Meaningful Moments in Music Therapy Improvisation

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Fiona Robyn Shaw

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ABSTRACT

The aim of this study was to investigate moments that were deemed to be meaningful for the clients involved, within music therapy improvisation in the researcher's clinical work. The purpose of this was to gain a greater understanding of the processes that took place during these moments. The qualitative study employed a naturalistic inquiry approach which focused on four meaningful moments involving client participants from two contrasting settings: adults with mental illness at a Community Mental Health Centre and a pre-school child with developmental delay and her mother at an Early Intervention Centre.

The study collected three main sources of data: transcripts of a discussion with peer participants, the researcher's clinical notes and the musical notations regarding the moments. Two music therapy students acted as peer participants. They viewed the recordings of the four moments and commented on what they thought was happening in terms of the music and interactions. The transcript of this discussion, along with the researcher's clinical notes, were analysed in two stages to find the essence of what was happening in the moments.

Three primary analytic categories were identified and a number of common themes were found within them by comparing and contrasting the findings. The study concluded that the meaningful moments were made up of three essential elements: a) the music; b) the emotional content; and c) the therapist's interaction.

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INTRODUCTION

1. Background to the Study

Sometimes, when the therapist and patient are improvising there comes a moment when the music starts to change its quality so that it begins to hold the therapeutic couple. The therapist may feel that the music has become greater than the two of them and then he feels that it is playing him. …The two players are strangely united in, but overshadowed by, the music. (Priestley, 1994, p. 320)

This quotation by the pioneer music therapist Mary Priestley encapsulates the rich experience of a meaningful moment in music therapy improvisation. There is a range of different terms and definitions used to describe meaningful moments in music therapy improvisation. In this study a meaningful moment will be defined as a moment that is deemed to be meaningful for the person involved.

The researcher became interested in meaningful moments after an experience in her clinical work with a client called Mary[1]. Mary was a 21-year-old woman with a diagnosis of autism and an intellectual disability. The researcher was working with her as part of her student placement at a day centre for adults with intellectual disabilities. Outside of the music therapy setting Mary presented as being very much in her own world. Her gaze was often fixed upon the ground and she would rock back and forth while flicking the pages of a magazine with her left hand. The following paragraph describes the researcher's personal experience of this meaningful moment with Mary.

Mary and I were playing and singing together at an electronic keyboard. We began to sing together in harmony and the melodies seemed to interweave and fit together so effortlessly. Quite unexpectantly I felt emotion rise up inside me and I remember thinking "This is amazing!" This feeling seemed to have come from the intensity of the moment, the strong connection I felt between Mary and

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[1] A pseudonym will be used for reasons of confidentiality.

I, the effortlessness and beauty of the music and the contrast that I saw in Mary compared to how she typically interacted.

Subsequently, the researcher experienced more moments with these special qualities with a range of different clients. Sharing these moments with colleagues was reassuring for the researcher as they seemed to identify with the moments. These conversations often resulted in the researcher's colleagues sharing similar experiences from their own clinical work. The researcher was intrigued by often expressed comment that these moments represented the heart of music therapy work. In contrast, articulating what was happening in these moments to people outside the field of music therapy was difficult, although observers of the moments seemed to understand their significance when they saw them. The researcher's desire to understand and articulate the processes in meaningful moments was the source for the present study.

A review of the music therapy literature revealed that although there was a growing interest in this area (Aigen, 1997; Amir, 1992, 1996, 1999, 2001; Ansdell, 1995, 2005; Grocke, 1999a, 1999b, 1999c; Marom, 2004; Nordoff & Robbins, 1977; Priestley, 1994; Ruud, 1998; Trondalen, 2003, 2004, 2005), most of the references to meaningful moments were made incidentally and only a few in-depth research studies existed (Aigen, 1997; Amir, 1992; Grocke, 1999b; Marom, 2004; Trondalen, 2004). While these five qualitative research studies all emphasised the importance music had in the creation of meaningful moments there was little analysis of the music and interactions that took place during them. Only three of these studies investigated the music of meaningful moments (Aigen, 1997; Grocke, 1999b; Trondalen, 2004) and only two of these (Aigen, 1997; Trondalen, 2004) used musical transcriptions to illustrate the music of meaningful moments.

This review of the literature highlighted a lack of studies which described the actual events that took place during the meaningful moments, especially in terms of the music and the interactions. Gaining a fuller understanding of these processes is particularly relevant to music therapy practice and research. An important aspect of music therapy practice is reflecting on clinical work. Reflection allows the therapist to understand events and apply this knowledge to future work. It is the researcher's view that a greater

understanding of the processes of meaningful moments would benefit music therapists' reflection on their clinical work.

2. Aim and Scope of the Study

The aim of this study is to gain a greater understanding of the processes that take place during moments that are deemed to be meaningful for the clients involved, within music therapy improvisation in the researcher's clinical work. The two research questions are:

1. What is happening, within the music and interactions, in moments within the researcher's clinical work that are deemed to be meaningful for the clients involved?

2. Are there any commonalities in the events that take place between all the identified meaningful moments?

The scope of this study is limited to three different aspects: 1) meaningful moments that are deemed to be meaningful for the *clients* involved, 2) meaningful moments that occur during *music therapy improvisation* and 3) meaningful moments that occur in the context of *the researcher's clinical work*. The researcher chose to focus on the client's experience as the literature showed that meaningful moments are closely linked to the therapeutic change process. Being a student and new to improvisation and music therapy practice, the researcher chose to focus on the second two aspects for the opportunity to reflect on clinical work and therefore gain insight into the complex processes that take place.

3. Overview of the Study

To achieve the above aim, the literature review chapter gives background to and defines the key terms of the study. It then reviews the literature regarding meaningful moments from the fields of psychology, psychotherapy, dance therapy, music performance and music therapy. It highlights the range of different terminology used for meaningful moments and argues the need for closer study of the music of meaningful moments in music therapy improvisation.

Based on the literature review, the method chapter develops an appropriate research method for investigating meaningful moments as they occur in their natural environment. Firstly the context for the research and the research participants are described before procedures for data collection and data analysis are outlined. Finally the researcher describes the techniques used to ensure the trustworthiness of the study's findings.

To provide context for the four meaningful moments that are the focus of the study, background information for each of the moments is provided. This information includes the clients' background, the music therapy procedures and goals and a summary of the sessions the moments took place in.

With this context explained, the results chapter presents the findings from the data analysis process. This includes the three primary analytic categories that were identified as well as the musical notations of each meaningful moment and the tables which present the discoveries within each of the three categories.

The discussion chapter then interprets these findings and relates them back to the reviewed literature. This chapter is presented in two sections: the first section discusses the essence of the meaningful moments to answer the first research question; while the second section compares and contrasts these findings to discover themes regarding the second research question. Lastly, the conclusions from the study are drawn in the final chapter.

LITERATURE REVIEW

To see a world in a grain of sand

And a heaven in a wild flower

Hold infinity in the palm of your hand

And eternity in an hour. (Stern, 2004, p. ii)

This poem by William Blake is used by Daniel Stern, an analytic theorist, as a metaphor to describe the infinite world revealed by microanalysis of small moments in everyday life. It paints a beautiful image of the vast array of detail contained within any given moment as well as the phenomenon of how time and space are often perceived to be altered during meaningful moments.

The review of the literature begins with some background to and definitions of the key terms. It then leads on to describe some of the literature regarding meaningful moments within the fields of psychology, psychotherapy, dance therapy, music performance and music therapy.

1. Definitions

This section aims to define each of the key terms 'meaning', 'meaningful', 'moments' and 'music therapy improvisation'. Some background is given to each term before it is defined for the purposes of this study.

1.1 Meaning

There is much discussion regarding the subject of meaning, within the musicology (Garnett, 1998; Meyer, 1956, 1967), music psychology (Cooke, 1959; Green, 2005; Sloboda, 1985, 2005) and music therapy literature (Aigen, 2001; Amir, 2001; Ansdell, 1995; Bruscia, 2000; Forinash, 2000; Pavlicevic, 1997; Ruud, 1998; Stige, 1999, 2003). It includes a great variety of ideas and disputed issues, including debate over different definitions of the word 'meaning'.

The influential musicologist, Leonard B. Meyer, correctly pointed out that 'meaning' is problematic in its vagueness: "The controversy [over meaning in music] has stemmed largely from disagreements as to what music communicates, while the confusion has resulted for the most part from a lack of clarity as the nature and definition of meaning itself" (Meyer, 1956, p. 32).

This confusion is evident when we look at definitions of 'meaning' from *The Concise Oxford Dictionary*: "1. what is meant by a word, text, concept, or action. 2. worthwhile quality; purpose" (Soanes & Stevenson, 2004, meaning n. entry, para. 1). The first definition seems to stress the definitive aspect of meaning, while the second emphasises the quality or significance for the person involved. The following literature discusses both of these aspects but uses an array of terminology to further define different types of meaning.

The concept of meaning in music in the musicology, music psychology and music therapy literature has been heavily influenced by Meyer's (1956; 1967) writings on the subject. He describes two differing schools of thought regarding musical meaning. He states the first group insist that musical meaning lies exclusively within the context of the work itself. This group of people Meyer calls 'absolutionists'. In contrast, the second group of people contend that music also communicates meanings which in some way refer to the extra-musical world of concepts, actions, emotional states, and character. Meyer calls this group 'referentialists'. He argues that both schools of thought are valid and that in one piece of music both absolute and referential meanings can coexist.

Meyer's views and theories have influenced debate on meaning in the music therapy literature. Stige (2003) states that any discussion on meaning in music therapy is complex. He argues that such a discussion must not only embrace the meaning of music but that of body language and of verbal language, the relationship between each of these in their own context and the kinds of meaning that are essential to change in therapy. He then uses Meyer's terminology to examine the differences of perspective on musical meaning between two influential British music therapists: Mary Priestley (analytic music therapy) and Gary Ansdell (creative music therapy). He concludes that "Priestley's perspective on the meaning in music seems to be close to what is

traditionally called a referentialist position: music refers to something else; in therapy it refers to emotions and unconscious content" (p. 4) while "Ansdell is closer to the absolutist position, where music refers to nothing but itself" (p. 4). From Stige's article it is evident that an understanding of perspectives on musical meaning is essential for the music therapist's awareness of how they view their own clinical work.

Meyer (1967) proposed a theory of expectations to explain the process of how absolute meanings are created. He states how expectations are aroused within us when we relate to music and that "musical meaning arises when our expectant habit responses are delayed or blocked" (1967, p. 10). The music therapy theorist Ruud (1998) agrees that Meyer's expectation theory is helpful in understanding why music is effective as a therapeutic medium but argues that it is more complex when the subject is improvised music. He explains that meaning produced during improvisation does not come from the musical structure, but instead stems from the dialogical nature of musical interaction.

