays what. Paradoxically, then, the analyst sees that the turn taking is no longer turn taking but two persons playing as one, as We.

Finally, because there are so many possible ways to create an experience of sharing through musical actions, music therapy improvisation seems to be very appropriate in order to avoid isolation. Musical answerability, although it involves a different kind of sharing, could create the feeling of a We. By exchanging actions, new action possibilities emerge. In this sense, Ruud's way of thinking about music therapy becomes an argument for music therapy improvisation. Also, because he makes the society responsible for accommodating the needs of the client, not the other way around, he twists the picture of where the problem lies. Yet, instead of just saying that music therapy improvisation "*increases* action possibilities" as does Ruud, I like to add "and *creates* action possibilities". In music therapy improvisation to increase action possibilities one must first create them, preferably in a joyful and motivating way. Included herein are also the possibilities that some actions are of both rational and less rational kinds. Actions in music therapy improvisation, which really is a part of improvisation as a phenomenon, must therefore not always be understood as deterministic, planned. Rather they are deterministic and non-deterministic, rational and irrational, as in carnival.

⁴²⁶ As we remember, Ruud uses the term We, which he borrows from Schütz, the sociologist (Ruud, E. 1998).

⁴²⁷ See the analysis of The Djembe Excerpt in part 3.

Musical answerability, a practical relational perspective

For the therapist to realise responsibility and the client to achieve answerability in music therapy improvisation, they need a situation that affords the needed dialogical attitude. This means that the therapist's responsibility and the client's answerability are vitalized within each particular situation: they are *situated*. In turn, this means that for the participating client's arm movements to become meaningful depends on how they are dealt with and understood within the context. In this sense, especially when brought into a therapeutic perspective, I suggest that the relationship between music therapy improvisation and action is about how to *improve-a-situation*. This implies that that the arm movements are an example of how the client and the therapist experiment with actions and intentions in order to find meaning. To borrow Ruud's words again, this shows that in music therapy improvisation we "invest our fantasies and test other possible ways of being" (Ruud, E., 1998 p. 179).⁴²⁸ The primary task then, as Bakhtin describes it in carnival, is to bring close, to contemporize, even to ridicule and laugh. In other words one must first deal with the actions within the live situation by actively participating in it before speaking of therapeutic outcome.

What this shows is that musical answerability has a practical aspect. Together with Lorentzen, the psychologist, I suggest therefore that Bakhtin's dialogical perspective in a therapy situation implies a *practical-relational understanding* (Lorentzen, P., 2001). This view suggests that the music therapist must not just meet the client as he/she is, which as is inferred by Nordoff and Robbins, and does not necessarily mean a normalized picture of how he/she *should be*; it also means approaching the music therapy improvisation with willingness and trust so that their actions can unfold freely.⁴²⁹ In this way the music therapy improvisation becomes a dialogical alternative where "actions about" at some level are always "actions between", where "actions between" include all possible dialogical connections between the client and the therapist, their relation and the music.

A practical-relational understanding is also body-based.⁴³⁰ As suggested in my definition of core concepts in the introduction, this means that the body also experiences meaning; hence, meaning is not an entirely intellectual

⁴²⁸ I have referred to this citation by Ruud in part 1.

⁴²⁹ For more on my presentation of the Nordoff-Robbins tradition, see part 1.

⁴³⁰ Interestingly, this could remind us of the old Greek concept "muse", which describes how we express ourselves aesthetically and creatively through both bodies and minds as a whole.

process, rather meaning involves both body and mind. When the client participating in the present project for example raises his arms into the air, his body responds before his mind. His actions create both a practical relating and a reflective practice, a case of Elliott's "thinking-in-action" and "knowing-in-action" (Elliott, D. J., 1995, p. 54). This perspective is certainly crucial for this particular client, because he is without words and basically experiments with meaning through bodily actions. Yet, as an exemplar of many settings where actions create the foreground, this perspective is essential in music therapy improvisation in general.

In practice, as we have seen from the empirical material and theoretical elaboration, musical answerability requires a sensitive adaptation process between the client and the music therapist. The large degree to which pauses are used, including the amount of the time the client and the music therapist use to listen to each other in the video-recorded music therapy improvisation collected for the present project, are examples of this.

A consequence of a practical-relational understanding is that the music therapy improvisation develops in a way that it becomes personal for both the client and the therapist. As suggested in the introduction of this part as an assumption emerging from my intuitive understanding of the empirical and theoretical elaboration, this could explain why many music therapists describe the music therapy improvisation as a shared interpersonal "property". This means that the client and the therapist after some time with music therapy improvisation will have a common personal history, from which their future actions will develop as themes between them. Holck's term "interaction themes" and her research is thus a good description of how this occurs.

For me, the practical-relational understanding embraces music as a possible pragmatic way for therapy. Music offers simply the most obvious possibilities to create the required tensions, through which the music therapy improvisation receives direction and aim; through actions of musical-relational synchronization the client and the therapist become answerable. The "clue" here, which is also a paradox, is that because it is so easy to create order and meaning, music allows more chaos. Yet, by integrating carnival's paradoxical mix of chaos and order, reality and unreality and its possibility to vary and to uphold an interesting here-and-now, the impression given is that there is still a sense of whole. One could say that due to the way music therapy improvisation is cultivated, musical answerability emerges as an obvious option where the client can unite the lived experiences of the musical actions in him/herself and in the unity of his/her answerability. Music therapy improvisation, which is on

the basis of actions, involves a pragmatic solution of how to be “in the process of”.

After having constructed new labels, drawing new figures and suggested what levels of reflection are most pertinent concerning music therapy improvisation and action as a phenomenon, it is time to place my reflection in terms of theory building.

Perspectives on theory building

One claim, which relates to my pre-understanding and the point of departure in the present project, is that to understand the unity of musical answerability one also needs to see how it intertwines with various levels of thinking. To discuss this I find it meaningful to return again to Kvernbekk, the educator and theorist, and her theory on theory building (Kvernbekk, T., 2005). Two perspectives in her theory are particularly relevant. One is her presentation of theory in both a weak and a strong sense. The other perspective relates to her positioning of the middle-range theory, interlevel theory, and the unifying theory, which really is to explain how and why various levels of reflection connects.

Theory in a weak sense and theory in a strong sense

Basically, Kvernbekk classifies theories in two. One is called *theory in a weak sense* and the other is called *theory in a strong sense*. The first includes presumptions, ideas, prejudices and so on. The latter, theories in a strong sense, are empirical and well articulated (Kvernbekk, T., 2005). In the present project, especially to the degree it is based on intuition, tacit knowledge and embodied competence, one could say that my pre-understanding, which is also a presumption, is an example of the first type of theory. It is a theory in a weak sense. However, since an aim throughout the project has been to test out, strengthen and validate my pre-understanding both empirically and theoretically, one could say that I have started out with a theory in a weak sense hoping to end up with a theory in a strong sense. This means that to become trustworthy within a professional perspective, one goal has been to become conscious about all of the aspects influencing the thought constructions concerning the project’s focus of investigation. Some challenges have been more obvious than others during the process. To possess several roles has for

example been rather challenging for me. On one hand the challenge has been to be aware of at what levels of abstraction I operate on as a music therapist and a researcher. This could relate to the problem of voices, which I have discussed in part 3. On the other hand, another challenge has been to become aware of how *theory-loaded* my thinking could be. Research is often thought of as more theory loaded since it involves a large amount of abstracted thinking and theoretical perspectives in the discussions. Yet, my experience is that my immediate and intuitive thoughts, such as those that I have described in my logs from the live setting, could be just as theory loaded. For example, when I see the client's arm movements as Michelangelo's painting "Creation of Adam", I obviously connect the event to a larger whole. It is as if his arm movements turn into a symbol of life itself. As a therapist, this is probably a connection I am looking for. I almost certainly have some theory about the event before the impulse and image of Michelangelo's painting pops up in my imagination. According to Bruscia, the process of synthesizing seems to include many theories, whether these descend from the empirical, the speculative, the descriptive or those theories influenced from established theories, etc. (Bruscia, K., 2005).⁴³¹ Weak or strong, more or less theory-loaded, synthesizing includes all of them.

"Middle-range" theory

I assume that my theory relates most often to that which Kvernbekk calls a "middle-range" theory. As such it is a type of theory that lies...

[...] between the minor but necessary working hypothesis that evolves in abundance during day-to-day research and the all-inclusive systematic efforts to develop a unified theory that will explain all the observed uniformities of social behaviour, social organization, and social change (Merton in Kvernbekk, T., 2005, p. 91).⁴³²

As we can see, a premise is that as middle-range theory it needs to be somewhere in the "middle", on an aggregated level somewhere above the actual phenomenon and below the unifying theory. When I say "above" I mean abstracted from the phenomenological situation in which the live setting takes place. In a middle-range theory some aspects are allowed to create the forefront

⁴³¹ See Bruscia, K., 2005, p. 545.

⁴³² As we can see Kvernbekk applies Merton's definition here. For further information see Kvernbekk, T., 2005.

whilst others must be suppressed. As we know, my theory about the focus of investigation places itself in the mentioned middle, because it preferably deals with limited aspects such as “action” and “the experienced music therapist”. The value of it, as I have inferred in part 2, in the methods, depends on to which degree I have managed to be explicit about the aspects creating the forefront whilst still being aware of the suppressed aspects. I believe that I have managed to discuss the matter explicitly through the presentation and developing of the action – intention axis, and the various other figures that have also been presented.

However, since every observation of an action is situated it is not easily transferred into a system of theory that is based on evidence and empirical data.⁴³³ Kvernbekk, however, argues that it *is* possible and worthwhile to let different levels of theory interact, especially within *semantic* oriented research such as the present study, where the meaning is to be found when the different levels of theory are seen together (Kvernbekk, T., 2005). She suggests the term *interlevel-theory* to explain how this works.

Interlevel theory

Interlevel means “between levels” and Kvernbekk quotes Schaffner when she explains the need for the term:

The main point of the use of the term ‘interlevel’ is to draw attention to the use of different entities at different levels of aggregation functioning in the same theory (or model) (Schaffner in Kvernbekk, T., 2005, p. 88).

Further on Kvernbekk explains the relation between the levels as part – whole relation.⁴³⁴ To illustrate this she explains that a magnitude s2 may be on a higher aggregated than s1 if s1 is part of s2. The qualities connected to s2 are not just the sum of its parts; rather it is better to say that the whole has a quality that differs from the sum of the parts (Kvernbekk, T., 2005). Yet, because the whole is sometimes problematic to define exactly and delimit, a more flexible view of it is required.

In my perspective, although it is rather technical, Kvernbekk’s illustration is meaningful. First it explains how the client’s arm movement (i.e. s1), which is an action within the live setting is understood as an utterance and part of the dialogue between the client and the therapist, could also connect to a

⁴³³ In a positivistic standard the task is not even accepted in the first place.

⁴³⁴ Kvernbekk also relates to Schaffner here. See Kvernbekk, T., 2005, p. 88.

larger whole, which I have called a unity of a musical answerability (i.e., s 2). I have for instance suggested from an existential perspective that when the client raises his arms this could also be seen as a metaphor for him reaching out for the world. This could suggest that his arm movements have an ecological overtone. Interestingly Bateson's concept of context, in which action and utterance create the point of departure, seems to be a fruitful comment to this perspective. He says:

[...] I speak of action or utterance as occurring "in" a context, and this conventional way of talking suggests that the particular action is a "dependant" variable, while the context is the "independent" variable. But this view of how action is related to its context is likely to distract the reader – as it has distracted me – from perceiving that ecology of the ideas which together constitute the small subsystem which I call "context" [...] It is important to see that particular utterance or action as *part* of the ecological subsystem called context and not as a product of effect of what remains of the context after the piece we want to explain has been cut from it (Bateson, G., 1972, p. 338).⁴³⁵

With the help received from Bateson and Kvernbekk, I see that my theory on musical answerability could create a return to my pre-understanding where I view music therapy improvisation as part of an ecological system, which is the way I have described it in part 1.⁴³⁶ This means that an action and an event, such as that of this client's arm movements, influence the construction of the context and the whole. Its parts, which need not be "inside" the whole, put the whole together. Pragmatically understood, this means that his arm movements, which could be a general expression of his enthusiasm and therefore occur also in other settings, construct the whole when they are understood as ecology and part of a *unifying theory*.

Unifying theory

A unifying theory is, as its name illustrates, a theory aggregated above all other theories. In order to be able to unify, it often has philosophical overtones. My theory on musical answerability, although it connects to philosophical ideas, such as Bakhtin's terms dialogue and carnival, is not a unifying theory. Yet it is *part* of a unifying theory. As such, it has another role: It is just one of many

⁴³⁵ For more on Kvernbekk's interpretation of Bateson, see Kvernbekk, T., 2005.

⁴³⁶ See part 1 and the section entitled "Defining core concepts".

parts that are needed in order to construct the whole. From my point of view this means that other theories, including other theories on music therapy improvisation such as the theories influenced by early interaction or those adhering to musicology and a term like *musicing*, are for example all parts of the same unifying theory.

Eventually, I think it could be meaningful to place my theory about musical answerability, which of course is inspired by Bakhtin's world of ideas, within a sociological perspective. This suggests that the *unifying* theory could be socialization.⁴³⁷ With inspiration from Bakhtin's sociological perspectives I see that I have acquired a more adequate framework for understanding intricate relations, such as those between theory and practice, or even the relationship between action and intention. In this process the main task has been to connect my thought constructions to the social perspectives, which I have internalized from both the empirical and the theoretical elaborations, and my understanding of Bakhtin's perspectives.

According to Kvernbekk, a meta-theoretical perspective like this allows the incorporation of situational appraisals and personal judgements on the part of the practitioner into the application of a given theory. My understanding of the event with the arm movements is an example of this: Through the reflexive manoeuvres between the empirical material and the theoretical discussions of them, it has been possible to argue that the client's actions provide a picture of what my theory is. As Kvernbekk suggests, it is the different levels of abstraction that qualifies a study such as the present as semantic oriented.⁴³⁸ One could almost say that the explicit studying of the arm movements and the following discussions show how my theory is actually applied. As we see, action is again crucial; it is the glue around which everything is built.⁴³⁹

A synopsis of musical answerability as theory

Musical answerability shows how for a client and a therapist to become musically answerable depends on music and actions. Both because it so inspiring and because it allows many variations of structure and dynamic,

⁴³⁷ A term which is more common within music therapy theory is "general theory" (Bruscia, K., 2005; Aigen, K., 1991; Kenny, C.B., 1989). See for example articles of any of these authors in Wheeler, B. (Ed.), 2005.

⁴³⁸ According to Kvernbekk, this is for example in contrast to positivistic research, which, intentionally, does not have these levels of abstraction (Kvernbekk, T., 2005).

⁴³⁹ As we remember, Skårberg, the music theorist, uses the term "glue" when he defines action within music therapy. See part 1 and the section entitled "Defining core concepts".

music is very appropriate. When musicalized in music therapy improvisation the actions have a form, which is reminiscent of Bakhtin's carnival; they are freedom based, fragmentary, chaotic and paradoxical, even ridiculous and ironic, but also fulfilling and pleasant. Its strong attraction and feeling of presence causes carnival's absorbing interest. Herein, in the sense that it could be *too* stimulating, it also causes the experience of ambivalence.

To see a connection between his/her actions a music therapist's competence is required. Yet the therapist must also act in order to approach a client's need to act and create. In the empirical material we have seen that this process is characterized as "actions of musical-relational synchronizing". However, as we have seen, this does not necessarily mean doing the same. In my idea of musical answerability, rather than complete synchronization, the process *towards* synchronization is emphasized, since doing the exact same thing at the exact same time is not interesting, especially not in the long run. In this sense, aspects such as participatory discrepancies and the process of ventriloquation, both of which I have discussed in part 4, are essential. Basically, they show that my idea concerning the focus of investigation is not to mirror or to become identical with the person sitting opposite. Rather, to develop musical answerability, individuals with different personalities must take action towards each other. An answer, because it holds the intention to share and understand, is always personal and quaint.

The word *between* has been crucial. For instance, to uphold an interesting here-and-now amongst the participators requires a balancing between tensions. This could relate to the tension between reality and fiction, overattune and underattune, challenging and too challenging, structure and chaos, rational and irrational, tension and release, and between whole and part, etc. The most evidential tension, at least if the idea is to maintain an improvisational character, is however the tension between action and intention. This tension, which relates directly to play condition, is needed to allow meaning to emerge within process.

Evidently, musical answerability suggests that meaning is not found entirely inside the head of the client and the music therapist; rather it is created between them, through actions and between their actions. Musical answerability is a discourse in which the action performers can describe and re-describe, agree and dispute, construct and contest their actions musically. As such, it holds that there is not such a thing as *one* meaning or *one* answer. Rather there is an orchestral polyphony of possible meanings and answers. In the sense that they interconnect, all meanings involved have the potential of

conditioning others. They are heteroglot, as Bakhtin would have put it.⁴⁴⁰ To get hold of his/her unity of answerability, the individual must explore the meanings actively and authentically, but also with joy and seriousness.

Epistemological value of the theory

Having outlined my theory on musical answerability, it is time to elevate the elaboration seeking to define eventual epistemological values of it. Because I believe the present research project reveals why and how improvisation is so important in music therapy, I assume that the value of my thinking could have an impact on music therapy as foundational theory. From this perspective, and because musical aspects are rather essential, I find it timely to ask the following questions: 1) Could my theory on musical answerability be *music centred*?⁴⁴¹ This question could be seen as a consequence of the aesthetic creative emphasis in this work and relates also to the discussion over the last ten to fifteen years about music therapy as music-centred versus therapy-centred. The next question concerns whether this work, which is in a general sense, gives reason to rephrase the basic question, “What is music therapy?”

Could musical answerability be music centred?

The music therapist and a spokesman for the music-centred perspective, Aigen, holds that music as medium is one of the bases on which music-centered theory is built (Aigen, K., 2005, p. 56). This claim is influenced by Garred, who suggests that the primary motivation for the client in music therapy improvisation is likely to be connected to the music activity itself, and if it were not, one could hardly experience any improvement of functions following from this activity (Aigen, K., 2005; Garred, R., 2004).⁴⁴² Another statement that Aigen refers directly to, and which I have touched upon before, is this one of Gary Ansdell's: “Music therapy works the way music works” (Ansdell, G., 1995 p. 5). To understand what he means by this the following realization is a good illustration:

⁴⁴⁰ See section about Bakhtin in part 4.

⁴⁴¹ I am aware that I have claimed before that my project is *music therapy-centred* in the introduction. Still, in order to make explicit what I mean with my term musical answerability, I think it is meaningful to frame this question.

⁴⁴² For more see Aigen, K. 2005, p. 58.

What is occurring is that I am becoming aware of the music as a unique manifestation of the client. The duality of person and act disintegrates and I experience the music as the person, not as the symbol or representation. I am living in the music in the same way as I am perceiving the client within his or her music, and while words can be used to later describe what occurred, the entire process takes place on a non-verbal, musical level (Aigen, K., 1991, p. 236).

Apparently, the citation shows Aigen's point, which is that music centred is something music therapists *are* and something they *do*. It also seems as though it connects to the dilemma of translating musical processes to verbal language. I assume that as a music therapist, since my training is influenced by the Nordoff –Robbins tradition, which is one that Aigen classifies as music-centred, my approach is often music-centred. Therefore I agree with him regarding music as a primary motivation in my work as a clinician.

However, I do find it problematic to *centre* my thinking. As we have seen throughout the present research project, there seems to be too many aspects involved in music therapy improvisation to focus solely on one of them. As we know by now, in my understanding action is also a primary aspect. The same goes for relation. I think, which is something I also presumed before the onset of the project, that the role of action has emerged as especially significant through the application of the exemplar, which involves music therapy improvisation with a multi-handicapped boy. Obviously, since this client is without words and because he seems to some degree to be trapped within his own body, some perspectives have emerged as particularly relevant for my way of thinking. An illustration, which could be an interesting contrast to Aigen's aforementioned realization, refers to the logs where I speak as a music therapist from within the setting:

I remember how I perceive his sounds and his body as one expression, an expression that is somewhat chaotic, but full of spirit - always ready to move somewhere musically, always ready for the next step! A question (which I remember has come to me before) emerges: Is this his surplus of energy and action that cries to come out...? I " see" C, all of him; the slim body in the wheelchair, his face with this expectant, interrogative and slightly scared look,

*his arms moving in all directions, and how he suddenly crosses them every once in a while, the centre of his body making small shaking movements.*⁴⁴³

As we can see, I do not music-centre my thinking. Typically perhaps, my impulses emerge as sensations, in which the musical experience of him is one part of it. Yet, to connect to a unifying theory, I do agree with Aigen and his suggestion, which is presented earlier on in part 4, that playing music with others could be a microcosm of the challenge put to all human beings to achieve personal satisfaction within social structures.

A short return to the basic question: What is music therapy?

In the introduction I have discussed the troubles connected to the question: What is music therapy?⁴⁴⁴ For my theory on musical answerability to be valuable for foundational thinking in music therapy I will return to the challenges connected to this basic question.

First I wish to turn to the music therapist and theorist Stige. He thinks that the struggles of creating answers to the basic question can be seen in two ways (Stige, B., 2003b): 1) that it is a practical problem of communication and 2) that it reveals how the field of music therapy is an emerging field, in continuous change. He therefore supposes that a helpful rephrasing of the question is: *What could music therapy be?* Stige probably has a point. Yet I do not believe that a rephrasing of the question solves the dilemmas of the need to try to communicate an essence to the basic question above. Besides, rhetorically wise, a rephrasing does not make the first question go away. Questions that go beyond this are: Why does the confidence the music therapists experience in their clinical work crumble away the moment they need to articulate it?⁴⁴⁵ Could the amount of tacit and embodied knowledge make it difficult for music therapists to negotiate with other professions what music therapy is? Or, are the practices of writing and talking about music therapy not mature enough in the tradition of modern social science? Does this for example make it easy for other and more powerful professions and identities to occupy the space for “musical cures”, as are inferred by Ruud for example (Ruud, E., 2002, p. 147)?

⁴⁴³ See the logs entitled “Before The Guitar Excerpt” in part 3.

⁴⁴⁴ For more about this, see part 1 in the section entitled “Defining core concepts”.

⁴⁴⁵ If this is so, Wittgenstein’s description of “something that we know when no one asks us but no longer know when we are supposed to give an account of it” is fitting here (Wittgenstein, L., 1967, p.42).

I wish to approach the question differently. From a rhetorical perspective, does not asking what music therapy is predict that music therapy is *something*? I assume it is a “something”, which, despite the fact that we might have different experiences with music therapy, needs to appear in related ways in music therapists’ minds. The hard task then is to describe the constants embedded in the experiences and the perceptions connected to the word “what” in the question. Interestingly, the first image that came to mind as I started defining the core concepts in the research project was the picture of the video-recorded music therapy improvisation. Immediately, as the question “What is music therapy?” reached my tongue, the “film” started to run in my mind; I re-experienced so to speak the feelings of the music, the actions, the facial gestures, etc. This experience made me realize that the least important word in the question was “what” while the most important appeared to be “is”. This impulse taught me that the verb and the action-word “is” brings forward the vital images of the authentic micro-level, where the music therapy improvisation actually appears and is present, and where for example the sound of the client is audible and his body/facial expressions visible.⁴⁴⁶ One consequence is that re-words such as re-search, re-present, re-cognition, reflection etc., which appear *after* the events of the “is”, create a contradiction to this realization.