Ruud's (1998) views on the subject are supported in the music therapy literature (Amir, 2001; Ansdell, 1995; Pavlicevic, 1997). Pavlicevic (1997) states that the music therapist is especially alert to what the music may mean in terms of the interaction and communication between therapist and client. Ansdell (1995) calls this meaning the 'clinical-interactive' meaning and explains that the music is read as something 'other' than itself. Amir (2001) describes both intrapersonal meaning: a subjective, inner experience of what the outside world means to the person; and interpersonal meaning: an inter-relative experience where meaning for each person is mutually affected by the other.

> For the purposes of this study the word meaning will be used in reference to the quality or significance for the person involved.

1.2 Meaningful

Amir (2001) also makes a useful distinction between meaning and meaningful: "I think meaning is one thing and meaningful moments is another…sometimes you have a very meaningful moment but you really do not know the meaning of it…" (p. 12). Here she

is emphasising the significance of the moment for the person rather than the definitive meaning.

According to *The Oxford English Dictionary* (Murray, Bradley, Craigie, & Onions, 2000) meaningful is defined as being "full of meaning or expression; significant" (p. 522). This definition gives a clearer understanding of meaning, in the context of this study, as it highlights the sole aspect of the significance for the person involved.

> Therefore the term 'meaningful' in this study will be defined as being something full of significance for the person involved.

1.3 Moments

Since this study is dealing with moments in the process of music therapy, it is important to examine the concept of time in the music therapy literature. A selected few authors will be briefly discussed here (Daveson, 2004; Kenny, 1989; Priestley, 1994; Robbins & Forinash, 1991) to give some background to the concept of time within music therapy theory, research and practice.

In a recent review of the literature, Daveson (2004) concludes that there is a lack of theory and research regarding time phenomena within the field of music therapy. She presents the literature in three sections: a) literature which describes current theories and time explanations; b) literature that uses time as a construct (as a measure, a condition, or as part of results of research); and c) personal accounts of client and therapist experiences and descriptions. She highlights contradictions and inconsistencies in the way the phenomena of time is depicted across theory, research and application as well as gaps within the literature. In her summary, Daveson (2004) advocates for a developed and complex understanding of time phenomena that is grounded within music therapy literature, research, theory, and application.

Daveson's (2004) literature review heavily draws upon Robbins and Forinash's (1991) discussion of time within music therapy. Robbins and Forinash (1991) describe a model of time phenomena within music therapy they call the 'time paradigm'. The model

evolved from discussion of clinical work in which they perceived time to alter. They describe experiences in which "therapist and client are engaged in a musical and emotional sharing in which time seems suspended. We become so involved in our music-making, so present in the moment of our emotional expression, that we lose track of time. We look at the clock and realize an hour has passed in what was felt to be only a few moments" (p. 46). Within this model, time is seen as a multi-level experience on a continuum of four levels of time: a) physical time; b) growth time; c) emotional time; and d) creative time. They state that it is in creative time that the "moment of intuition, of perception, of sudden insight or understanding" (p. 53) occurs and the music therapy client moves further along in their process of self-actualisation.

Robbins and Forinash's (1991) model of time phenomena has links to Priestley's (1994) description of time. Priestley (1994) specifically describes two sorts of time: "the passing time in which we hurry along to our next pay day and the Eternal Now where we stand still and wonder" (p. 321). Passing time could be equated to physical time (Robbins & Forinash, 1991) while eternal now time shares similarities with creative time (Robbins & Forinash, 1991). Priestley (1994) states that during eternal now time physical time is often altered and one moment can seem like an eternity.

In contrast to the above authors, Kenny (1989) views the experience of music therapy as one that takes place in the perspective of space rather than time. She describes the 'musical space' as being one of the essential elements in the music therapy experience. It is a contained and "sacred space because of the nature of its origins and represents a delicate and powerful moment in time" (p. 78).

The word moment comes from the Latin 'momentum' which in terms of time can be translated as "turning point" (Cawley, 2005). *The Oxford English Dictionary* (Murray et al., 2000) defines moment as being "a period of time (not necessarily brief) marked by a particular quality of experience or by a memorable event" (p. 551).

> In this study the term 'moment' will also be used to describe a particular quality of experience rather than a defined period of time.

1.4 Music Therapy Improvisation

Improvisation has been described as being "at the core of music therapy practice" (Bunt & Hoskyns, 2002, p. 49). A thorough understanding of the concept of 'music therapy improvisation' is also fundamental to this study. The term will be broken down into the different levels of 'improvisation', 'musical improvisation' and 'music therapy improvisation'. Each of these terms will be discussed and defined individually in the following sections.

1.4.1 Improvisation

The Oxford English Dictionary (Oxford University Press, 2005) defines improvisation as "the action of improvising or composing extempore" (improvisation entry, para. 1) and the Latin 'improvisus' means "unforeseen" (Cawley, 2005, improvisation entry, para. 1). Both of these definitions stress the spontaneous nature of improvisation. In his book *Free Play: Improvisation in Life and Art,* Nachmanovitch (1990) states that the word improvisation tends to make people firstly think of improvised music, theater or dance. Instead, he stresses the holistic nature of improvisation. He illustrates his view that improvisation is present during everyday experiences by describing how speech is in fact a form of improvisation.

1.4.2 Musical Improvisation

A long history of musical improvisation exists in virtually all cultures with varying degrees of prominence. It characterises the dominant genres in the musical cultures of South and West Asia, in Indonesia and in Africa, while in Western culture, improvisatory musical genres, such as jazz, have traditionally been regarded as being inferior to pre-composed art music (Nettl, 2005).

Improvisation, in the context of music, is defined by *Grove Music Online* as "the creation of a musical work, or the final form of a musical work, as it is being performed" (Nettl, 2005, para. 1). Similarly, *The Concise Oxford Dictionary of Music* states it is "a performance according to the inventive whim of the moment" (Kennedy, 1996, para. 1). Again, these definitions stress the spontaneous nature of improvisation.

In England in the 1970s a group called the Association of Professional Music Therapists (UK) Terminology Group was set up to provide definitions for everyday expressions used in music therapy. They saw their first challenge as defining music therapy improvisation with the first stage of this to offer a broad definition of musical improvisation: "Any combination of sounds and sounds created within a framework of beginning and ending" (Wigram, 2004, p. 37). This broad definition leads on well to the background and definitions of music therapy improvisation.

1.4.3 Music Therapy Improvisation

There are an impressive number of texts on the theory and use of music therapy improvisation (Bruscia, 1987, 1998; Bunt & Hoskyns, 2002; Kenny, 1989; Nordoff & Robbins, 1977; Pavlicevic, 1995, 1997; Priestley, 1994; Robbins & Robbins, 1998; Ruud, 1998; Wigram, 2004; Wigram, Pedersen, & Bonde, 2002). There are also many differing models of music therapy improvisation used. Some of these are outlined in Bruscia's (1987) influential book *Improvisational Models of Music Therapy*. He surveyed over 25 models, including free improvisation therapy (Juliette Alvin), creative music therapy (Paul Nordoff and Clive Robbins), analytical music therapy (Mary Priestley), experimental improvisation therapy (Anne Riodan and Kenneth Brusica), Orff improvisation models (Gertrude Orff, Carol Biton and Irmgard Lehrer-Carle), paraverbal therapy (Evelyn Heimlich), and other miscellaneous models. Each model and the methods by which they are applied are described.

Even with this impressive array of written resources, music therapy improvisation is not something that can simply be taught. Mary Priestley, the pioneer of analytical music therapy states that instead the student must "come to trust in the validity of his own intuition and his natural musical response to the patient" (1994, p. 143). Bunt and Hoskyns (2002) also emphasise the important role intuition plays in music therapy improvisation. They describe four 'essential 'I's' of music therapy practice': imagination, intuition, improvisation and intellect. Improvisation, they state, is "the action-product of our musical imagination and intuition" (p. 49). They also draw upon the ideas of Nachmanovitch (1990), a 1970s pioneer in free improvisation on violin, viola and electric violin, who describes the ability of the improviser to 'surrender' and be 'in the moment' are integral to truly creative improvisation. For music therapist

Carolyn Kenny (1989), improvisation is a 'field of play' which has the qualities of surprise, playfulness, fluidity and confidence.

In his book titled *Defining Music Therapy*, Bruscia (1998) gives a detailed and informative description of the musical processes that take place during music therapy improvisation. He defines improvisatory experiences in music therapy as being when:

> ...the client makes up music while playing or singing, extemporaneously creating a melody, rhythm, song or instrumental piece... The client may use any musical medium within his/her capabilities (e.g., voice, body sounds, percussion, stringed or wind instruments, keyboard and so forth). The therapist helps the client by providing the necessary instructions and demonstrations, offering a musical idea or structure upon which to base the improvisation, play or sing an accompaniment that stimulates or guides the client's improvising, or presents a nonmusical idea (e.g., image, title, story) for the client to portray through the improvisation. (p. 116)

Music therapy improvisation differs from musical improvisation as it is not solely a musical event. This is a point that Pavlicevic (1995) highlights when she describes the important role music therapy improvisation has in providing "the space for a highly dynamic and reciprocal interaction between the therapist and the person. Thus, rather than being a 'purely musical' event, the improvisation has communicative significance and is focal in the therapeutic process" (p. 108).

The Association of Professional Music Therapists (UK) Terminology Group, described earlier, gives a well rounded definition of music therapy improvisation which emphasises both the musical and therapeutic aspects: "The use of musical improvisation in an environment of trust and support established to meet the needs of clients" (Wigram, 2004, p. 37).

In conclusion, 'music therapy improvisation' will be defined in this study as being a collection of sound and/or silence within a therapeutic relationship to achieve non-musical goals.

2. Meaningful Moments

With the key terms clearly defined and the background provided, this section discusses literature regarding meaningful moments. Literature from the fields of psychology, psychotherapy, dance therapy, music performance and music therapy will be reviewed.

2.1 Meaningful Moments in Psychology

The field of psychology is interested in how people think and behave. Therefore it has essential relevance to music therapy. Historically, psychologists have focused on assessing and curing individual suffering or what has been termed the 'disease model'. Near the end of the 20th century there was a change in this perspective with a movement called positive psychology (Seligman, 2005). This movement has shifted psychologists' focus to the study of positive rather than negative aspects of life and one of prevention rather than cure. Hence, positive psychology has lead to the study of moments in peoples' everyday life which hold the most meaning and significance for them. Two forefathers of this movement, Maslow (1962; 1970; 1999) and Csikszentmihalyi (1990; 1996), have both researched these moments which they term 'peak experiences' (1962; 1970; Maslow, 1999) and 'flow' (Csikszentmihalyi, 1990, 1996).

Maslow (1962; 1970; 1999) describes peak experiences as being "moments of pure, positive happiness when all doubts, all fears, all inhibitions, all tensions, all weaknesses, are left behind" (1962, p. 9). Through personal interviews and written responses from college students, he found that these experiences can naturally occur in people's lives during great moments of love and sex, esthetic experiences, creativeness, insight and discovery, fusion with nature and athletic experiences. Maslow's concept of peak experience has influenced music therapy research by Amir (1992) in her investigation of meaningful moments in music therapy as experienced by therapists and clients (see p. 18 of the present study).

Csikszentmihalyi (1990; 1996) uses the term 'flow' to describe the holistic sensation people feel when they act with total involvement: an almost automatic, effortless, yet highly focused state of consciousness. His research came out of gathering data from a large sample of people from around the world through a method he called the 'experience sampling method'. This involved the participants wearing an electronic paging device for a week. They were instructed to write down how they felt and what they were thinking about whenever the pager signaled. The findings indicated that the participants, regardless of culture, stage of modernisation, social class, age, gender or activity that they were involved in, described enjoyment in very much the same way. Csikszentmihalyi (1996, p. 1) describes nine main elements of flow that were frequently mentioned by the participants to describe how it felt when an experience was enjoyable: a) there are clear goals every step of the way; b) there is immediate feedback to one's actions; c) there is a balance between challenges and skills; d) action and awareness are merged; e) there is intense concentration on the present; f) there is no worry of failure; g) self-consciousness disappears; h) sense of time becomes distorted; and i) the activity becomes autoletic.

Research using flow theory has extended into the field of music education (Custodero, 1999; O'Neill, 1999) and performance (Kraus, 2003). Dimensions of flow experience in student experience during musical rehearsals in a university wind ensemble setting was investigated by Kraus (2003). Two of the eight main findings of the study that have major implications for music therapy were: a) flow experiences were more likely in late rehearsals that involve longer periods of performance activity and b) frequent rehearsal stops disrupt flow experiences. These factors have implications for the creation of flow, and therefore possibly meaningful moments, within music therapy sessions. From the researcher's (of the present study) experience meaningful moments usually occur when there are fewer time restrictions and interruptions. Flow theory has also been used to describe aspects of music therapy improvisation within music therapy theory (Ruud, 1998).

From the above literature it is evident that there are certain describable constructs that make a moment meaningful for the person involved. The psychology literature has influenced music therapists in their own understanding of meaningful moments (Amir, 1992) and music therapy improvisation (Ruud, 1998). Literature from the fields of

different therapies including psychotherapy, dance therapy and music therapy will now be discussed.

2.3 Meaningful Moments in Psychotherapy

There has been considerable recent interest in how meaningful moments that occur within clinical psychotherapeutic work influence psychological change. Some of the terms used to describe these moments in the psychotherapy literature include: meaningful moments (Strong, 2004); alive moments (Fuller & Strong, 2001); significant moments (Watson & Rennie, 1994); turning points (Böhm, 1992; Natterson, 1993); key moments (Terr et al., 2005); present moments, now moments and moments of meeting (Bruschweiler-Stern, 1998; Harrison, 1998; Lyons-Ruth, 1998; Morgan, 1998; Nahum, 1998; Sander, 1998; Stern, 1998, 2004; Tronick, 1998); and arresting, moving, living, striking or poetic moments (Katz & Shotter, 1996, 2004; Shotter & Katz, 1998). Throughout this literature there are many references to various principles and qualities of the therapeutic relationship and how they influence the creation of meaningful moments. Some of these principles and qualities that have relevance to the creation of meaningful moments in music therapy will now be discussed.

Terr et al. (2005) found that three operating principles helped the birth of 'key moments' in psychotherapeutic work with children. Each principle will be discussed in relevance to music therapy. The first principle was titled: "The therapist was following the patient's lead" (Terr et al., 2005, p. 191). This has similarities with the improvisational method of "matching" (Pavlicevic, 1997, p. 126; Wigram, 2004, p. 84) in music therapy. Secondly, the therapist was "…being 'real' to the client when called for" (Terr et al., 2005, p. 191). This is similar to the principles of "being with" (Bunt & Hoskyns, 2002, p. 36) and "musical empathy" (Bunt & Hoskyns, 2002, p. 38; Wigram, 2004, p. 89) within the therapeutic relationship in music therapy. Thirdly, the therapist was "helping the client to thoroughly understand the fantasy or factual aspects of their problem" (Terr et al., 2005, p. 191). This principle is similar to the music therapist using musical improvisation to help their client to work through different aspects of the issues they bring to music therapy (Priestley, 1994).

The analytic theorist Stern (1998; 2004) has influenced music therapy theory (Ruud, 1998) and research (Ansdell, 2005; Trondalen, 2003, 2004, 2005) regarding meaningful moments (see pp. 21 & 22 of the present study) with his model of the therapeutic change process. Stern highlights the four important stages within this change process which he titles: a) 'moving along'; b) 'now moments'; c) 'moments of meeting'; and d) 'an open space'. He emphasises the improvisational nature of the process of "self-finding and self-correcting" (Stern, 1998, p. 303) in the creation of 'present moments'. Stern (1998; 2004) states that the therapist's qualities of flexibility, intuition and authenticity are important in order to be able to seize the now moment to allow it to then become a moment of meeting. These therapeutic qualities are also referenced in the music therapy literature (Bunt & Hoskyns, 2002).

Natterson (1993) also highlights some of the principles of the therapeutic relationship and their influence on the creation of 'turning points'. Turning points are defined as being "moments in which there are shifts or changes in the client's behaviour, attitudes, or feelings" (Natterson, 1993, p. 45). Similarly to Terr et al. (2005), Natterson (1993) emphasised the influence the therapist's character and ability to be empathic had on the creation of 'turning points'.

From the psychotherapy literature, it is evident that particular qualities of the therapeutic relationship influence the creation of meaningful moments, thereby contributing to therapeutic change. Similarities of these qualities have been drawn between this literature and that of the field of music therapy. Concepts from the dance therapy literature regarding meaningful moments will now be discussed.

2.4 Meaningful Moments in Dance Therapy

Dance therapy has close links to music therapy. Lavender (1992), describes 'moments of embodiment' with clients with severe personality disorders in group dance therapy sessions. She highlights the disconnection these clients feel between their bodies and minds, as many of them have severe eating disorders and self-mutilation tendencies. During a moment of embodiment, it is suggested that the clients experience a rare "momentary integration of psyche and soma" (p. 32). This is explored using Winnicott's concept of 'mindpsyche', a state in which the body is not connected to the mind, to gain

a fuller understanding of these moments. Literature from the field of music performance will be discussed.

2.5 Meaningful Moments in Music Performance

Davidson and Correia (2001) also explore the connection between bodily experience and what they call 'perfect moments' or 'becoming' during musical performance. Data is gathered through an interview in which a self-report of a rehearsal and performance of a classical and contemporary work by a flautist is given. The authors find that during these moments the performer's gestures and bodily movements possess a "strong communicative power to the audience which emerges from shareable bodily knowledge" (p. 79). The concepts of 'authenticity' and Csikszentamihalyi's (1990) 'flow', are also used to describe these moments. They state that "meaningfulness and authenticity are highly correlated concepts" (p 79). Davidson and Correia (2001) conclude that perfect moments occur when the performer is totally present and focuses on the bodily gestures and movements that directly connect with the musical meaning. This concludes the literature from the related fields of psychology, psychotherapy, dance therapy and music performance. The following section will highlight the music therapy literature which has relevance to the present study.

2.6 Meaningful Moments in Music Therapy

Recently there has been a growing interest in meaningful moments in music therapy. Within this body of literature there is a variety of terminology used to label these moments. These include: meaningful moments (Aigen, 1997; Amir, 1992, 1996, 1999, 2001; Ruud, 1998); spiritual moments (Marom, 2004); pivotal moments (Grocke, 1999a, 1999b, 1999c); significant moments (Trondalen, 2003, 2004, 2005); moments when the 'music child' is awakened (Nordoff & Robbins, 1977); present moments (Ansdell, 2005); Receptive Creative Experiences (Priestley, 1994); and episodes (Ansdell, 1995).

While there are various references to different sorts of meaningful moments in music therapy, many of them were made incidentally, that is in passing while examining another topic, or while describing a clinical application not directly related to

meaningful moments. Therefore the review of the literature within this field will be presented in two sections. The first section contains research and theory while the second section contains anecdotal descriptions.

2.6.1 Research and Theory

The term 'meaningful moment' is found in writings by Israeli music therapist Dorit Amir (1992; 1996; 1999; 2001) who has been working as a music therapist from 1976 with a range of client populations. She states that her research in this area is based on her private clinical work with adult clients who come to her to search for meaning in their lives. In her qualitative research study (Amir, 1992) she explores in detail how meaningful moments in the music therapy process are experienced by both therapists and clients. Through interviewing music therapists and clients she concluded with a list of twelve meaningful moments that occurred on a intrapersonal level including moments of: a) awareness and insight; b) acceptance; c) freedom; d) wholeness and integration; e) completion and accomplishment; f) beauty and inspiration; g) spirituality; h) intimacy with self; i) ecstasy and joy; j) anger, fear and pain; k) surprise; and l) inner transformation. Three moments occurred on an interpersonal level including moments of: a) physical closeness between the therapist and the client; b) musical intimacy between the therapist and the client; and c) close contact between the client and a significant person in their life.

Amir (1992) also concludes with a list of three groups of different factors that allowed these moments to come to birth: a) Environmental factors. These included: the importance of music and, for clients involved in group music therapy, being part of a music therapy group. b) Therapists' intrapersonal factors which included: therapists' knowledge and experience; therapists' listening to inner impulses, instinct and intuition; therapists' listening and exploration of clients' needs; therapists' trust; therapists' perception of the therapist-client relationship; therapists' set of beliefs that influenced their work. c) Clients' intrapersonal factors. These included: clients' meaning of music; clients' view of self; clients' readiness, inner motivation, and commitment to the work; client's courage in taking risks; clients' perception of music therapy as a special place; clients' perception of the music therapist and the relationship between them; clients' trust. Amir highlights the important role the music had in making the moments possible:

"During these moments, the musical experience was felt as "spontaneous and timeless" (p. 186) and "…the intrinsic power of music, especially its beauty, made it possible for the participants to experience their inner being" (p. 186).

In contrast, Marom (2004) used a phenomenological method of qualitative inquiry to solely investigate the experience of the music therapist during 'spiritual moments' in music therapy. She interviewed ten leading music therapists in America who worked in a range of different settings and asked them to reflect on experiences within sessions in which they felt that the therapeutic process became spiritual in nature. Marom (2004) describes the therapists' reflection on the term 'spirituality' as "a dynamic experience that at once reaches inward to touch the greatest depth of the human soul and outward to form the greatest transpersonal connections" (p. 37). The examples given by the therapists included moments of major changes in the clients' behaviours, emotions or thoughts; moments of powerful bonding between therapists and their clients; moments of sudden realisations on behalf of the therapists regarding the therapeutic process, their clients or themselves; moments of strengthened religious beliefs (of clients and therapists) and contacts with transcendent entities. As in Amir's (1992) study, the participants discussed the inherent ability of music to relate to, and express, spiritual aspects of the human experience.