Since only action can determine its presence, I am again reminded of the close connection between music therapy improvisation and the phenomenon of action. For me this also explains why a definition fixed with words on a piece of paper cannot justify the experience of the vital live situation, which as I have inferred above, need not be solely music-centred. Going from a present “is” to the sometimes disturbing “what”, and from the immediate experience to the verbal and/or oral description, implies therefore above all translation of time and perspective. Because theory merely deals with the deterministic components of action, there is a danger of excluding crucial non-deterministic components. This is unfortunate. Therefore, together with Aigen, I question whether a scientific theory built on an unbalanced foundation can address the questions that are relevant to music therapists who deal with the *entire range of human actions* (Aigen, K., 1991).

⁴⁴⁶ I assume that this is the image I want to communicate to the world outside.

PART 6:

CONCLUSION

The phenomenon of action is in many ways to music therapy improvisation like honey to the bee; their connection is inevitable, fundamental and complex, perhaps even too obvious to recognize. Musical answerability has hereby been suggested as a theory that embraces this multi-layered relationship, and as we have seen I have turned to practical as well as philosophical levels of reflection in order to approach my understanding.

First I have tried to describe how actions could “behave” within a music therapy improvisation in order to explain its fundamental aspects. As it reveals the bodily based, fragmentary, and pre-logical, I have found Bakhtin’s metaphor *carnival* to be a suitable illustration. I think that, particularly seeing as the client participating in the present project is without words, the significance of music therapy improvisation as a practical solution to carnival’s idea - which is to actively bring down to earth, to where the bodies appear in an unbroken unit - is brought fourth.⁴⁴⁷ For me this shows that music therapy improvisation, as with carnival, does not negate the serious; rather it purifies and replenishes it, as in serious laughter. Carnival’s image fulfils therefore the aim to show the relevance of both less rational and paradoxical actions. Thus, in order to frame music therapy improvisation as a phenomenon that includes a range of human actions, which I have described in the introduction as part of

⁴⁴⁷ As we remember, many of these words are Bakhtin’s.

the aim with the present project, this work is an argument of how these aspects could predict a rational outcome in therapy.

Secondly, for meaning to emerge and develop, which the phenomenon of music therapy improvisation advocates, exploration and a playful condition is crucial. This is above all required to maintain the needed tension between action and intention, which, despite its surprisingly simple illustration, turns out to be the most profound explanation deriving from the present research project regarding the focus of investigation. Also crucial herein, perhaps due to the way music therapy improvisation is cultivated by music therapists, is also a dialogical attitude amongst the action performers. This is both typical and necessary for upholding interest and for the therapy to receive direction. Music creates an exceptional position herein; the inspiration and contentment, which follows from being musically active, helps the therapist and the client to direct their actions towards each other. Seen from an indigenous standpoint one could say that music therapy improvisation creates a certain type of active togetherness and mastering of dialogical skills, which both pave the ground for therapy. Musical answerability is thus not just a philosophy about improvisation; rather it is also a container for change.

The latter seems to be a principle that applies to any music therapy improvisation. Basically I think this is independent from developmental level or musical skills. The same mechanisms are found in music therapy improvisations with many clients. One could say that, because it reveals an intuitive form of interplay other than that which is influenced by the early interaction analogy for example, and although it is cultivated in a condensed form and with professional care, my theory on musical answerability could reveal how *normal* interaction could be promoted when the starting point amongst one of the parties in the relationship is *abnormal*. In this sense I think musical answerability could explain why music is often therapeutically effective.

Because I have chosen an explorative and subjective procedure in my reflection, I have become aware of the crucial limitations this creates: My text can only be a product of *my* context centre and I can only present it through the rhetorical nature of *my* own writing. I feel nevertheless that my thinking unifies with music therapy as aesthetic creative theory and social theory, since these are both confronted by the same problem: Both wish the individual experience to speak. Words are thus crucial. Yet, words are also fragile (and as we know, Bakhtin's were almost lost). Translation of language and time is however part of the construction job, both for the therapist and the researcher. Interestingly

then, one of the most important personal realizations seems to connect to the word *understanding*, which from both Gadamer and Bakhtin's point of departure requires action and people. As we remember from Gadamer's theory on alethic hermeneutics, it is asserted that understanding involves coming to an understanding with someone. As for Bakhtin, he relates understanding directly to his thinking about dialogue and the existential role of the response herein:

To some extent, primacy belongs to the response, as the activating principle: it creates the ground for understanding. Understanding comes to fruition only in the response. Understanding and response are dialectically merged and mutually condition each other; one is impossible without the other (Bakhtin, M., 1981, p. 282).

In music therapy improvisation understanding is actively and musically performed. Here, answerability is possible because of the music. For a therapist this belongs to her/his responsibility. For a client, because his/her actions and bodily expressions within the context of a setting are interpreted as musical answers, the music therapy improvisation makes him/her answerable. Musical answerability is thus a way to avoid isolation. Observer no. 1, as he/she puts himself/herself in the position of the client - i.e. ventriloquation and loaning another person's consciousness - describes this well:

I (client) experience how fun the music sounds and feels. From the physical vibrations to the colours it brings to my mind. It is holding me but gives me room. It is asking me to help make it more whole, to make myself more whole. Each chord or beat, each phrase is for me, under me, supporting me but also pushing me. I don't find it so easy. I don't always love it, but it is there for and with me...⁴⁴⁸

Finally, because this is the only way in which we could all come to an understanding with each other, this citation, which includes the voice of a client, reminds us of the need to continue to act, play and discuss. This is also the only way we can avoid a final answer, which would be a contradiction to musical answerability as an idea.

⁴⁴⁸ See observation no. 1 in appendix D.

Critique and recommendations for future research

A work of this kind also has its weak sides. In the present project one concerns the criterion of generalising, another the criterion of confirmability and a third the criterion of communication.

Only one school of thought influences my theory and therefore the degree to which it can be generalised can be questioned. Although I like to think that musical answerability reveals foundational aspects, which ought to be recognized by many music therapists with backgrounds in other schools of thought, I cannot know for sure whether my thoughts can be adopted to their set of thinking. Critique could also be raised against my use of video recording as an exemplar, since the experiences and ideas emerging from this music therapy improvisation applies more to settings including multi-handicapped children than other groups of clients. Hence, some aspects could be difficult to generalise. An interesting question therefore is what the results would be in a study with the same research question yet with another client, for example one who has words and can reflect upon his own therapy.

As we know, the work has an indigenous ideal. This could cause us to question the work's confirmability. However, it is important that its idiographic stance does not require comparison; but still, it does question how it is possible to be subjective and objective at the same time without losing trustworthiness. My hope is that the reflexive procedure creates authenticity, which in turn could confirm a sense of "truth" in the work.

The third aspect concerns communication: Do I say what I intend to say? Is my interpretation of others' thinking "right"? When importing theoretical aspects, there is always a risk that the original idea is lost on the way. How well have I for example understood the principles in Bakhtin's thinking? In fact, would Bakhtin even agree to transfer his ideas to a therapy setting? In addition to this, it is also difficult to get around the fact that my voice and my way of telling this story will decide how well my theory is communicated. Is the work itself answerable? Indeed, that is not up to me to decide; rather this responsibility lies with the reader.

For future studies Bakhtin's world is obviously a valuable source for music therapy theory. An intra-disciplinary focus including a detailed study of his terminology could be beneficial and interesting. The practice of music therapy improvisation remains, as Ansdell says, "recalcitrant to discourse" (Ansdell, G., 1999, p. 420). Therefore, in order to explore the complexity of its meaning, a rich terminology is welcome. Indeed, inter-disciplinary studies on

theory are also recommended for future research projects. Perhaps it is time for the field of music therapy to portray its various foundational perspectives, for example by comparing the existing philosophical and existentially oriented studies?

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Appendices overview

- A - C: The scores
- D: The descriptive observations
- E - P: Various forms for participants⁴⁴⁹
- Q - R: Official approvals
- S: Letter to NSD

⁴⁴⁹ Since the content in the forms written in Norwegian are similar to those written in English, I have not translated the Norwegian versions. Also, to include every signed form would make the appendices too large; thus I have chosen to present them the way I initially wrote each one of them. NSD has seen and approved them all.

A (The Guitar Excerpt, p. 2)

rubato **pp** **mf**

Th *rubato* hm hm hm hm hm hm hm hm hm hm *mf* ouh

pp Bm13/A Amaj7 **mf**

3

Cl **f** *Rall.* ouh wouh wouh weeh heun hen hn hn hm hm hm hm hm hm

Th Bm13/A *Rall.*

ff ("goat-like") *Rall.* hm hm hm hm hm hm hou hna gna na na ni uh

Th **ff** Amaj7 Bm13/A Amaj7 Bm13/A *Rall.*

B (The Piano Excerpt)

The Piano Excerpt

$\bullet = 84$

tambourine client

mf

rit.

rall.

voice

mf

na...

rit.

rall.

therapist

mf

rall.

piano

mf

rit.

rall.

6

rit.

tempo primo

rall.

tamb. cl

f

6

rit.

tempo primo

rall.

voice

6

rit.

tempo primo

rall.

th

6

rit.

tempo primo

rall.

piano

rit.

tempo primo

rall.

rit.

tempo primo

rall.

B (The Piano Excerpt, p. 2)

The musical score is divided into two systems, each with three staves: tambourine (tamb. cl.), voice, and piano (piano).

System 1 (Measures 12-15):

- tamb. cl.:** Measures 12-15. Measure 12 has a *mp* dynamic and a triplet of eighth notes. Measure 13 has a triplet of eighth notes. Measure 14 has a *pppp* dynamic and a quarter note. Measure 15 has a *pppp* dynamic and a quarter note. A dashed line connects measures 12-15.
- voice:** Measures 12-15. Measure 12 has a *mp* dynamic and a quarter note. Measure 13 has a quarter note. Measure 14 has a quarter note. Measure 15 has a quarter note. A slur labeled "Legato" covers measures 12-15.
- piano:** Measures 12-15. Measure 12 has a *mp* dynamic and a quarter note. Measure 13 has a quarter note. Measure 14 has a quarter note. Measure 15 has a quarter note. A slur labeled "Legato" covers measures 12-15.

System 2 (Measures 16-19):

- tamb. cl.:** Measures 16-19. Measure 16 has a triplet of eighth notes. Measure 17 has a quarter note. Measure 18 has a quarter note. Measure 19 has a quarter note. A dashed line connects measures 16-19.
- voice:** Measures 16-19. Measure 16 has a quarter note. Measure 17 has a quarter note. Measure 18 has a quarter note. Measure 19 has a quarter note. A slur labeled "ten." covers measures 16-19.
- piano:** Measures 16-19. Measure 16 has a quarter note. Measure 17 has a quarter note. Measure 18 has a quarter note. Measure 19 has a quarter note. A slur labeled "ten." covers measures 16-19. A slur labeled "Staccato Marcato" covers measures 18-19.

B (The Piano Excerpt, p. 3)

Musical score for measures 20-24. The score is arranged in four staves: **tamb. cl.**, **voice**, **th**, and **piano**.

- Measure 20:** **tamb. cl.** has a tremolo. **voice** and **th** are silent. **piano** plays a rhythmic pattern in the bass clef.
- Measure 21:** **tamb. cl.** has a tremolo. **voice** and **th** are silent. **piano** continues the pattern.
- Measure 22:** **tamb. cl.** has a tremolo. **voice** and **th** are silent. **piano** continues the pattern.
- Measure 23:** **tamb. cl.** has a tremolo. **voice** and **th** are silent. **piano** continues the pattern.
- Measure 24:** **tamb. cl.** has a tremolo. **voice** and **th** are silent. **piano** continues the pattern.