The Australian music therapist, Denise Erdonmez Grocke, also used a phenomenological method of qualitative inquiry to research what she calls 'pivotal moments' in her own clinical work in Guided Imagery and Music (GIM) (Grocke, 1999a; 1999b, 1999c). She described these moments as being 'pivotal' because they were turning points in the client's therapy where they experienced moments of insight into their therapeutic process or their understanding of themselves. The Bonny method of GIM was developed in 1970 by Dr Helen Bonny, a music therapist at the Balitmore Psychiatric Institute, USA. It involves the client listening to selections of prerecorded classical music, chosen by the therapist, in a deeply relaxed state. Often sequences of images that symbolically represent aspects of the client's life experiences are evoked. During these experiences the therapist keeps in verbal contact as the client narrates the ongoing imagery. Similarly to Amir, Grocke also discovered that negative emotions, such as fear and anger, could be experienced within pivotal moments. A highlight of Grocke's study was that she also analysed the music which underpinned the pivotal

moments (1999b). She found that works from the 19th century Romantic period by German composers were the most dominant in the list of music that underpinned pivotal moments. Most of these music selections were written in structured musical form which Grocke states provided "a safe 'container' for the experience" (1999a, p. 207).

Grocke (1999a; 1999b; 1999c) has heavily influenced the work of Gro Trondalen (Trondalen, 2003; 2004; 2005), a Norwegian music therapist, in her research of what she calls 'significant moments' in music therapy with clients suffering from anorexia nervosa. She states that she was led into this research area by her fascination with experiences in clinical work where she described herself often experiencing a condensed awareness and a heightened state of arousal during clinical musical improvisations. She describes after such experiences there were often some seconds of silence, a smile of shyness where both the therapist and client knew that they had been close to each other. Trondalen (2003) cites Stern's concept of moment of meeting to describe significant moments which she defines as "as experience of connectedness through musical sharing at a non-verbal level" (p. 6)

Trondalen (2005) uses the term 'ecletic' to describe the design of her research which she states uses "both hermeneutical and phenomenological perspectives" (p. 4). A "phenomenologically inspired procedure" (2005, p. 4) was used to analyse the significant moments. These moments were chosen by triangulation in which a supervisor, a peer music therapist and the researcher listened to the improvisations and indicated when they heard a significant moment. Trondalen adapted Grocke's *Structural Model for Music Analyses* (1999b) for the structural analysis of the music which was transcribed into a musical score. She found that during significant moments there were syncopational shifts by either the client or therapist against the steady pulse of the music. Similarly to Grocke (1999a) she found that the music had a predictable form. Trondalen concluded that "significant moments are sequences of regulation, which are mutually harmonized by the therapist and the client in the musical interplay" (2005, p. 14).

Aigen (1997) uses the term meaningful moments to describe "important nodal points in the music therapy process" (p. 63) in his study of an adolescent creative music therapy group. He states that his study does not have one central theme but through the use of

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naturalistic inquiry he describes what he felt was meaningful for the group members. He does this through the use of narrative devices, musical transcriptions of improvised songs, interviews with therapists and detailed session descriptions. A limitation of this study is that Aigen fails to describe how he deemed these moments to be meaningful for the group members.

The founders of creative music therapy, Nordoff and Robbins (1977), find meaningful moments in music therapy improvisation with children with special needs. They describe these moments taking place when the therapist awakens the 'music child' which they state is inherent in all children. The 'music child' is defined as "the individualised musicality inborn in each child" (p.1). They explain that at these moments the child becomes emotionally involved in the music as well as being involved in their own self-realisation and self-integration within therapy session. Although this publication predates the development of an explicit qualitative research paradigm for music therapy, it contains important theoretical concepts that have strongly influenced the development of music therapy.

In his discussion of theories on meaning in music therapy, the Norwegian music therapy theorist, Even Ruud (1998) compares meaningful moments in music therapy improvisation to Daniel Stern's theory of 'hot present moments' in psychotherapy. He states meaningful moments in music therapy may help us to understand how people can change after they have been in improvisational music therapy. Stern's theories are also used by Ansdell (2005) to explain therapeutic change. He borrows Stern's (2004) more recent terms 'present moments', 'now moments' and 'moments of meeting' to explore how musical improvisation seemed to be used by a client with a psychotic condition to regulate her unstable emotional state.

In summary, recent music therapy theory and research illustrates the growing interest in understanding the experience of meaningful moments in the music therapy process for clients and therapists. While all five qualitative research studies (Aigen, 1997; Amir, 1992; Grocke, 1999b; Marom, 2004; Trondalen, 2004) emphasise the importance music had in the creation of meaningful moments there has been little analysis of the actual musical and interactional events that take place during them. Most of the qualitative research studies analyse verbal data from interviews with participants (Amir, 1992;

Grocke, 1999b; Marom, 2004) while only two studies (Aigen, 1997; Trondalen, 2004) use musical transcriptions to illustrate the music of meaningful moments.

2.6.2 Anecdotal Descriptions

This section includes anecdotal accounts of meaningful moments from the music therapy literature. Although these descriptions are not necessarily research studies or discussion of theory of these moments they help to further describe and understand the qualities of meaningful moments for the therapist.

The well known English music therapist and founder of analytical music therapy, Mary Priestley, describes meaningful moments in her work at a psychiatric hospital spanning from 1970-1990 (Priestley, 1994). She calls these moments 'receptive creative experiences' (RCEs). Within an RCE she describes that the therapist "may feel that the music has become greater than the two of them and then he feels that it is playing him" (p. 320). She states that during RCEs there may be an alteration of consciousness and that "one comes out of an experience altered, one has lost some of one's constricting individuality and gained a feeling of a greater breadth of being" (p. 320). She also asked colleagues if they had also experienced RCEs with patients and one of their replies was "Oh, you mean when the music seems to be playing you, oh yes". In an interview with British music therapist Leslie Bunt (2004), Priestley further describes such moments. She talks about a patient's response after an RCE who said 'That tune, that was me.'

In his earlier work, Ansdell (1995) simply calls these moments 'episodes'. He describes them as being "my most treasured evidence of what can happen in a free and creative music therapy, when the unexpected develops quite naturally out of the expected. Like Priestley (1994) he also describes the music playing them: "Suddenly 'it' was playing: the music, us, the room lifted – as if being taken up a vertical shaft. I felt the emotion overwhelming" (p. 205) and "I remember looking down at my hands in disbelief and seeing them playing" (p. 205).

These anecdotal accounts provide rich and varied sources of information that describe the experience of meaningful moments within music therapy. While this is the case, these accounts are described as incidental as they largely were referenced while

exploring music therapy experience, application and process not focused on meaningful moments. They are valuable accounts that can be combined to begin to consolidate a body of understanding about meaningful moments with music therapy.

In summary, there has been a recent growing interest in the concept and investigation of meaningful moments, for both clients and therapists, in music therapy. Within this body of literature there is a variety of terminology used to label these moments. There also seems to be a popular focus on understanding the experience of meaningful moments.

3. The Necessity of Meaningful Moments in Music Therapy

The reviewed literature from all of the above fields gives strong support that meaningful moments lead to therapeutic change. While this may be so, the sceptical music therapist may query whether they are necessary for good therapy to take place. This section discusses the few varied perspectives on this issue within the music therapy literature.

In-depth interviews with the clients and/or therapists who have experienced meaningful moments in music therapy reveal the value these people place on them (Amir, 1992; Grocke, 1999b; Marom, 2004). While this is the case, Priestley (1994) sees meaningful moments (or RCEs) as a by-product of improvisation in analytical music therapy and as being in no way essential for good therapy to take place.

Both Priestley (1994) and Ansdell (1995) emphasise the rare nature of truly meaningful moments in their clinical work. Priestley (1994) describes how she worked with analytical music therapy for many years before she experienced a meaningful moment while Ansdell (1995) states one of his most meaningful episodes was the only experience of that type that he had ever had in music therapy.

In summary, within the music therapy literature regarding the value of meaningful moments there are varied perspectives. While most authors emphasise the value of meaningful moments there is also the view that meaningful moments are a by-product of improvisation, can be rare and are not essential for good therapy to take place.

4. Meaningless Moments in Music Therapy

It appears from the reviewed music therapy literature that these moments occur on a continuum, as there is no way to measure and compare how meaningful the moments are for the people who experienced them. Therefore, it is important to consider the concept of 'meaningless moments' in the music therapy process. There is little literature on this subject (Amir, 2001; Priestley, 1994) with both authors viewing the less meaningful experiences in music therapy as a bridge in the journey towards meaningful moments.

Priestley (1994) casually states that about 85% of improvisations in her clinical work are "quite humdrum affairs" (p. 319) with some of them being "musically speaking, quite abysmal" (p. 319). Yet she emphasises the importance of the therapist and client traveling them together: "This is the music of the desert place, and it too has its place in the exploratory journey" (p. 319). Amir also uses this metaphor of a journey in her description of the less meaningful experiences in her clinical work. She calls these moments "bridge moments" (Amir, 2001, p. 215) and compares them to the act of climbing a mountain: "the climbing is a bridge but without the climbing you cannot get to the top of the mountain to see the view" (p. 215).

In summary, there is limited discussion regarding the concept of meaningless moments in the music therapy process (Amir, 2001; Priestley, 1994). These authors both hold the view that the less meaningful experiences in their clinical work are not meaningless but rather act as steps in the journey towards meaningful moments. More discussion on this topic would add to the understanding and definitions of meaningful moments.

5. Summary and Aims of the Study

This review gave some background to meaningful moments in music therapy improvisation by firstly defining the terms 'meaning', 'meaningful', 'moments' and 'music therapy improvisation'. It then described meaningful moments from the psychology, psychotherapy, dance therapy, music performance and music therapy literature. Finally it examined the necessity of meaningful moments and the concept of meaningless moments.

It is evident that there is little research investigating meaningful moments, with most of the literature being anecdotal descriptions of clinical work. While all five qualitative research studies (Aigen, 1997; Amir, 1992; Grocke, 1999b; Marom, 2004; Trondalen, 2004) emphasise the importance music had in the creation of meaningful moments only two of them (Grocke, 1999b; Trondalen, 2004) analyse the music of these moments.

Grocke's (1999b) study is limited, in relevance to the present study, by the fact that GIM only uses recorded pre-composed classical music. This excludes the extensive realms of other musical styles and most importantly, improvisation, which is widely used as a technique of intervention in music therapy clinical work. Even though Trondalen (2004) succeeds in analysing the improvisational music of significant moments, her study is bound by its one specific context: young people suffering from anorexia nervosa. Considerable questions remain as to what is happening, in the music and interactions, during meaningful moments in other clinical settings and contexts.

It is the researcher's aim that the present study will add to this small body of knowledge by describing some of the processes that take place during meaningful moments in music therapy improvisation in her clinical work. The following chapter describes the methodological steps the researcher took to discover what is happening, in the music and interactions, in moments that were deemed to be meaningful for the clients involved and the common themes discovered between all the identified moments.