Dynamics: **f** (forte) in measure 21, **p** (piano) in measure 24. *rall.* (ritardando) markings are present above the **voice** and **th** staves in measures 23 and 24.

Other markings: 8^{vb} (ottava bassa) in the piano staff, and a double asterisk $**$ in the piano staff at the end of measure 24.

Musical score for measures 25-29. The score is arranged in four staves: **tamb. cl.**, **voice**, **th**, and **piano**.

- Measure 25:** **tamb. cl.** has a tremolo. **voice** and **th** are silent. **piano** plays a rhythmic pattern.
- Measure 26:** **tamb. cl.** has a tremolo. **voice** and **th** are silent. **piano** continues the pattern.
- Measure 27:** **tamb. cl.** has a tremolo. **voice** and **th** are silent. **piano** continues the pattern.
- Measure 28:** **tamb. cl.** has a tremolo. **voice** and **th** are silent. **piano** continues the pattern.
- Measure 29:** **tamb. cl.** has a tremolo. **voice** and **th** are silent. **piano** continues the pattern.

Dynamics: *rit.* (ritardando) markings are present above the **tamb. cl.**, **voice**, and **th** staves in measures 25, 26, and 27. **ff** (fortissimo) markings are present in the piano staff in measures 25, 26, and 27.

Other markings: *(Voice:mm)* in the **tamb. cl.** staff in measure 28. Fingerings **5** and **3** are indicated in the piano staff in measure 29.

Additional markings: *tea* (likely a typo for *tea*) in the piano staff, and a double asterisk $**$ in the piano staff at the end of measure 29.

B (The Piano Excerpt, p. 4)

30 $\bullet = 60$

tamb. cl

voice

th

piano

5.

sfz sfz sfz

35

tamb. cl

voice

th

piano

sfz

Key:

1. beat with open hand
2. softly tapping with the fingers in a fast tempo
3. beat with the fist
4. sound of the tambourine
5. folded arms

C (The Djembe Excerpt)

The Djembé Excerpt

The musical score is divided into six numbered sections:

- Section 1:** Features four staves: voice chant, djembé chant, voice therapist, and djembé therapist. The voice chant part includes a *Vibrato* instruction. Dynamics include *mp* and *mf*.
- Section 2:** A close-up of the djembé therapist part, marked *mf*.
- Section 3:** A close-up of the voice therapist part, marked *p*.
- Section 4:** Features four staves: voice dj, djembé dj, voice th, and djembé th. The djembé th part has a dynamic range from *mf* to *mp*, with a *rit.* (ritardando) marking.
- Section 5:** Features four staves: voice dj, djembé dj, voice th, and djembé th. The djembé dj part has a dynamic of *mf*.
- Section 6:** A close-up of the djembé th part, marked *f*.

C (The Djembe Excerpt, p. 2)

7 ♩ = 58

voice of

djembe of

voice th

djembe th

8

accrit.

rit. Rubato

9 ♩ = 78

C

voice of

djembe of

voice th

djembe th

10

11

12 Rubato

f

p

dang - - pu - la dang - di pu - la da pu - pu pu - ra pu pu - ram p wa - e

13

voice of

djembe of

voice th

djembe th

14

mf

p

pp

m...

pu - la - pu - la pu - la pu

D (Observation no. 1)

Therapist

I am aware of therapist working to be with the client,
in client's world,
to feel what he feels,
join with his challenges.

Musically, the therapist creates a supporting,
inviting, safe, musical space,
while reflecting the client's inner world
(communicating to him that she is with him and hears him) - -
She also offers many opportunities for him to explore his
experience and expressiveness.

She (therapist) imitates,
synchronizes with him (client) in rhythm (e.g. piano and ----
vignette)
Vocalizes to match and change (e.g. guitar vignette, drum
vignette)
And challenges him to communicate and work (e.g. drum
vignette)

She (therapist) uses her musical sensitivity and skill
to "musicalize" his responses,
Giving the whole experience greater aesthetic integrity and
humanity.
She creates many spaces for him to express who he is,
And she listens deeply to him when she does.

D (Observation no. 1, p. 2)

Client

I experience the client is working to be heard,
To be with the therapist,
To communicate,
To trust the relationship –

He is asking: "How is she here with me?"
"Who is she to me right now?"
"How is she hearing me now?"
"What is next?"

I (client) experience how fun the music sounds and feels -
From the physical vibrations to the colours it brings to my mind
It is holding me,
But gives me room
It is asking me to help make it more whole,
To make myself more whole...

Each chord or beat,
Each phrase is for me,
Under me,
Supporting me,
But also pushing me...
I don't find it so easy;
I don't always love it,
But it is there for and with me.

She (therapist) knows who I am - -
She will be patient with me.

Here we are together,
In this sound,
In this song.

You (therapist) are sharing a lot of power with me (client)
Sometimes I'm scared by it,
But mostly very glad how strong it helps me feel,
In the beat with you,
In the melody,
Riding along on the phrases with you,...

My arms struggle but now my arms are music –
They are important,
My voice is important

I am important,
I am loved
I make things happen –
Things that matter –
Things that are beautiful. I made the cadence (piano) with you,
And another,
And another.

I can do it!

D (Observation no. 1, p. 3)

Research participant:

I (participant felt awkward expressing my feeling about the researcher-as-therapist only at first..

Then that feeling passed - -

Then my assumption about reacting to the therapist passed and I felt free to imagine being the client - -

even becoming the music.

D (Observation no. 2)

I see therapist with guitar and client opposite.

Therapist plays oscillating warm chords.

Body tension in client.

Therapist frequently "waits", leaves space, invites response and gives client space for this.

I feel the client is aware at some level – I wonder at what level, and if levels shift from sensing, to impulse to vocalize (move (i.e. levels of awareness are not constant) or if the client needs time to organize body/self.

I notice the therapist matches / or reflects what the client is doing, she is observing the client as a whole but also in detail.

The continuous strumming (guitar) —► a tension builds up.

Client crosses arms, holding self – both protecting and hugging?

Therapist stays with the tension,

leading on – so, both marinating something and moving somewhere.

Client opens body,

lifts arms,

therapist makes a newer space now,

like a climax –

but this is after a silence.

- Piano – minor key. Client tambourine (flicks fingers)

I see and hear the therapist continuing to use many techniques –

Using elements of music and match/reflect and

and hold something of client.

It feels clear what the therapist does.

For the client this means something; facial expression changes, looks intrigued / interested.

D (Observation no. 2, p. 2)

Some ambivalence,

In that client breaks off together-ness.

This is very direct, to match exactly (single beats, strong) –

Client is giving of self, but taking care of self as well.

- Shared drum – conversational; Therapist is direct,
Taking some of body affect in client,
Meeting client directly.
Interesting where therapist withdraws the drum –
Is it to catch client's attention?
Is it something they both know about from before?
Is it to signify an end?
I am unsure, but therapist is making some kind of statement,
And in response to client, moves the drum back.

There is a serious quality to this work,

to this being together in the same space.

I feel strength in the client who uses no words to tell a story (narrative)
but who has a huge story to tell.

Something about an undercurrent here –

What big things are inside this client,

And what serious things.

(I would like to write more,

but these are the first impressions!)

D (Observation no. 3)

1. (guitar) The boy responds to the music with his body – his movements (turn of head in particular) are phrased – like a gestural expression of the music. Therapist takes up his staccato vocalisations. His vocalisations are sometimes interspersed at the end of a phrase, as if he is aware of the rhythmic structure of the music. There is a close, established relationship between therapist and the boy – there is a sense of a finely tuned musical, and reciprocal communication between them.
2. I am stuck again by his intuitive sense of phrasing – he waits before responding, he builds tension with his finger tapping on the drum, building to a peak (hits the drum). He shows a well-developed sense of musical shape. (After watching a 2nd time I notice the therapist also waits, holds, and matches).
3. Attuned rhythmic playing – a vocalisation – a synchronicity at the end, both playing together, therapist uses her body to indicate a finale.
4. (djembe) Initial exchange, then the therapist takes more of a dominant role – he sits back, arms crossed (“I can’t get in here”, sort of stance). Then there is a vibrant interchange – equally matched. Vocalisation from therapist begins – at one point the boy takes over the drum (therapist has to pull back), The therapist “holds” with her voice.
5. The boy has an interesting tactile response, pressing into the instrument as an expression of some intensity. He vocalises, therapist makes a flourish. Therapist pulls back from him, challenges (pulls back further, covers instrument). More intense vocalisations from him (“I want to play more”). More intense vocalising on an ascending slide. Tires (rubs face).

D (Observation no. 3, p. 2)

It is evident that therapist and boy have worked together over several years. There is an established communication between them. The boy shows intentional communication – he knows how to communicate musically, he knows how to communicate through improvisation. He has learnt the musical language. The therapist is very attune to his musical expression, but also knows how far to challenge. I get a sense of a strong relationship between therapist and the boy.

D (Observation no. 4)

1. segm: from the beginning: : cl. altern... listening, readiness variety of possibilities of showing intentions and musical realing (movements, tensions, voice) trp: more activating/ ev. mirroring
segm.: trp. activating , but corresponding with cl.`s (ri hand)
musical intentions, increasing eye contact
2. segm.: beginning: 2 professional segn. of thp –
then the cl. gets more creative with diff. Types of
producing sounds on the drum and vocalization
cl. using both hands –
thp. changes to more reacting / answering
cl. shows more intention / power to be active or / and
the thp. allows this
3. segm.: increasing variation also with increasing
body reactions, directed to the instrument
and the thp., listening and ... contact

D (Observation no. 5)

Video

The therapist is waiting for some reactions. Accept the fragmented, reflex impulses of the boy, is responding to the boys movement.

The boy is enjoying and surprised that someone is playing for him and wants to resonate with the music. I like this very much. I see and experience also that the therapist has some desire to have reactions of the boy. In this if feel some very small disturbances in the reverie playing.

The boy is focussed on the sound and not on the therapist and the play is changing when the boy is looking to the therapist.

Alternation between tension and silences (pauses). Like very much how the playing is developing and I feel the warmth of the therapist (like a mother) to the child, without expectations now and feel that the therapist and the boy are enjoying this way of being together. It is nice to look to it and I enjoy the looking to the fragment.

I am surprised that the boy is also reacting with the voice, and this in the same way of the therapist, some time later.

Boy is using his body language and therapist give it some meaning to his non-controlling movements.

Voice and guitar are together, is a good musician and is not playing pure technical, but is full in the play and the boy.

Fragment 2

Singing high, distance is bigger. The nearness in the previous fragment is gone, because of the piano. Don't like the digital sound of the piano (much cooler) and not warm. The boy is trying, in his play, the bridge between the therapist and him. He is more active, but is not really listening to the therapist. Here, the therapist is listening in an active, more communicative way to the patient. The therapist is

D (Observation no. 5, p. 2)

working here harder to meet the patient and I feel that she is now more depended on the boy. I feel that the boy is trying to play something, but feel not the same enjoyment as the previous fragment.

I am surprised that the boy is not in contact with the third person.

I experience that the therapist is more on the level of trying, less space for herself.

More use of therapeutic skills. Is more aware what she is doing.

Boy likes the sensorial experience and the bells of the tambourine.

Music of the therapist is...

Fragment 3

Silence and reacting. Active interpersonal attunement and happiness by the therapist and boy. Therapist is more aware what happened. Voice as confirmation. Therapist is strong and dynamic.

Fragment 4

This I like more the nearness. Playing of the therapist is more enjoyment and is losing herself in a very nice way in the playing, unloading.

Over stimulating of the therapist? Boy is putting himself back, therapist experience this and break off the unloading play. She is very sensitive about this.

The desire of the therapist is still here for contact, answering in music

I would like more the warmth or the open space, I like very much the space at the end of this fragment. Is too short...

I am asking myself why not only the voice, it is more authentic for the patient.