METHOD

1. Introduction and Rationale

Qualitative research, using aspects of naturalistic inquiry (Lincoln & Guba, 1985), was the most appropriate method for this study because it enabled meaningful moments to be investigated as they occurred in their natural environment. Aigen (1995) defines naturalistic inquiry as being "concerned with studying events and interactions in their naturally occurring settings or contexts. This stems from the belief that human processes gain their meaning from their context..." (p. 291). He also defines it as a type of interpretive-descriptive research in which:

> Although [the researcher] may use the patterns and meanings generated by their research to speculate about states of affairs (what may be loosely called theorizing), ...[they] are not concerned with these phenomena merely as building blocks to generalisations, but instead consider them to be bona fide items of interest in their own right. (p. 336)

Here Aigen is referring to the aim of naturalistic inquiry which is to investigate the particular, rather than to make generalisations to similar populations and/or experiences. This is especially relevant to the present study as its aim was to investigate meaningful moments in the particular context in which they took place, rather than to make generalisations as to other meaningful moments in music therapy improvisation.

Another characteristic of naturalistic inquiry is the concept of the researcher-as-instrument. This is when the researcher serves as the instrument of data collecting and analysis. In describing this concept Aigen (1995) states that "...the insight and flexibility of the human being is deemed to be the most appropriate tool in studying human interactions" (p. 291). Rather than skewing the data, in naturalistic inquiry these human qualities are instead seen as the tool in the production of interesting and relevant findings.

The purpose of this chapter is to describe the context in which the research took place, the research participants, the ethical issues, how the meaningful moments were selected

and the procedures for data collection, analysis and for ensuring the study's trustworthiness.

2. Context for the Research

The focus of the research is concerned with the processes that take place during meaningful moments in the particular context of this study. Therefore it is important to understand the contexts of the settings and the personal context of the researcher.

2.1 Settings

The research was undertaken at two settings: a Community Mental Health Centre and an Early Intervention Centre. These settings were chosen because they were the two settings the researcher was working at during the time of the study. Two contrasting settings were chosen in order to investigate how meaningful moments in different settings might be similar or different to each other. An overview of each setting is given below.

2.1.1 The Community Mental Health Centre

This centre was operated by an independent community organisation which provided a day service for adults affected by a mental health disability. It was staffed by a manager and a support worker. The aim of the centre was to assist and encourage adults to increase their self-sufficiency by teaching independent living skills and encouraging participation in the wider community. Its mission was to be a supportive and empowering centre which provided fellowship and meaningful programmes for people who had used or were currently using mental health services. The centre's programme ran five days a week and had an active roll of 33 people. The attendees were either referred by mental health workers, other professionals or themselves and were able to choose which days and activities they would like to attend. Group music therapy was provided one afternoon a week. Between two to six members attended each week with most members coming consistently. The client participants at this centre had been involved in group music therapy approximately three months prior to commencement of the research.

2.1.2 The Early Intervention Centre

This centre operated as a charitable trust which provided a therapy based early intervention programme for pre-school children with multiple special needs and their families. It was staffed by a manager, a speech language therapist, a physiotherapist, an early intervention teacher and a music therapy student (the researcher). The centre's mission was to empower parents and caregivers with the skills of the therapists, to continue the early intervention programme in the home and community. The centre ran four days a week and catered for 35 families. Each child attended a two-hour programme once a week, accompanied by a parent or caregiver and up to four children with their carers attended at a time. Each child and their carer had individual time with each therapeutic discipline, as well as participating in an opening and closing group music therapy session. The philosophy of the centre embraced Individualised Development Programmes (IDPs) for each child. The music therapist's role was to work to accomplish aims of the IDP within a team approach. The main areas addressed in music therapy at the centre were the social and emotional domains.

There were three different formats offered in the music therapy programme at the Early Intervention Centre: opening group music therapy, individual music therapy and closing group music therapy. As the individual music therapy sessions were more individualised, less structured by nature and relied more heavily upon improvisation as a music therapy technique, these sessions were chosen to be part of the data collection. The client participant at this centre had been involved in music therapy approximately one year prior to commencement of the research.

2.2 The Stance of the Researcher

Providing information about the personal context of the researcher is an essential feature of qualitative research (Aigen, 1995). Various issues relating to this context will now be highlighted.

The researcher is a female New Zealander who, at the time of the research, was completing a postgraduate Master of Music Therapy degree. As outlined in the introduction of this study (see p. 1 of the present study), the researcher's motivation for

conducting this study was to gain a greater understanding of the processes that take place during moments in her clinical work that had been deemed as being meaningful for the clients who experienced them. The researcher had prior experience of this area of inquiry from clinical work and case studies of clients which had illustrated meaningful moments in music therapy improvisation. Through this experience the researcher had naturally gathered beliefs that have influenced the present study. These beliefs include: a) meaningful moments take time to occur, both within a session and within a therapeutic relationship; b) in-depth analysis of the music from clinical work is useful inquiry and also a helpful resource to other music therapists; and c) meaningful moments in music therapy improvisation often depend on the openness and flexibility of the therapist and clients to musical exploration. The researcher was also possibly biased in that she was in a position where she would like music therapy to work which may influence the processes of data collection and analysis.

It is also important that the nature of the relationships within the study are described. The researcher was also the client participants' therapist (see section 3.1 for a description of the client participants). This is a position which is encouraged within qualitative research, with the music therapy researcher Bruscia (1995) going so far as to state that "qualitative research is enhanced when the researcher is the subject's therapist or when the researcher actively engages and interacts with the subject" (p. 75). The peer participants that contributed data were the researcher's peers, as they were also completing research towards their Master of Music Therapy degrees (see section 3.2 for a description of the peer participants). It was difficult to find willing music therapists to act in the role of peer participants. Realistically, the chosen peer participants were the people who had the interest and the time needed to participate in the research.

In summary, the study was bound by the various contexts in which it took place. It was bound by the contexts of the Community Mental Health and the Early Intervention Centres and their particular missions and staff. Also relevant were the particular clients involved in music therapy at these centres at the time of the study (see chapter 'The Background to the Moments' p. 47 for further context for each client and meaningful moment). Finally the various issues pertaining to the personal context of the researcher are also important to consider. The different sets of research participants will now be described.

3. Research Participants

Two sets of participants were used for this study: client participants who agreed to their sessions being recorded and peer participants who viewed/listened to the recordings of the meaningful moments and contributed their thoughts as a source of data.

3.1 Client Participants

Inclusion criteria for potential client participants in the study were:

1) Clients that the researcher was working with who had had at least two months of ongoing music therapy. The researcher believed that it was necessary to build up a relationship with clients before asking them to be part of the study and that a trusting relationship was needed for clients to be more open to the creation of meaningful moments.

2) Clients that the researcher was using improvisation with as the main music therapy intervention technique. The researcher was particularly interested in how meaningful moments occurred in improvisation as her previous experience of meaningful moments had been through the use of this technique.

3) Clients that were well engaged in their therapy. During previous clinical work the researcher had observed experiences that might be described as meaningful moments and therefore these clients might be likely to experience them again.

These criteria were not meant to imply that meaningful moments do not occur with clients who have just begun music therapy or that they do not occur with the use of other music therapy techniques or that not all clients are able to create meaningful moments. Qualitative inquiry, however, uses purposive sampling which allowed the researcher to choose client participants who appeared most likely to serve as the best informants for this particular study. Lincoln & Guba (1985) state that the purpose of purposive sampling is "to maximize information, not facilitate generalization" (p. 202).

The researcher chose to use two different types of sessions and contrasting settings: group music therapy sessions at the Community Mental Health Centre and individual music therapy sessions at the Early Intervention Centre (see Figure 1). Lofland & Lofland (1984) state that the use of a small number of client participants "allows the researcher to 'develop intimate familiarity' with the participants. It enables the researcher to obtain the rich, detailed materials that can be used in qualitative analysis" (pp. 11-12).
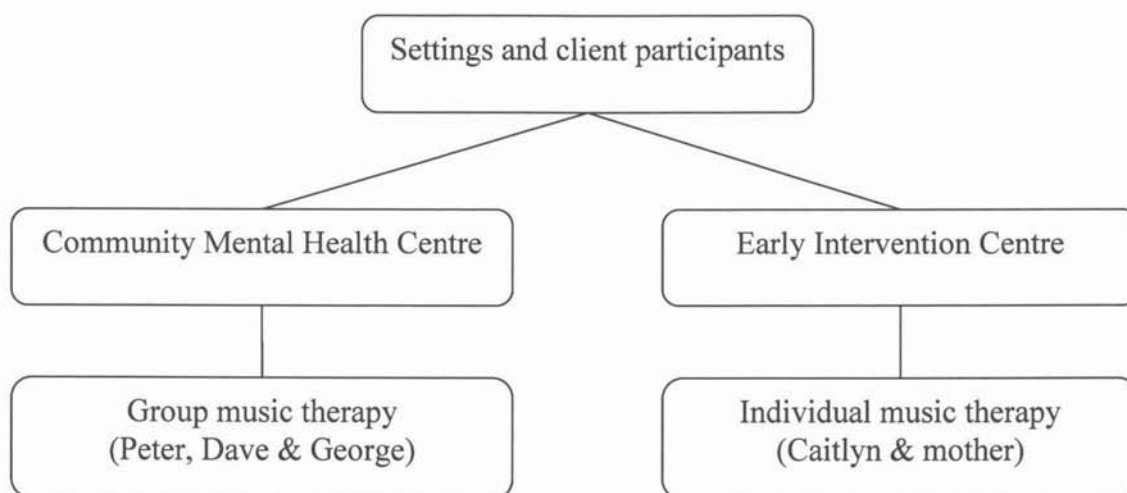

Figure 1 Settings and client participants[2]

These clients were approached by the managers of the centres they were attending, rather than the researcher, so that they did not feel pressured to participate in the research. The managers read the information sheets (see Appendices 1 & 2) to the client participants and they were given two weeks to decide whether they would like to be part of the research. All client participants approached agreed to participate and signed a written consent form (see Appendices 3 & 4). Centre consents were also sought and obtained.

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[2] All names used for the client participants in this study are pseudonyms for reasons of confidentiality.

3.2 Peer Participants

Two music therapy students who were also both in the final stages of completing their Master of Music Therapy degrees were asked to act as peer participants in the data collection process. Their role was to contribute data regarding what they thought was happening within each meaningful moment in terms of the music and interactions.

4. Ethical Issues

The study went through a long and thorough ethical approval process which identified a number of ethical issues. It highlighted the vulnerable nature of the client participants. They were all in a position where they might have difficulty articulating possible concerns with the study or the researcher. The process also highlighted the researcher's position of relative power over the client participants and the need for careful consideration of possible risks. The following section describes these risks and the measures that were taken to minimise them.