Warm talking of the patient.

Therapist is aware of the video recording and it infected the interaction a little bit.

D (Observation no. 5, p. 3)

Fragment 5

Holding the intermediary object and the voice comes. I like this very much that therapist and boy are holding together something.

Desire of the therapist to have interaction.

When the therapist is using the voice, I hear really herself in the room.

Reacting when the therapist is buzzing. Why not using the voice always? I am missing this when I am identifying with the boy. I like it when I hear the voice of the therapist in this warm and flexible way (very authentic). It is holding everything.

Question and answer playing, boy cannot hold it and then the voice coming in so that the play is sustaining. Interruption of a strange movement of the therapist (hand to head) - cannot understand this.

D (Observation no. 6)

Therapist starts she gets the atmosphere/ minor mode?

Inviting, reflecting, supporting

Initiating, mirroring, contrasts (Why?)

She is listening in a focused way

Using instruments, piano and drums, voice + body language

She uses different elements of music; rhythm, tonality, dynamics

Meter, speed, different register, form

Therapist shows enthusiasm. She is really present + responding to her client. They are making music together.

The therapist responds to or works with the overall character of the client's expression

The client uses his voice (he structures sounds rhythmically

Uses intonation

Both hands together

Separate hands

Head movements, hand to his head

Folds hands, finger movements

Calm moment, crosses arms, head moves

Vocal sounds....various musical elements effects

The client appears to be enjoying the music

Making/ therap. – client interaction as demonstrated

By his participation, his playing – his vocal sounds

His initiation, his spontaneity is expressed. Excitement.

D (Observation no. 7)

1.

First, the boy reacts clearly to the music. When the T (therapist) stops playing the boy starts to move his hands and body in a demanding way like Saying: "Don't stop, I want that music continues" He raises his hands when higher chord (in pitch) comes and we can conclude that he recognises the pitch differences as well as basic musical structures (simple musical forms). He seems also to imitate guitar playing by moving his fingers and hands like playing guitar. Although he can't speak he uses his voice communicatively His right hand is stronger. He has fine motoric dif-Faculties as bodily coordination problems probably can not exceed the middle line of the body nor do different things (rhythms) simultaneously with his left and right hands. Recognizes the basic pulse of the music but cannot – or doesn't want – to maintain the basic pulse more than momentary. When T plays drums (short patterns) the client tends to imitate them with his limited abilities/skills. Able to produce different sounds with the drum (tapping and scratching). Sometimes he puts his both hands very decisively on the chest: there may be a meaning of some kind here: May be: "I don't want this..." but capable to concentrate on musical activities and clearly interested in music.

D (Observation no. 7, p. 2)

2.

There is also dynamics in his playing
(can produce loud and soft sounds).

Interaction between the client and therapist is there.

Much turn-taking and playing. The therapist is rather "active" in the excerpts by changing often her way of playing.

May be it is the only way to keep the client in contact but this

I cannot say for sure because there was not different kind of example with therapist less active. Well., I remember one rather long silence when T waited for the response –

The boy did not hit the drum like being surprised when the therapist is not producing any sounds for a long time.

D (Observation no. 8)

First video segment

Th is trying to meet the client where he is.

She is very turned to his facial expressions and other body language as well.

The preverbal/non-verbal singing is very appropriate to the client's level. When compared to the other sessions, it is not clear what his reaction towards the guitar is. It seems sometimes that he is angry but it might be my interpretation.

When compared to the other video segments, it seems that communication becomes more possible when the client can play, and not when given only the possibility of using his voice.

I loved the guitar playing in terms of volume, dynamics, lack of tonality as well as sensitivity.

Definitely the music has an impact on his body language, but at this stage, one cannot tell exactly what he expresses emotionally; the other video segments show more communicative interactions going on, something that could be more understandable in terms of our feeling as therapists where our client is at in a specific moment.

Second video-segment

Here much more communication is going on.

Communicative interactions such as imitation, initiation, turn taking, synchronization.

His facial expressions are not similar to these that were before.

I loved the playing on the electronic keyboard.

Developmentally the client can respond with a beat.

There is more intentional communication going on.

When Th. is moving to the higher part of the keyboard, would have stayed there with less chords of accompaniment from the left side so one could maybe feel whether there would be a change in the client's response.

D (Observation no. 8, p. 2)

Third video segment

Amazing communication.

Much intimacy because you are both working on the same instrument and also because of the physical distance between you (or no distance, actually).

I loved when Th. takes her chair backwards to see whether he will respond to that and how, whether and how much intentional communication will take place.

I wonder whether there was a client's response to the client's name if it was sung for him as an improv..

In general, I loved the therapeutic approach.

D (Observation no. 9)

There has been a great deal of challenge & confrontational music making on Therapist's part as well as matching, reflecting, waiting for turn-taking etc. The first impression I had for this dyadic part (Therapist and Client) was

- They have both quite strong characters.

The boy has this intensity in his expression both in his playing (often abrupt and fast) & in his gesture. The first Guitar playing brought up what might be his expression if he didn't have his own limitation.

Projective Identification came into my mind.

Delicate balance between leaving enough space for the boy to express himself, then co-operating what his own expression was, extending & developing further – but never go too further leaving the boy alone.

Beautiful work – both therapist & client are able to take each other's musical expression and being.

This reminds me of my first patient in (...).

Similarity & musical dancing & togetherness

..."whatever comes out from you, I'm ready to deal with it"... is the impression I have from Therapist in this clinical vignette.

D (Observation no. 10)

Clip 1.

Cl (client) and tp (therapist) are sitting in front of each other.

Cl. in wheelchair. Th on officechair with wheels. Contact sits in the background.

Cl + tp faces each other.

Tp plays chords on guitar. Cl looks away. Moves body, lifts hand/arm. Makes a sound. (He seemsSeems to like the sound). Smiles. Puts arms across chest for a short while.

Tp start humming in a soft voice

Cl. makes "mmmm". Staccato

Tp. imitates cl's sound in a musical way. Short mmm-melody

Client repeats m-sound

Tp. changes me melody. Sings in staccato way

Tp makes brake before ending melody

Tp. sings the ending after pause when she

Opens up for the client to interact.

Tp makes Spanish-like strums on guitar.

I get the feeling that she teases cl. / want an "answer" from him. She repeats.

Cl. moves head, lift arms, crosses arms in front of chest. Has a firm/closed facial expression, open mouth for a short while. The(n)

He repeats his m-sound.

This is repeated.

Cl. lifts his arms over his head.

Tp plays louder on guitar. Clear beat.

Tp. Makes cl's sound, but in a more exaggerated way. Cl. lifts arms.

D (Observation no. 10, p. 2)

Clip. 2

Tp plays piano.

Cl. plays the tamborine. Hits tamb. With right hand.

Tp starts singing

Tp matches cl's beat

I hear a deep voice. Tp or cl's?

Pause

Tp. start singing, accompagnies with rhythmic

Chords.

Cl. beats the drum, scratches the drum.

Tp. plays rhythmic acc. follows cl.,

imitates his beats with

"triller" on the piano.

Cl. verbalises (a short m).

Tp. changes to softer ways of plays (playing),

Plays discant.

Clip 3 piano a+ tamb.

Tp. + Cl. *plays together in the same beat*

Hits drum + piano in the same beat

cl. makes a higher pitch sound

Clip. 4 (d)jembe

Tp. drives towards cl. with a djembe. When he can reach it he starts playing.

Cl. verbalises (staccato m-sounds)

Cl. scratches the drum skin.

Tp. Has a facial expression like if she wants to tell cl. something trigggy.

D (Observation no. 10, p. 3)

Tp plays a solo on the drum.

Cl. crosses arms. Says "hm". The(n) he
beats vigourisly with right hand.

Tp. Answers with both hands. Imitates
cl's expression.

They begin a longer turn-taking dialogue.

Cl. scratches skin of drum and plays

A solo

Tp. answers boy using her voice.

Clip 5

Tp. Hums. Dialogue on the djembe.

For a moment cl. seems to be very
tense. I have a(n) impression that he
grits his teeth

Tp. Seems to call him back.

Cl. verbalises

The(n) continue dialogue

Tp. imitates his movement when he
touches his hair. Tp. laughs/smiles.

D (Observation no. 11)

Moving between two chords. Patient (P) caught by the music and alliance with the MT (Music Therapist).
Communication – affect Builds up in both p & MT
Immediate attention – non-verbal. Sympathetic confident therapist using simple jazz idiom –
Guitar chord and P looks and smiles
Minor chords juxtaposed with vocalising –
Very sensitive to P. who vocalises (scores...) in response.
P listening. Tremelo by MT causes
P to fold hi arms - as if reflecting /responding.

(P relaxes in silence – MT waites just before tremelo)

Ex. 2

C minor (?) – then to major. Juxtaposes chords, to tambourine playing – P is very engaged. Scratching tambourine (*scores*)
Therapist responding to volume, and affect as if having a conversation
T singing causes P to look up at beginning. A sense she is working with unconscious level of what she thinks it is important to reflect –
In mood, & in musical reflections
Powerful dialogue – using
Dialogue – uses keyboard to
Play together towards end - & makes a cadence. T lifts arms
& P has ended. P very interested in sound & tactile aspect of tambourine.

D (Observation no. 11, p. 2)

Ex 3

T & PDrum – “Roll” on drum &

T seems accomplished in her use of drum – also uses body & posture & vocalising in a really intense dialogue.

Primitive – pre verbal P. (*scores*)

T offers even faster rhythm -

Strength of feeling

Ex 4

vocalising irony? Joviality – before he grinds his teeth, T. then uses whole body to communicate (arms, hands, leaning back) - & facial gestures with her vocalising. Almost intertwined here & most playful in a more expressive meaningful way.

Ex. 1 revisited

T waits & listens, then starts a musical framework on guitar which P can move into, which he does. Close interaction & listening – uses affect attunement (as Mother Infant) – To have non-verbal dialogue. Strumming builds up to emotional expression? Joy/ strong feeling

E SAMTYKKEERKLÆRING VED INNSAMLING OG BRUK AV PERSONOPPLYSNINGER TIL FORSKNINGSMÅL

PROSJEKTLEDER: Karette Stensæth, Norges Musikkhøgskole, Oslo
PROSJEKTTITTEL: "Play-ing music". *A notion towards an understanding of how two vital concepts, Play and Music, may interact in Music Therapy.*

FORMÅL: Formålet med prosjektet er å utdype musikkterapien som felt, særlig innenfor et filosofisk-teoretiske perspektiv. Leken, og særlig lekens egenverdi, blir et utgangspunkt for vinkling og fortolkning av datamateriale. Et kort videoutvalg fra musikkterapeutisk improvisasjon mellom musikkterapeut og et barn danner utgangspunkt for hvordan flere musikkterapeuter fra ulike kontekster og nasjonaliteter vurderer den musikalske interaksjonen.

Innsamling av videoopptak, som det her blir snakk om, kan nødvendigvis ikke anonymiseres, ettersom videoopptak inkluderer "levende" bilder. Dette er forenlig med prosjektets formål (se overfor), som bl.a. går ut på å gi informantene en mest mulig levende og direkte tilgang til hvordan de erfarer, fortolker og snakker om musikkterapeutisk improvisasjon. Videomaterialet oppbevares alltid på forsvarlig måte; nedlåst i arkivskap når det ikke er i bruk. Hvis ønskelig slettes videomaterialet etter prosjektslutt. Prosjektavslutning er satt til 1.6.2007, mens innsamling av videomaterialet det her snakkes om, vil sannsynligvis være gjort i løpet av et lite semester, alt avhengig av om og når alle nødvendige tillatelser blir gitt.

Vi samtykker i å la vår sønn, (...), delta i prosjektet *Play-ing music*.

Vi samtykker i at opplysningene om (...) som kommer frem gjennom de ulike musikkterapeutiske improvisasjonene som dette prosjektet omfatter, kan samles inn og brukes som datamateriale til dette prosjektet spesielt.

Vi samtykker i at utvalgt videomateriale i prosjektperioden kan forevises aktuelle samarbeidsparter prosjektleder vurderer som meningsberettigede. (Disse vil som regel være kollegaer/forskere innen feltet, samt hoved- og biveiledere for prosjektet.)

Vi er kjent med at deltakelse i prosjektet er frivillig, og at vi kan om å få slettet alle opplysninger som registreres om vår sønn, (...)

.....
Sted

Dato

Underskrift av foreldre/foresatte

F INFORMASJONSSKRIV TIL DELTAGERE I FORSKNINGSPROSJEKT

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FORELØPIG PROSJEKTTITTEL:

"Homo Inter Ludens"

A Philosophic Theoretical Study on how Music Therapists describe Music Therapeutic Improvisation, framed in the perspective of Play.

Prosjektlederens innvilgede forskerstipend samt interesse og erfaring med musikkterapi danner **bakgrunn** for prosjektet *Homo Inter Ludens*.

Formålet med prosjektet er å utdype musikkterapien som felt, særlig innenfor et filosofisk – teoretisk perspektiv. Leken, og særlig lekens egenverdi, blir sentral for vinkling og fortolkning av datamateriale.

Det er videre **mitt håp** at dette prosjektet kan ha betydning for musikkterapi som fag ”verden over” spesielt med tanke på at musikkterapi ennå er å betrakte som et forholdsvis nytt fag med en foreløpig beskjeden utvikling av teoretisk og filosofisk forankring.

Om idèen bak:

Utgangspunktet og min impuls til dette arbeidet, fenomenet lek, blir gjerne oppfattet som typisk med sin *spontane og øyeblikksorienterte framferd*, dvs som "uforklarlig", flyktig, improviserende, intuitiv, repeterende, overdreven, obskur, tullete, grensesprengende. Dette er for så vidt karakteristisk for kreative og estetiske aktiviteter generelt, men min *mistanke* (gjennom mer enn 15 år som musikkterapeut) er at musikkterapi, særlig i form av det musikkterapeuter omtaler som (*musikkterapeutisk*) *improvisasjon*, kan virke å være særlig egnet til å *ivareta* og *oppretholde* den nødvendige *spontane og øyeblikksorienterte* karakter som kan være grunnleggende for mellommenneskelig samhandling. Dette kan innebære at *musikkterapeutisk praksis* kan besitte en kompetanse som er *uuttalt* innenfor musikkterapi teori og filosofisk forankring, noe som igjen kan bety at tenkning innenfor musikkterapeutisk (og beslektede) tilnæringsmåter og behandlingsformer bør revurderes.

F (p. 2)

Formuleringen "uuttalt musikkterapeutisk kompetanse" bygger på en hypotese om at musikkterapien påvirker musikkterapeuten, dvs at musikkterapien (praksis) gir musikkterapeuten en (avgjørende) *musikkterapeutisk* kompetanse (teori og filosofi). Hvordan samsvarer ev. dette med det musikkterapeuter verden over faktisk tenker når de observerer det vi kan kalle en karakteristisk dyadisk musikkterapi setting med musikkterapeutisk improvisasjon mellom en klient og en musikkterapeut?

Om datainnsamlingen:

Jeg opererer med **to utvalg i dette prosjektet:**

1) **En videosnutt** (inntil 5 minutter) valgt av tre uavhengige erfarne norske musikkterapeuter som viser en multihandikaped klient og en musikkterapeut (meg) i musikkterapeutisk improvisasjon.

2) **Et internasjonalt utvalg (ca 10 stk) av erfarne musikkterapeuter (10 års praksis).**

Disse musikkterapeuter observerer og beskriver den gitte videosnutt, og dette materialet danner igjen utgangspunktet for min filosofiske og teoretiske bearbeiding.

Bakgrunn for *valg av klient* er at jeg mener at en mest mulig *umiddelbar og spontan* musikkterapeutisk improvisasjon blir enda tydeligere og mer åpenbar i musikkterapi med klienter som er på tidlige utviklingstrinn og som ikke benytter/behersker verbalspråk. Å unngå norsk tale/sang blir også et poeng for et informantutvalg (2) som er internasjonalt. Klienten har hatt musikkterapi med meg over flere år, og jeg vil påstå at vi begge har blitt nokså fortrolige med hverandre i denne settingen. Det er også lagt vekt på at klienten skal ha det godt, og at det ikke skal by på for mye bry for ham eller hans foresatte.

Videoutvalg gjøres ved *persontrianglering*, det vil i denne sammenheng si av tre uavhengige erfarne (min.10 år) norske musikkterapeuter (en mann, to kvinner) med mye faglig og klinisk kompetanse på musikkterapeutisk improvisasjon med klienter på samsvarende utviklingsnivå. Stedet/ de steder i råvideoen som disse informantene (i 1) markerer *sammenfall* av det de oppfatter som *karakteristisk* for musikkterapeutisk improvisasjon, danner det videomaterialet som igjen blir utgangspunkt for neste utvalg (2). Jeg vil presisere at jeg i dette prosjektet ikke skal kartlegge problemer eller begrensninger hos en bestemt klient eller klientgruppe (heller tvert om, kan en kanskje si), men at jeg med et video utsnitt kan skape et egnet utgangspunkt for observasjonene til musikkterapeutene i utvalg 2.

Valg av video som utgangspunkt for datainnsamlingen i 2 er gjort for å komme nærmest mulig den levende praksisen og for å gi informantene en mest mulig aktuell og direkte tilgang til hvordan de erfarer, fortolker og snakker om musikkterapeutisk improvisasjon (se overfor). Grunnen til at jeg foretrekker et *internasjonalt* utvalg av erfarne musikkterapeuter (i 2) er at jeg ønsker å se om der er en slags grunnleggende filosofisk tenkning hos musikkterapeuter *generelt*, altså mest mulig uavhengig av bakgrunn, kultur og kontekst. Jeg kommer derfor til å be om mest mulig *åpne observasjoner* hos 2; de skal ikke se etter noe spesielt eller bruke spesifikke analyse prosedyrer, men heller prøve å beskrive ut ifra umiddelbare tanker, opplevelser og erfaringer på videoutsnittet i 1. Det datamaterialet informantene i 2 kommer

F (p. 3)

med blir utgangspunktet for mine drøftinger og bearbeidinger. Jeg vil for eksempel se om det kan være grunn til å si at der er noe *samsvarende* i disse beskrivelsene og videre vurdere hva det kan bety for musikkterapien selv, nasjonalt og internasjonalt.

Om videofilmingen:

Til stede i musikkterapierommet er i tillegg til klient og musikkterapeut en tredje person. Hun er både *faglig* og *personlig* engasjert i utvalgte klient. Som førskolelærerutdannet med lang erfaring i arbeid med klientgruppen har hun et godt faglig utgangspunkt for sin deltakelse. Samtidig er hun en nær relasjon og omsorgsperson for klienten i og med at hun har vært avlaster for klientsens familie over mange år. Hun vil hjelpe til med litt tilrettelegging under gjennomføring av timene samt være passiv observatør under timene for å sikre at klientens interesser blir best mulig ivaretatt. Klienten har fått fire (5) timer (på ca. 30 min.) med musikkterapi. Disse timene ble videofilmet i sin helhet, dvs at videoapparatet har blitt satt på fra det øyeblikk alle involverte har vært på plass til den enkelte time har vært ferdig. All filming har skjedd ved at to videokameraer i ulike vinklinger har tatt opp samtidig. Det ene videoapparatet er plassert slik at både musikkterapeut og klient er omtrent like synlige i linsen, mens det andre videoapparatet er plassert slik at det fokuserer nærmere mer på klienten og hans mimikk, uttrykk og bevegelser (som enkelte ganger kan være "kaotiske" og litt vanskelige å lese for de som ikke kjenner han godt). Begge videoapparatene er statisk plassert i rommet (; på stativ). Grunnen til at to filmvinklinger er valgt er mest for å sikre et mest mulig rikt videomateriale som ivaretar improvisasjonene fra ulike avstander og at det er mulig å ta klientens reaksjoner i nærmere øyesyn hvis det skulle bli vanskelig å tolke og beskrive. Videomaterialet oppbevares av prosjektleder alltid på forsvarlig måte; nedlåst i arkivskap når det ikke er i bruk. Hvis ikke noe annet bestemmes slettes videomaterialet etter prosjektslutt (som er satt til 1.6.2007).

Generelt:

Siden jeg prøver å unngå for mye forutinntatthet hos informantene i 2, må jeg be deg som utvalgt til 1 om at du ikke snakker om prosjektet inntil den datainnsamlingen er foretatt (som etter planen vil være pr. uke 17 i 2005). Jeg gir beskjed direkte til deg når dette er gjort.

Prosjektet er på forhånd godkjent av klientens foresatte. Norsk samfunnsvitenskapelig datatjeneste AS, Datatilsynet og Regionaletisk komité tilrår prosjektet. Konesjon er ikke påkrevd selv om prosjektet inneholder sensitivt materiale, dette fordi det ikke fokuseres på klienten spesielt men på metode og tilnærming. Dessuten menes klientens interesser å være tilfredsstillende ivaretatt. Deltakere til begge utvalg er bestemt og godkjent, og i tillegg til de allerede nevnte informantene i utvalg 1 er der 11 informanter (alle med lang (min. 10 år) med musikkterapeutisk praksis) i utvalg 2 som representerer henholdsvis nasjonene (...).

F (p. 4)

Du er som deltaker i prosjektet underlagt taushetsplikt (se vedlagte skjema), og du står fritt til å trekke deg fra prosjektet når som helst. Jeg håper derimot at du ser verdien av at et slikt prosjekt kan gjennomføres og håper at også dine interesser som musikkterapeut ivaretaes.

Jeg håper du fortsatt stiller deg positiv til deltakelse ved prosjektet, og takker for velvillig og positiv innstilling så langt!

Med vennlig hilsen

Karette Stensæth,
Prosjektleder
Dato:

G SAMTYKKEERKLÆRING VED DELTAKELSE I FORSKNINGSPROSJEKT

PROSJEKTLEDER:

Karette Stensæth, Norges Musikkhøgskole,
Postboks 5190, Majorstua, 0302 Oslo

Telefon
Arb.: 23 36 72 30 Priv.: 22 55 32 37 Mobil: 99 72 88 13

Mail kst@nmh.no karettes@hotmail.com

PROSJEKTTITTEL:

”Homo Inter Ludens”

A Philosophic Theoretical Study on how Music Therapists describe Music Therapeutic Improvisation, framed in the perspective of Play.

Jeg har mottatt skriftlig og muntlig informasjon og sier meg villig til å delta i prosjektet *”Homo Inter Ludens”*.

Jeg er klar over at i den type videoopptak som det her er snakk om, ikke kan alle opplysninger anonymiseres, ettersom video nødvendigvis inkluderer ”levende” bilder. Dette innebærer at jeg som deltager er underlagt taushetsplikt (se vedlagt skriv).

Jeg har fått tilstrekkelig og nødvendig informasjon om prosjektet *”Homo Inter Ludens”* og har god forståelse av min deltagelse og rolle.

Jeg er kjent med at opplysningene som kommer frem gjennom de ulike musikkterapeutiske improvisasjonene som dette prosjektet omfatter, kan samles inn og brukes som datamateriale til dette prosjektet spesielt.

Jeg er kjent med at utvalgt videomateriale i prosjektperioden kan forevises aktuelle samarbeidsparter prosjektleder vurderer som meningsberettigede. (Disse vil som regel være kollegaer/forskere innen feltet, samt hoved- og biveiledere for prosjektet.