4.1 Minimisation of Risks

The researcher became aware of possible physical and psychological risks to the client participants. Physical risks included possible injuries from instruments, client participants tripping and falling or inadvertently hurting themselves or others. Psychological risks included the ability of music to highlight powerful emotions that need to be contained. In order to minimise these risks the researcher ensured that certain measures were carried out. Measures that were made to minimise physical harm included reducing equipment in the room, knowing where the first aid officer and kit was, having caregiver(s) or other staff member(s) in the room if appropriate or available to respond. Measures that were made to minimise psychological risk included ensuring that the sessions were carefully closed, sharing important information with other staff who were able to offer support to the participant if necessary, and regular supervision by the researcher's clinical liaison, visiting music therapist and university supervisor.

It was important for the researcher to acknowledge and state that the research procedures would not differ in any way to the standard treatment procedures. This

meant that the content or the way the sessions in the data collection period of the research would not be changed for the purposes of the study.

4.2 Confidentiality

The researcher also was aware of the possibility that the client participants could be inadvertently identified. Several measures were also made to minimise this by: a) omitting any identifying information from all published documents; b) the use of pseudonyms; and c) the peer participants signing a confidentiality agreement which stated that they would keep confidential any personal information pertaining to the research project (Appendix 5). The following section describes the procedures that were taken to select the meaningful moments.

5. Procedures for Selecting the Meaningful Moments

In other music therapy research regarding meaningful moments, the issue of identifying meaningful moments was solved through the use of in-depth interviews with the clients and/or therapists who experienced them (Amir, 1992; Grocke, 1999b; Marom, 2004). The focus of these studies was characteristic of a phenomenological methodology as their aim was to understand the meaning of the experience of meaningful moments. As the aim of the present study is rather to understand the processes that take place within the music and interactions during meaningful moments, the use of in-depth interviews with the clients was not suitable. Also for ethical reasons, outlined in section 4.1, the researcher had stated that the research process would not differ in any way from the treatment process. Hence, the researcher developed unique procedures for selecting the meaningful moments (see Figure 2). These sets of procedures vary slightly between the two settings due to different client needs and ethical considerations and will now be outlined.

5.1 Community Mental Health Centre

Each group music therapy session was audio-recorded during the session-recording period of October the 21st to December the 16th 2005. Due to the vulnerable nature of this client group audio-recording was chosen to record the sessions over video-

recording. The researcher felt it was possible that the presence of a video-camera could change the way the client participants felt and behaved in the sessions and therefore hinder the creation of meaningful moments. Instead a small audio-tape recorder was used to record the sessions. The disadvantage to this method was that a visual record of the clients' gestures, facial expression and movement was not collected[3]. Only five sessions in total were able to be recorded due to unforeseen events including client illness, therapist illness, and a new member joining the group who chose not to be part of the research and therefore these sessions were not recorded.

Meaningful moments were identified by the clients in the form of a verbal comment initiated by them at the time of the session in which the moments took place. These verbal comments occurred naturally and typically consisted of the clients communicating that something powerful had taken place for them.

5.2 Early Intervention Centre

Each individual music therapy session was video-recorded during the session-recording period of November the 2nd to December the 14th 2005. Only four sessions were able to be recorded in total due to unforeseen events including client illness, staff and parent meetings and visitors with the client to the centre.

As the participant at this setting was only three-and-a-half-years-old she obviously did not have the intellectual and communicative abilities to verbally identify meaningful moments. Instead the researcher closely observed her interactions and behaviour and noted in the clinical session notes when a moment occurred that appeared to be meaningful for the participant. This was done by noting significant interactions and the researcher's intuitive reactions to them (e.g. "I felt scared and excited"). The participant's mother was not involved in the process of choosing the meaningful moments due to ethical reasons. The researcher felt that it was not appropriate to involve her at this level due to session time restrictions and the mother's possible feelings of self-consciousness. Also, as part of the ethical approval, the researcher had stated that the research process would not differ in any way from the treatment process.

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[3] Interactions that stood out were noted in the clinical session notes.

5.3 Procedures Common to Both Settings

For both settings at the end of the session-recording period, after reading the clients' clinical session notes and listening to all the audio-recordings, the two most meaningful moments from each setting were chosen by the researcher. This was done by intuitively taking into account how powerful each moment appeared to be for the participant and then choosing the two moments that stood out the most above the others. The researcher only chose two meaningful moments from each setting to ensure that the amount of data to be analysed was of a manageable size for the time period available. Each recording was then edited to define the length of the segment around each of the four meaningful moments. In the editing process the researcher endeavoured to choose naturally occurring musical beginnings and endings around the moments.
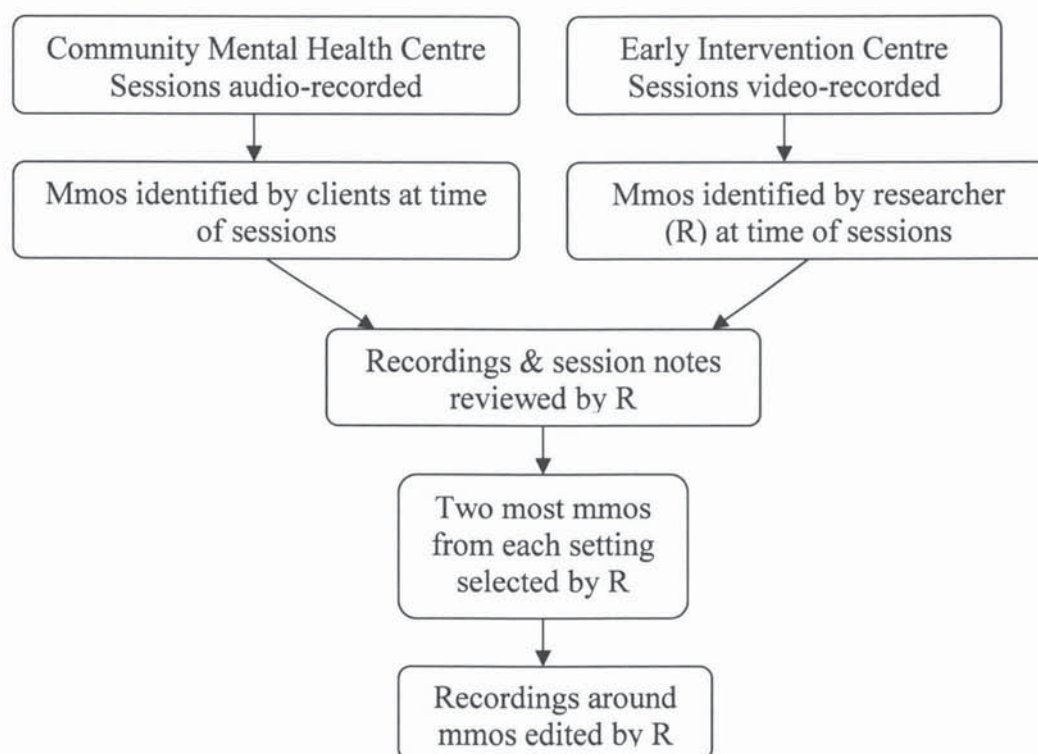

Figure 2 Procedures for selecting the meaningful moments

6. Data Collection

This section outlines the procedures for collecting the three main data sources: the discussion with the peer participants, the clinical notes and the musical notations (see Figure 3).
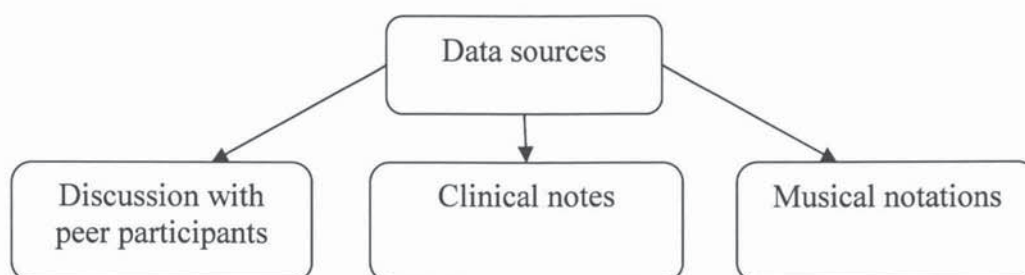

Figure 3 Data sources

6.1 Discussion with the Peer Participants

Two music therapy students who were also both in the final stages of completing their Master of Music Therapy degrees were asked to act as peer participants in the data collection process. Their role was to contribute data regarding what they thought was happening within each meaningful moment in terms of the music and interactions.

Seven steps were undertaken in the data collection process with the peer participants. They are outlined as follows (see Figure 4):

1) The audio- or video-recording of the meaningful moment was played and the peer participants were asked to listen/watch holistically to the excerpt without being given any background information.

2) Background information regarding the clients, group dynamics, music therapy process and why the moment was meaningful for the client was given to the peer

participants. They were asked to listen a second time[4] and to focus on the processes, regarding the music and the interactions, that were taking place.

3) They shared their thoughts in an informal discussion format with the researcher which was recorded on audio-tape. The researcher acted as a facilitator to the discussion and asked open questions such as "How would you describe what is happening in terms of the music here?" as well as reflecting on her own personal experience of the moments.

4) The recording was transcribed by the researcher as close to verbatim as possible.

5) The transcript was edited by the researcher who omitted opening and closing conversations, side-talk, incomplete sentences, fill-in words, such as "you know," and repetitions (for an example of this see Appendix 6).

6) As a form of member checking, a copy of the edited transcript was sent to both of the peer participants who were asked to verify the accuracy of their transcripts by commenting upon whether and how their transcripts did or did not reflect what they had said during the interview.

7) The transcript was then re-edited with the peer participants' comments and suggestions integrated into the text.

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[4] During analysis of meaningful moments no. 1 and 2 the peer participants asked to listen/view the recordings a third time which was granted by the researcher.
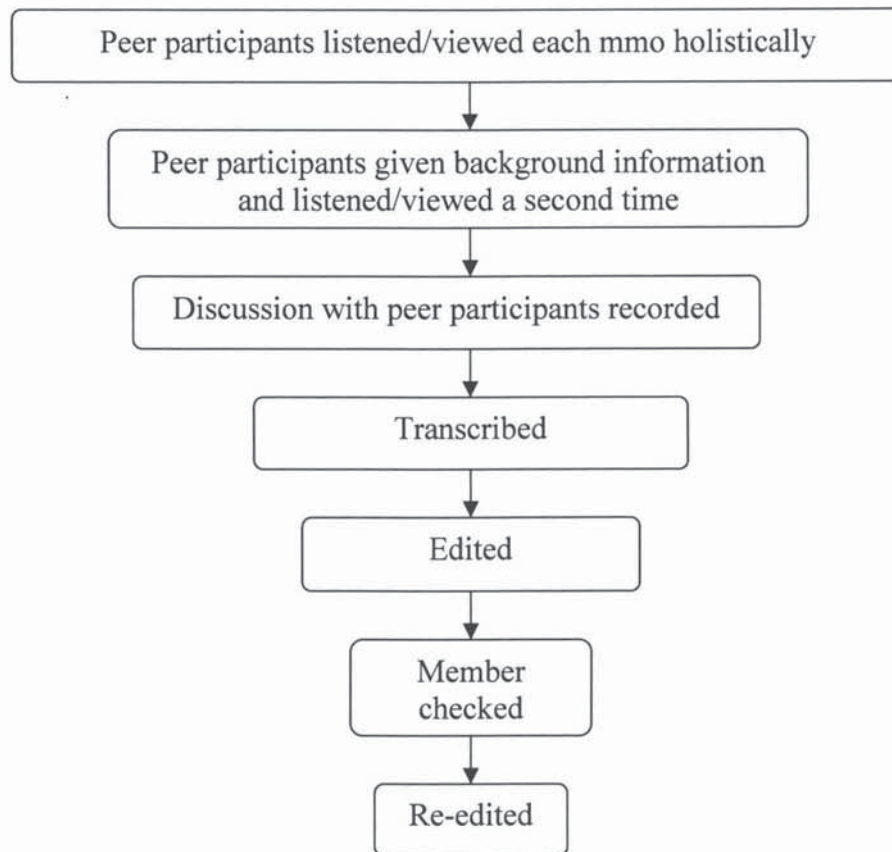
38

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┌─────────────────────────────────────────────────────┐
│  Peer participants listened/viewed each mmo holistically │
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                          ▼
┌─────────────────────────────────────────────────────┐
│  Peer participants given background information         │
│  and listened/viewed a second time                     │
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│  Discussion with peer participants recorded            │
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              │    Member checked        │
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              │       Re-edited          │
              └─────────────────────────┘
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Figure 4 Data collection process of discussion with the peer participants

6.2 Clinical Notes

Brief clinical notes were written directly after the sessions which included the researcher's spontaneous and intuitive reactions to the meaningful moments and observations of the clients. The researcher then reviewed the audio/video recordings and included further detailed observations in the clinical notes to give context of the events that took place in the rest of the session.

6.3 Musical Notations of Meaningful Moments

Each meaningful moment was transcribed by the researcher using musical notation, time counters, as well as drawings and comments to describe the interactions that were taking place. The purpose of including the notations in the study was to illustrate the music and the interactions that took place within each meaningful moment. These

interactions included the clients' gestures, facial expression and movement[5]. The notation style was influenced by Watson (1998). The music software *Sibelius 3* was used in the notation process.

7. Data Analysis

"Naturalistic inquiry provides researchers with an overall perspective from which to pursue research and general guidelines and criteria for evaluation, yet it tends to leave leeway to the individual researcher in developing specific protocols for any given study" (Aigen, 1995, p. 291). Here Aigen is highlighting the individual and unique nature of studies using naturalistic inquiry and therefore the need for the researcher to develop methods of data analysis that are relevant to the context and concerns of their study. Although the data analysis methods for the present study were influenced by existing techniques, such as Mayring's analytical technique (cited in Flick, 1998), the researcher chose to develop a unique method that made sense for the particular context of this study.

After all of the data sources were transcribed, important events were then identified and categorised. The data was then distilled by a further three-way analysis. The procedures in each of these sections will now be discussed individually.

7.1 Partial-Analysis of Peer Participant Transcripts

A partial-analysis of the transcripts of the discussion with the peer participants was undertaken. The analytic procedures were evolved by the researcher but based upon Mayring's analytical technique called *summarising content analysis* (cited in Flick, 1998). This technique was chosen because it aims to reduce large masses of text to produce categories in which the different moments could be compared and contrasted. This is called a partial-analysis because the researcher chose not to use a full method of analysis such as Mayring's *qualitative content analysis* (cited in Flick, 1998). The analysis consisted of six steps (see Figure 4 and Appendix 7):

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[5] Records of client interactions in the community mental health music therapy group were limited due to the use of an audio-tape to record the sessions in comparison to the use of a video-camera at the early intervention setting. Interactions that stood out were noted in the clinical session notes by the researcher and were later included in the musical notations.

1) The edited discussion was read in its entirety in order to gain a sense of the discussion as a whole.

2) For each of the four meaningful moments, parts of the text were selected that were relevant for answering the research question: What is happening in meaningful moments in terms of the music and interactions? For example: a) "Then there was the tension building theme of the chromaticism" and b) "The chromaticism was when they were creeping around".

3) The selected text was paraphrased in order to understand its essence (first reduction). For example, statement a) was paraphrased as: 'The theme of the chromaticism served to build tension' and statement b) as: 'The chromaticism was used when they were creeping around'.

4) Each paraphrase (from step three) was listed and linked back to the musical notations with the use of time counters. For example, statements a) and b) were both linked back to the specific time periods of 0:21-0:29 & 1:05-1:14 within meaningful moment no. 4.

5) Similar paraphrases within each moment were "bundled" (Flick, 1998, p. 193) and summarised (second reduction). Thus, statements a) and b) were bundled and summarised as: 'The theme of the chromaticism was used when they were creeping around and it served to build tension.'

6) Three categories were identified: 1) objective comments relating to the music and interactions; 2) intuitive descriptive comments (including metaphor and emotional feelings); and 3) comments relating to the technique employed by the MTS.

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│      Edited discussion read in its entirety   │
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                      │
                      ▼
┌─────────────────────────────────────────────┐
│ Parts of text selected in relevance to research question │
└─────────────────────────────────────────────┘
                      │
                      ▼
┌─────────────────────────────────────────────┐
│      Selected text paraphrased to draw out    │
│                   essence                     │
└─────────────────────────────────────────────┘
                      │
                      ▼
┌─────────────────────────────────────────────┐
│      Each paraphrase listed & linked          │
│           back to musical notations           │
└─────────────────────────────────────────────┘
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                      ▼
┌─────────────────────────────────────────────┐
│           Similar paraphrases                 │
│           bundled & summarised                │
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│              Categories                       │
│              identified                       │
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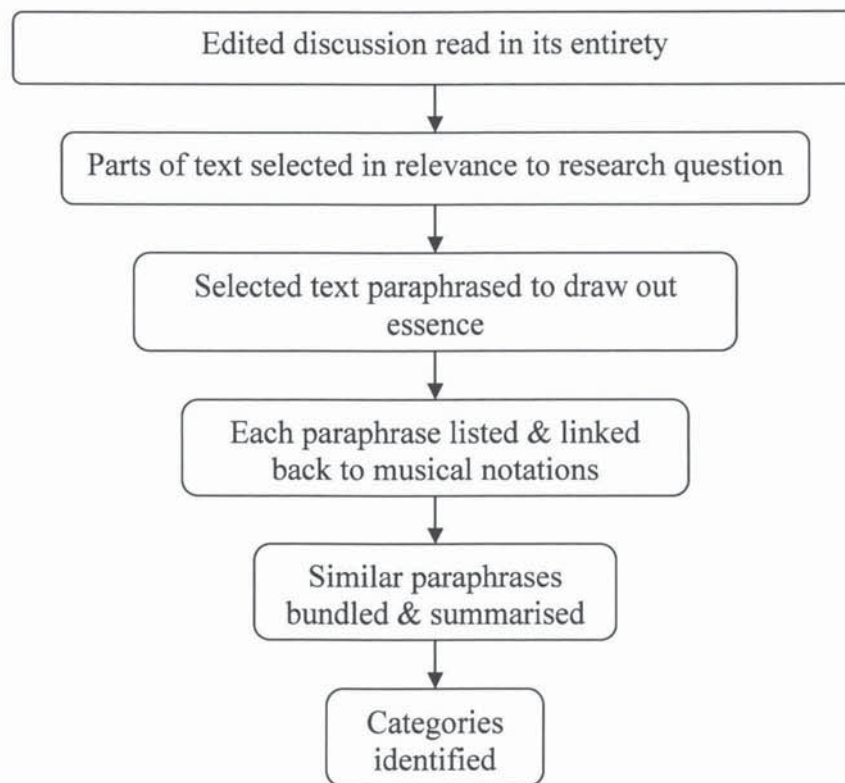
Figure 5 Partial-analysis process of discussion with the peer participants

7.2 Partial-Analysis of Clinical Notes

The same procedures outlined in 6.1 were carried out for the analysis of the clinical notes for each meaningful moment (see Appendix 7).

7.3 Three-Way Analysis of Data

With the primary categories identified, a three-way analysis was undertaken to find the essence of what was happening in the music and interactions during each of the meaningful moments. This was done by looking at the data in three different ways: a) the objective statements regarding the music and interactions (e.g. the beat got faster); b) the intuitive descriptive statements (e.g. it sounded excitable); and c) the statements regarding the technique employed by the MTS (e.g. the MTS is matching the client).

The discoveries from each of the meaningful moments (see the tables in the results chapter p. 57) were interpreted to describe what was happening in the music and interactions during each of the meaningful moments before being compared and

contrasted to discover any common themes. Procedures that were carried out to ensure the trustworthiness of the study's findings will now be discussed.

8. Trustworthiness

Trustworthiness is a term used by Lincoln and Guba (1985) as a parallel to the concept of rigor in quantitative research. They state that there are four criteria for achieving trustworthiness of a study's findings within naturalistic inquiry: credibility, transferability, dependability and confirmability. They describe ten techniques for establishing these criteria. Six of these techniques that had relevance to the context of this study will be discussed:

8.1 Prolonged Engagement

Lincoln and Guba (p. 301) define this as "the investment of sufficient time to achieve certain purposes: learning the 'culture,' testing for misinformation introduced by distortions either of the self or of the respondents, and building trust" (Lincoln & Guba, 1985, p. 301). In both settings prolonged engagement was achieved. The researcher waited three months at the Community Mental Health Centre and one year at the Early Intervention Centre before commencing the research.

8.2 Persistent Observation

The purpose of this is to "identify those characteristics and elements in the situation that are most relevant to the problem or issue being pursued and focusing on them in detail. If prolonged engagement provides scope, persistent observation provides depth" (Lincoln & Guba, 1985, p. 304). The researcher fulfilled this purpose by repeated listening to the recordings of the meaningful moments and discussion with the peer participants as well as repeated reading of the peer transcripts, clinical notes and musical notations.

8.3 Triangulation

Four different modes of triangulation exist: the use of multiple and different sources, methods, investigators and theories. Triangulation was used through the process of the three-way analysis of the data (the clinical notes and the transcription of the discussion with the peer participants). This was done through analysing the data in three different ways: a) the researcher's and the peer participants' objective statements regarding the music and interactions; b) the researcher's and the peer participants' intuitive statements; and c) the researcher's and the peer participants' statements regarding the technique employed by the MTS.

8.4 Peer Debriefing

This is described as being "a process of exposing oneself to a disinterested peer in a manner paralleling an analytic session and for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer's mind" (Lincoln & Guba, 1985, p. 309). Throughout the study the researcher participated in a peer support group consisting of three other students also completing master of music therapy qualifications and lead by the researcher's supervisor. Regular individual meetings with the researcher's supervisor were also scheduled throughout the research period.