Jeg er kjent med at deltagelse i prosjektet er frivillig, og at jeg kan trekke meg fra prosjektet når jeg vil, uten at dette ikke medfører erstatningsplikt, begrunnelsesplikt eller andre konsekvenser.

Jeg er kjent med at min deltagelse er anonymisert og at opplysninger innefor dette prosjektet ikke kan tilbakeføres til meg som enkeltperson.

G (p. 2)

Jeg er også kjent med at prosjektet er godkjent av klientens foresatte, at det er meldt til Personvernombudet for forskning, Norsk Samfunnsvitenskaplig datatjeneste AS og Regionaletisk komité.

.....
Sted

Dato

Underskrift av fagperson

H TAUSHETSERKLÆRING VED DELTAKELSE I FORSKNINGSPROSJEKT

PROSJEKTLEDER:

Karette Stensæth, Norges Musikkhøgskole,
Postboks 5190, Majorstua, 0302 Oslo

Telefon

Arb.: 23 36 72 30 Priv.:22 55 32 37 Mobil: 99 72 88 13

Mail

kst@nmh.no

karettes@hotmail.com

PROSJEKTITTEL: *"Homo Inter Ludens"*

*A Philosophic Theoretical Study on how Music Therapists describe Music Therapeutic
Improvisation, framed in the perspective of Play.*

Navn på deltaker i forskningsprosjekt:

Fødselsdato:

Jeg er kjent med taushetsplikten etter forvaltningsloven § 13-13f og lover å følge disse.

Jeg er gjort kjent med at taushetsplikten også gjelder etter planlagte prosjektslutt 1.6.2007.

.....
Sted

Dato

Underskrift

I Munnleg informasjon før persontrianglering av video, 17. mars, 2005

Om oppgåva dykkar:

Alle tre skal sitte i same rom men notere kvar for seg. Viss dette opplevast som vanskeleg, kan vi gjere det annleis.

(At de sit i same rom kan jo vere "spekulativt"; de kan sjølvsagt påverke kvarandre. Poenget er at her i denne omgangen er ikkje det så forferdeleg nøye, faktisk.

Det blir ev. viktigare å isolere dei musikkterapeutane som skal vere med i neste utval. Ein kan jo seie at eg kunne ha valt ut alt sjølv men sidan eg er musikkterapeut på videoen, og fordi eg ikkje ønskjer eit altfor sjølvsentrert prosjekt, vil eg gjere det på denne måten.

Grunnen til at eg er med på videoen er at eg er "lettast tilgjengeleg" for klienten og dermed også for prosjektet.

Om triangulering:

Eg brukar ei blanding av eksplorativ (undersøkande) observasjon: dvs noko ope OG systematisk obs., det som kan vere karakteristisk for musikkterapeutisk improvisasjon. De skal markere det de oppfattar som karakteristisk bevegelse(; typisk/representativt) for musikkterapeutisk improvisasjon som tilnæringsmåte/metode. Kva det er, er opp til dykk. De er valt ut nettopp fordi de har stor total musikkterapeutisk kompetanse, både når det gjeld praksis og fag og er "riktig" samansett i forhold til kjønn også.

De skal altså ikkje vere styrt av at de skal vurdere eller analysere videoen eller for den sak skuld sjå etter noko spesielt (som intersubjektivitet eller spesielle øyeblikk). Det skal neste utval gjere meir av, men altså utifrå det videoutsnittet som de tre velgjer. Eg er no først og fremst ute etter handverket og prosessen - eg vil prøve og fange det vi musikk terapeutar ser når vi handlar der og då.

Når markeringa etterkvart er gjort skal vi sjå på kvar det er samanfall av det de tre markerer.

Dette blir til slutt det endelege video materialet. Viss vi får for mykje materiale, må vi gå gjennom på nytt og korte ned. Ca 5 min. er nok, vil eg tru. Det er med andre ord eit nokså ope opplegg som rett nok omhandlar både prerefleksivt og refleksivt, handling og kognisjon, og sånn trur eg det må vere i denne filosofiske samanhangen. Dykkar namn vil vere anonyme undervegs.

Om klienten:

Han er ...og har svakt syn og normal hørsel. Han går ikkje og har til dels uroleg kropp med nokre stereotype rørsler. Han har gått i spesialbarnehage og spesialskole og er ein blid og vital gut som blir veldig stimulert av musikk. Han tar seg veldig ut i musikkterapien.

I (p.2)

Mitt utgangspunkt som musikkterapeut:

Eg kjenner klienten godt gjennom mange år som hans musikkterapeut. Eg er veldig van med video, sidan eg filmar mange musikkterapitimar til eige og bruk. Video er for meg eit hjelpemiddel for å forbetre meg sjølv og forstå musikkterapien betre. Hugs derimot at videoutvalet ikkje skal vise "det beste" av meg; rolla dykkar er å finne klipp som de meiner er karakteristiske for musikkterapeutisk improvisasjon som heilskap.

Om video:

Video viser kropp, den *levande* og den beveglege kropp. Interaksjonen blir synlig, kan ein seie. Eg reknar med at oppstår mange spørsmål, men prøv å unngå dette, finn representative eksempel, om det er sånn eller slik (det at ting kunne vere gjort annleis er vel ein del av det.) Hugs også på at video er fortetting og dermed ikkje gjeldande for alle situasjonar).

J AGREEMENTS CONCERNING CONFIDENTIALITY AND PARTICIPATION RELATING TO RESEARCH PROJECT

LEADER OF PROJECT: **Karette Stensæth, Norges Musikkhøgskole,**
Postboks 5190, Majorstua, 0302 Oslo

Tel:
Work: 23 36 72 30 Home: 22 55 32 37 Mobile: 99 72 88 13

Mail:
kst@nmh.no karettes@hotmail.com

TITLE OF PROJECT: *(cannot be disclosed at this stage)*

I have received both oral and written information about the project and I am willing to participate in it.

I am aware of the following:

- *that the information from the project contains confidential information and I am willing to take necessary precautions to protect confidentiality, especially within the research project's period which ends June 1, 2007. This means that I will not disclose personal information about any person (client or other participants) that is involved in this project.*
- that information about the project has to be limited at this stage in order to keep the pre-understanding at a minimum and to enable me to my more or less *immediate observations and spontaneous interpretations* of a short video of music therapeutic improvisation between a music therapist and a client.
- that more detailed information concerning the research project will be given when all of the data collection has been done (Saturday, April 16, 2005).
- that information from this project will only be gathered and used as data material for this particular project.
- that my participation will be anonymous and that information supplied by me within this research project not can be retraced to me as a person.
- that the data material may be shown to people the project leader can justify as collaboration partners within the research period (usually colleagues, researchers within the related fields, supervisors).

J (p.2)

- that participation in this project is voluntary, that I can withdraw whenever I want and that this will not cause any liability, explanation or other consequences.
- that the research project has been registered to *Personvernombudet for forskning, Norsk Samfunnsvitenskaplig datatjeneste AS*, and I have received an explanation as to what this means.

.....
Place

Date

Signature

K AGREEMENT TO PARTICIPATION IN RESEARCH PROJECT

LEADER OF RESEARCH PROJECT: Karette Stensæth, Norges
Musikkhøgskole,

Postboks 5190, Majorstua, 0302 Oslo

Tel.:

Arb.: 23367230 Priv.:22553237

Mobil: 99 72 88 13

Mail

kst@nmh.no and karettes@hotmail.com

TITLE OF RESEARCH PROJECT: (cannot be disclosed at this stage)

I have received requisite oral and written information about this research project and I am willing to participate in it.

I am aware of that information about the research project has to be limited at this stage in order to keep the pre understanding at a minimum and give my more or less *immediate observations and spontaneous interpretations* of a short video of music therapeutic improvisation between one music therapist and one client.

I am aware of that more detailed information of the research project will be given when all of the main data collection has been done.

I am aware of that the information from the video I am about to see contains confidential information and I am prepared to take necessary precautions (see enclosed scheme).

I am aware of that information from this research project can be gathered and used as data material for this research project in particular.

I am aware of that my participation will be anonymous and that information from me within this research project not can be recalled to me as a private person.

I am aware of that the video material may be shown to people the research project leader can justify as collaboration partners within the research period (usually colleges, researchers within the related fields, supervisors).

L PROCEDURES FOR COLLECTION OF DATA MATERIAL IN RESEARCH PROJECT

Date:

Sex:

Age:

Nationality:

Numbers of years of experience as Music Therapist:

With which groups of clients have you worked with:

If you adhere to any theoretical direction/methodology (e.g. BMGIM, psychoanalytic, humanistic, medical etc.), please specify which:

Please read this sheet carefully before you start the video:

1. Read and sign form for “agreements concerning confidentiality and participation related to research project”.
2. You now have 30 minutes at your disposal and I would like you to use the entire time. During this time you are supposed to observe the video in the machine/computer and write down your observations. The video is ready, all you need to do is press the start button. You are free to observe the video several times or/and wind, rewind or pause it whenever you want to. Please write down your immediate observations in English on the back of this sheet of paper. If you need more paper, there is another pile next to the video machine/computer.

About your observations:

The observations are open/free. That is, try to capture thoughts and impressions that first come into your mind while observing the video and write these down spontaneously. Do not worry about your writing skills. The sentences need not be full and your language does not have to be correct.

L (p. 2)

When you are done with 1 and 2 and the time is up, please put the sheet of paper with your written observations in the box by the door.

3. After you have observed the video and handed in your observations, please open the envelope marked "Questions" and spend 5 - 10 minutes answering the few questions enclosed. Put this sheet of paper back into its envelope and then into the same box as where you handed in your video observations.

Avoid talking to anyone about this research project and your participation in it until all the observations have been collected (Saturday, April 23, 2005).

**I appreciate your willingness to spend time on this.
Thank you very much for your participation in my project.**

Karette Stensæth,
Project leader

M PROCEDURES FOR OBSERVATIONS

The observation is anonymous.

Date:

Sex:

Age:

How much do you know of music therapy from before?

- Nothing
- Little
- Much (If you actually are a music therapist, please tell if you adhere to any specific orientations (GIM, Nordoff-Robbins etc..))

About your observations:

You have 20 minutes at your disposal for a silent observation.

Write in English or Norwegian on the back of this sheet of paper (if you need more paper, wink!).

The observation is **open/free**. That is, try to capture thoughts and impressions that first come into your mind while watching the video and try to write down.

(There is no “correct” way to do this!)

Do not worry about your writing skills. The sentences need not be full or your language does not have to be correct.

When the time is over, I will collect the sheets of paper.

Thank you very much for your willingness to participate!

N AGREEMENTS CONCERNING CONFIDENTIALITY AND PARTICIPATION RELATING TO RESEARCH PROJECT

PROJECT LEADER:

Karete Stensæth, Norges Musikkhøgskole,
Postboks 5190, Majorstua, 0302 Oslo

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Work: 23 36 72 30 Priv.: 22 55 32 37 Mob.:
99 72 88 13

Mail

kst@nmh.no karettes@hotmail.com

PROJECT TITLE:

“Homo Inter Ludens”

A Study on how Music Therapists perceive Clinical Improvisation

Name of participant in research project:

Date of birth:

I am aware of that the project in which I am participating by transcribing the video excerpt (of a clinical improvisation between a multihandicapped boy and a music therapist) includes confidential information. I am willing to take needed precautions, especially within this research project's period that ends June 1, 2007. This means for instance that I will not disclose personal information about any person (client or other volunteers) that is involved in this project.

.....
Place

.....
Date

.....
Signature

O SAMTYKKE TIL UTLÅN AV VIDEO

Oslo (...)juni/juli 2005

A

Vi er positive til at en video som inneholder vår sønn, (...), i musikkterapeutisk interaksjon med Karette Stensæth – kan lånes ut til proff. Jos de Backer i forbindelse med nedtegning av et partitur av videoen.

Vi er innforstått med at en mer formell forespørsel vil komme i løpet av august/tidlig høst 2005.

Underskrift av foreldre

B

Vi ønsker ikke at en video som inneholder vår sønn, (...), i musikkterapeutisk interaksjon med Karette Stensæth – skal lånes ut til proff. Jos de Backer i forbindelse med nedtegning av et partitur av videoen.

Underskrift av foreldre

P AGREEMENT CONCERNING TREATMENT AND USE OF A PARTICULAR VIDEO EXCERPT IN CONNECTION WITH A TRANSCRIPTION (SCORE) OF A PARTICULAR VIDEO EXCERPT

The video recording (approx. 5 minutes), which this agreement concerns, involves a multihandicapped boy, who has no verbal language, and a music therapist in clinical improvisation, and is part of the data collection in a research project called:

“Homo Inter Ludens”

A Study on how Music Therapists perceive Clinical Improvisation

The project period is Aug. 2003 – June 2007 and the project leader is:

Karete Stensæth, Norges Musikkhøgskole,

Postboks 5190, Majorstua, 0302 Oslo, Norway

Tel.: Work: 23 36 72 30 Home: 22 55 32 37 Mobile: 99 72 88 13

Mail : kst@nmh.no and karettes@hotmail.com

The project has been reported to the following Norwegian council:

Personvernombudet for forskning, Norsk Samfunnsvitenskaplig datatjeneste AS and

has already taken on board agreements concerning legal and ethical directions. The

project leader has discussed with the council her wish to loan this particular video

recording to Prof. Jos de Backer and students of the College of Science and Arts,

campus Lemmensinstituut in Belgium in connection with his transcription of this

particular video recording. *Personvernombudet for forskning, Norsk*

Samfunnsvitenskaplig datatjeneste AS says that a transcription like this is approved **as**

long as it is defined within this particular project of which the project leader

already has a contract. This means that the following needs to be specified:

P (p. 2)

- 1) In connection with a loan of the video material, the project leader first of all has to collect **an (extended) agreement with the parents/ guardians of the client appearing on the video recording**. This agreement exists and is attached (together with an English translation) to this document.
- 2) **The project belongs to the project leader: Karette Stensæth**. She owns the rights concerning any use of the video material. This implies also that only she (as the project leader) can present and communicate the video recording at official events such as International congresses, etc.
- 3) Prof. Jos de Backer and his students can use and copy the video material in any way that is needed in order to accomplish a transcription, **as long as the elaboration proceeds within a defined circle of people and that the video material is kept in a responsible way** - and only after all participants have signed the document "AGREEMENTS CONCERNING CONFIDENTIALITY AND PARTICIPATION RELATING TO RESEARCH PROJECT".
- 4) It also needs to be made explicit that **Prof. Jos de Backer becomes responsible for the protection of the ethical standards to which this project has agreed upon**. This means for instance that he, Prof. Jos de Backer, is responsible for the deletion of the video recording when the project period is over, which is for the time being set to be June, 2007. It also means that the video material should be kept on separate units: video VHS, video DVD, or video CD. It is forbidden to save the video material on hard drives on various computers or distributed over the Internet.

As long as the necessary agreements have been made - including a common understanding of the interpretation of these - **it is clear that a collaboration of this particular video material will benefit music therapy research in general and this project in particular**. The project leader (and the client's parents!) therefore both hope and recommend that Prof. Jos de Backer and students choose to transcribe this particular video recording to a score. They are therefore very welcome to participate in this project.

P (p. 3)

I have read the information above. I agree to the statements that have been presented and understand what this means.

Place: Date: Signature: Karette Stensæth

Place: Date: Signature: Prof. Dr. Jos de Backer

Q NSD (Norwegian Social Science services)

Norsk samfunnsvitenskapelig datatjeneste AS
NORWEGIAN SOCIAL SCIENCE DATA SERVICES



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Vår dato: 24.08.2004

Vår ref: 200400925 SS /RH

Deres dato:

Deres ref:

KVITTERING FRA PERSONVERNOMBUDET

Vi viser til melding om behandling av personopplysninger, mottatt 11.08.2004. Meldingen gjelder prosjektet:

11348 *Play-ing music. A notion towards an understanding of how two vital concepts, Play and Music, may interact in Music Therapy*

Norsk samfunnsvitenskapelig datatjeneste AS er utpekt som personvernombud av Norges musikkhøgskole, jf. personopplysningsforskriften § 7-12. Ordningen innebærer at meldeplikten til Datatilsynet er erstattet av meldeplikt til personvernombudet.

Personvernombudets vurdering

Etter gjennomgang av meldeskjema og dokumentasjon finner personvernombudet at behandlingen av personopplysningene vil være regulert av § 7-27 i personopplysningsforskriften. Dette betyr at behandlingen av personopplysningene vil være unntatt fra konsesjonsplikt etter personopplysningsloven § 33 første ledd, men underlagt meldeplikt etter personopplysningsloven § 31 første ledd, jf. personopplysningsforskriften § 7-20.

Unntak fra konsesjonsplikten etter § 7-27 gjelder bare dersom vilkårene i punktene a) – c) alle er oppfylt:

- forstegangskontakt opprettes på grunnlag av offentlig tilgjengelige registre eller gjennom en faglig ansvarlig person ved virksomheten der respondenter er registrert,
- respondenten, eller dennes verge dersom vedkommende er unyndig, har samtykket i alle deler av undersøkelsen,
- prosjektet skal avsluttes på et tidspunkt som er fastsatt for prosjektet settes i gang,
- det innsamlende materialet anonymiseres eller slettes ved prosjektavslutning,
- prosjektet ikke gjør bruk av elektronisk sammenstilling av personregistre.

Personvernombudets vurdering forutsetter at prosjektet gjennomføres slik det er beskrevet i vedlegget.

Behandlingen av personopplysninger kan settes i gang.

Norsk samfunnsvitenskapelig datatjeneste AS

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Ny melding

Det skal gis ny melding dersom behandlingen endres i forhold til de punktene som ligger til grunn for personvernombudets vurdering.

Selv om det ikke skjer endringer i behandlingsopplegget, skal det gis ny melding tre år etter at forrige melding ble gitt dersom prosjektet fortsatt pågår.

Ny melding skal skje skriftlig til personvernombudet.

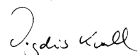
Offentlig register

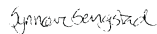
Personvernombudet har lagt ut meldingen i et offentlig register, www.nsd.uib.no/personvern/register/

Ny kontakt

Personvernombudet vil ved prosjektets avslutning, 31.07.2007, rette en henvendelse angående status for prosjektet.

Vennlig hilsen


Vigdis Kvalheim


Synnove Serigstad

Kontaktperson: Synnove Serigstad tlf: 55583542

Vedlegg: Prosjektbeskrivelse

Prosjektbeskrivelse

Behandlingsansvarlig:

Karette Stenseth

Norges musikkhøgskole

Postboks 5190 Majorstua

0302 OSLO

Daglig ansvar/prosjektleder:

Karette Stenseth

Norges musikkhøgskole

Postboks 5190 Majorstua

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11348 Play-ing music. A notion towards an understanding of how two vital concepts, Play and Music, may interact in Music Therapy

Personvernombudet beklager at prosjektet allerede er igangsatt og at det ikke ble meldt til ombudet 30 dager før oppstart.

Formålet med prosjektet er å utdype musikkterapien som felt, særlig innenfor et filosofisk-teoretisk perspektiv.

Urvalget består av et multihandikappet barn og 10 erfarne musikkterapeuter. Førstegangskontakt og rekruttering er foretatt av prosjektleder (jf. punkt a).

Det er gitt muntlig og skriftlig informasjon og det er innhentet skriftlig samtykke fra det multihandikappede barnets foresatte (jf. punkt b). Personvernombudet finner informasjonen som er gitt foresatte tilfredsstillende, men forutsetter at det blir presisert overfor foresatte at opptakene vil bli slettet ved prosjektslutt 31.07.2007. Musikkterapeutene er muntlig informert og vil bli informert skriftlig. Det er innhentet muntlig samtykke, og det vil innhentes skriftlig samtykke ved datainsamling. I taushetserklæringen til musikkterapeutene vil Personvernombudet anbefale at det vises til bestemmelsene om taushetsplikt i forvaltningsloven generelt, og at henvisningen til straffeloven tas bort.

Det blir gjort digitalt videoopptak av fem musikkterapitimer med prosjektleder og det multihandikappede barnet. Fra disse blir det valgt ut representative snutter som settes sammen til en video som forevises de ti musikkterapeutene, som så skriver ned sine opplevelser og tanker om det de ser.

De eneste personopplysningene som registreres er barnets navn samt videoopptak av musikkterapitimene. Barnet er multihandikappet, og dette er å betrakte som en sensitiv personopplysning (jf. personopplysningsloven § 2, punkt 8 c).

Data blir registrert på PC i nettverkssystem tilknyttet Internett. Personopplysninger blir bare registrert på videoopptak. Ved prosjektslutt 31.07.2007 blir videoopptakene og barnets navn slettet (jf. punkt c og d). Det skal ikke gjøres bruk av elektronisk sammenstilling av personregistre (jf. punkt e).

Personvernombudet forutsetter at prosjektet blir godkjent av Regional komité for medisinsk forskningsetikk, og at kopi av godkjenningse ettersendes.

R REK-Sør (The National Committees for Research Ethics in Norway)

Regional komite for medisinsk forskningsetikk Sør-Norge (REK Sør)

Karette Stensæth, cand.phil./musikkterapeut
Norges musikkhøgskole avd. CB
Pb 5190 Majorstua
0302 OSLO

Deres ref.:

Vår ref.:S-04249

Dato: 28.09.04

Leik-ande musikk

Prosjektleder: Karette Stensæth, cand.phil./musikkterapeut, Norges musikkhøgskole

Komiteen behandlet prosjektet i sitt møte torsdag 23. september 2004.

Komiteen har følgende merknader til prosjektet:

1. Prosjektsøknaden er todelt. Den første delen innebærer produksjon av en video av et barn som ikke selv kan samtykke til prosjektet. Foreldrene har samtykket på barnets vegne. Den andre delen innebærer visning av videoen for en gruppe musikkterapeuter i forbindelse med en internasjonal konferanse. Slik denne delen av prosjektet er beskrevet, oppfatter komiteen det mer som en metodeevaluering enn et forsøksprosjekt, da prosjektleder innehar alle roller; utøver, ansvarlig for utvelgelse av forsøksperson samt internasjonale informanter.
2. De etiske problemstillinger prosjektet reiser, er knyttet til samtykkeproblemet. Dette er grundig droftet i prosjektsøknadens pkt. 9. Så vidt komiteen kan forstå, er klientens interesser forsvarlig varetatt.


Vedtak:

"Komiteen tilrår at prosjektet gjennomføres."

Vi ønsker lykke til med prosjektet.

Med vennlig hilsen

Sigurd Nitter-Hauge (sign)
Professor dr.med.
Leder


Tone Haug
Rådgiver
Sekretær

S Letter to NSD

Karette Stensæth, NMH

Pb. 5190 Majorstua

0302

Oslo

5.okt. 04

Til

Norsk samfunnsvitenskapelig datatjeneste AS

Personvernombudet for forskning

Hans Holmboes gate 22

5007 BERGEN

Vedr. mitt doktorgradsprosjekt *Play-ing Music. A notion towards an understanding of how two vital concepts, Play and Music, may interact in Music Therapy.*

Eg ettersender herved kopi av tilråinga frå Regional komité for medisinsk forskningsetikk, Sør- Norge, – slik de ba om.

Med venleg helsing

Karette Stensæth

T Agreement with NSD extended

June /August, 2007:

Due to the extended research period an oral (telephonic) agreement between NSD AS (*Personvernombudet for forskning*) and me, Karette Stensæth, the leader of the present project, was made that the video recorded material should be deleted by March 2008.