8.5 Member Checks

This is a process that occurs continuously throughout the research whereby "data, analytic categories, interpretations, and conclusions are tested with members of those stakeholding groups from whom the data were originally collected" (Lincoln & Guba, 1985, p. 314). This was done throughout the present study by asking the peer participants to verify the edited version of the transcript of the discussion as well as the findings and categories resulting from the data analysis process.

8.6 Reflexive Journal

This is a diary in which the researcher records methodological decisions as well as speculation about growing insights (Lincoln & Guba, 1985, p. 327). The purpose of preserving this information is to help the researcher demonstrate that the research findings have not been biased in any way. Throughout the data analysis period the researcher kept a reflexive journal in which these matters were recorded.

BACKGROUND TO THE MOMENTS

This chapter presents relevant background information concerning the four meaningful moments in this study. For each moment, this information will be presented in five sections: a) the client('s) background; b) the music therapy procedures and goals; c) a summary of the session leading up to the meaningful moment; d) the duration of the meaningful moment; and e) a summary of the session following the meaningful moment.

1. Meaningful Moment No. 1

Setting: Community Mental Health Centre

Date: 11 September 2005

Group members: Peter, Lynn (the manager of the centre) and the MTS.

1.1 Client Background

This was Peter's first session with this music therapy group. I[6] had been working with him for approximately three months in a larger, open music therapy group at a different centre. He suffered from persistent mental illness but due to the nature of the setting I was not aware of his specific diagnosis. From previous sessions with him at the other centre I had observed that he often talked about things or acted in a way that seemed to be delusional. He appeared to have little awareness of others, often interrupting the other member's improvisations with sudden loud singing accompanied by loud strumming on the guitar.

1.2. Music Therapy Procedures and Group Goals

The structure and length of the group music therapy sessions was mainly dictated by the members of the group. Typically a session would last between 40 to 60 minutes and would open and close with specific songs composed by the members of the group. The main part of the session consisted of various activities including song-writing, singing favourite pre-composed songs, music and movement, relaxation, and improvisations on

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[6] The researcher refers to herself in the first person when discussing the clinical examples.

a range of different instruments as well as voice. The goals for the group were to provide meaningful experiences, opportunities for social interaction, a safe place to express emotions, greater awareness of self and greater awareness of others.

1.3. Summary of Session Leading up to the Meaningful Moment

At the beginning of the session the group members consisted of Peter, Lynn (manager of the centre), Dave, Karen (Dave's care-worker) and I. The session began with the greeting song the members had composed during a previous session. Peter suggested changing some of the lyrics. These changes and Peter's dominance in the group appeared to make Dave visibly upset and he subsequently walked out of the session. He was later able to come back and tell the group why he was upset and the situation appeared to be resolved.

An improvisation began with Peter choosing to play the djembe. Lynn chose the cymbal, while I chose the guitar. I provided a framework of a chord progression from the song *Buffalo Soldier* that was a favourite of Peter's. This framework seemed to contain and encourage each member's contribution allowing them to sing along with lyrics from *Buffalo Soldier* as well as their own improvised lyrics. I then varied the chord progression and used free vocal sounds which lead Peter to use freer rhythms on the djembe. He initiated a few solos which came to loud and fast climaxes. These appeared to be cathartic for him as he sighed or laughed after each one.

Peter then changed to play the cymbal with the brushes in a more chaotic manner at a very loud volume. I tried to contain his playing and he was able to be led into playing in a more controlled way for a short period of time before he became more chaotic again. During these chaotic sections, he sang phrases that seemed to be unrelated to each other. His cymbal playing ended after he finished with a very loud solo that lasted for approximately 1 minute that completely drowned out the other members of the group.

He then chose to play a smaller percussion instrument, a colourful ethnic shaker and was engaged in a turn-taking dialogue with me playing the electric keyboard. After some of the beads from the shaker accidentally broke off Peter swapped to another ethnic percussion instrument, a wooden Vietnamese fish shaped instrument. The improvisation continued with a quieter but still rhythmically lively dialogue.

1.4 The Duration of the Meaningful Moment

The segment surrounding the meaningful moment lasted 3 minutes and 26 seconds and was taken approximately[7] 50 minutes into the session.

1.5 Summary of Session Following the Meaningful Moment

Peter looked visibly more relaxed and talked freely in a soft tone about what the moment meant for him. He described the meaningful moment as being "very spiritual" and being a "time of sharing peace and harmony". He agreed with Lynn when she asked him if it was like he was meditating. He was able to explain later that he felt very "high" when he came to music therapy at the larger centre but in this group he felt he was able to express himself better. The session finished with the group's closing song in which Dave was able to join in. Peter continued to look very relaxed and spoke in a calm manner during afternoon tea. The session was approximately[8] 1 hour long.

2. Meaningful Moment No. 2

Setting: Community Mental Health Centre
Date: 25 September 2005
Group members: Dave with Maureen (his care worker), George and the MTS.

2.1 Clients' Background

2.1.1 Dave

This was Dave's 16th session in the music therapy group. He was the most regular attendee as he had not missed any sessions since the group started approximately four months earlier. He was an atypical user of the centre in that he did not have a mental illness. I was told that he was autistic and that he was using the centre's programme to practise and improve his social skills.

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[7] Only the improvisation section of the session was able to be recorded due to the short length of the blank tape.
[8] Only the improvisation section of the session was able to be recorded due to the short length of the blank tape.

2.1.2 George

This was George's 10th session. He suffered from persistent mental illness but again, as in Peter's case (see section 1.1), due to the nature of the setting I was not aware of his specific diagnosis. He often presented as being anxious or agitated, speaking and moving in a fast manner. He had difficulty in sustaining concentration or awareness of others.

2.2 Music Therapy Procedures and Group Goals

See section 1.2

2.3 Summary of Session Leading up to the Meaningful Moment

The session began with the group singing the greeting song and then singing some of Dave and George's requested songs. Dave and George then requested that the group listen to a CD by Lulu that I had brought along at their request the previous week. The group listened to two songs and sang along to the lyrics that I had printed out.

An improvisation began with George and Dave choosing their favourite instruments: the castanets and cymbal. Maureen gently accompanied on the rain stick while I provided rhythmic structure on the djembe. Throughout the improvisation George often interrupted the music by talking about unrelated topics. I was able to encourage him to sing what he wanted to say for short periods of time before he would resume talking again. The sung dialogues were sustained the longest during a 12-bar blues framework which I provided on the keyboard. I continued to provide a strong structure by musically directing solos for each member on their chosen instrument. Dave frequently sang along or echoed what the others were singing in a light hearted manner.

At one point in the improvisation Dave became distracted by looking at a CD. He became agitated when I asked him to put the CD down but was able to be re-engaged when I began to play the familiar *Rain Song* which both Dave and George had enjoyed in previous sessions. During the song George sustained concentration well and was able to play with a range of dynamics as well as a very controlled crescendo in the middle of

the song. At the end of the song George commented that he had "some stuff" on his mind so I suggested that the group play him some peaceful music.

2.4 The Duration of the Meaningful Moment

The segment surrounding the meaningful moment lasted 5 minutes and 2 seconds and was taken approximately[9] 50 minutes into the session.

2.5 Summary of Session Following the Meaningful Moment

There was a brief discussion about the improvisation in which Dave and George both commented that they found the sound of the violin relaxing. Dave then requested that the group listen to another song from a CD that I had brought along. The session then ended with the members singing the closing song together. In total the session was approximately[10] 1 hour long.

3. Meaningful Moment No. 3

Setting: Early Intervention Centre
Date: 9 September 2005
Group members: Caitlyn with Mary (her mother) and the MTS.

3.1 Client Background

At the time of this session Caitlyn was three-and-a-half-years-old and she had been receiving music therapy for approximately one year before this session. She had been diagnosed with Soto's syndrome, a genetic condition that causes rapid physical development in the early years of life. Although she was only three-years-old she was the height of a five-year-old and had a larger head, hands and feet in comparison with the rest of her body. She also presented with dyspraxia: a condition that results in difficulties in motor-planning and execution in the areas of language, physical and

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[9] Only the improvisation section of the session was able to be recorded due to the short length of the blank tape.

[10] Again, only the improvisation section of the session was able to be recorded due to the short length of the blank tape.

emotional control. She often had difficulty regulating her emotional affect and easily became overly excited or frustrated.

3.2 Music Therapy Procedures and Individual Goals

Caitlyn and her mother came weekly for individual music therapy sessions which typically lasted in duration between 15 to 20 minutes. The room in which the sessions took place was equipped with a variety of instruments including a piano, various drums, a cymbal, percussion instruments, horns and a violin. In working with Caitlyn I used a child centred approach and used improvisation as the main music therapy technique. This meant that I often followed Caitlyn's lead and encouraged her mother to do this also. Caitlyn's music therapy goals, as described in her Individual Development Plan (IDP), were for Caitlyn to: a) have plenty of opportunities for imaginary play where she leads the interactions; and b) have opportunities to explore different emotions.

3.3 Summary of Session Leading up to the Meaningful Moment

The session began with an improvisation at the piano between Caitlyn and I after Caitlyn had initiated playing it upon entering the music therapy room. The improvisation consisted of singing about reflections of Caitlyn's head in the piano. Caitlyn then requested "the faces": big photos of a child with different facial expressions that had been used in previous sessions to explore different emotions. The emotions of sad, happy and angry were explored by using musical improvisation with voice and piano and by imitating the different facial expressions. When asked, Caitlyn was able to verbally suggest different things that made her sad, happy or angry.

Caitlyn verbally requested "violin" and the familiar routine of gently unwrapping it and taking it out of its case was carried out. She then initiated getting some scarves that she had used for dancing in previous sessions. When I asked her what kind of dancing she wanted to do she replied: "spider song". This was also an idea she had initiated in previous sessions. I followed Caitlyn's lead by singing and improvising on the violin about the pretend spiders. Caitlyn became very engaged in the imaginary play and squealed when I played tremolos on the violin. The play then moved on to pretending to be butterflies gently flying around the room after Caitlyn requested "butterflies" (again

a previous idea). During this time her mother sat in a chair at one side of the room and occasionally joined in by moving scarves to the music.

3.4 The Duration of the Meaningful Moment

The segment surrounding the meaningful moment of 2 minutes was taken 15 minutes and 5 seconds into the session.

3.5 Summary of Session Following the Meaningful Moment

There was a knock at the door to signal the end of the session and I packed away the violin as Caitlyn pretended to be asleep. The familiar goodbye song was then sung at the piano and during which Caitlyn listened from her sleeping position on the floor. The total duration of the session was 20 minutes and 37 seconds.

4. Meaningful Moment No. 4

Setting: Early Intervention Centre
Date: 30 September 2005
Group members: Caitlyn with Mary (her mother) and the MTS.

4.1 Client Background

See section 3.1

4.2 Music Therapy Procedures and Individual Goals

See section 3.2

4.3 Summary of Session Leading up to the Meaningful Moment

The session began with Caitlyn requesting the violin by pointing to it upon entering the room. As the violin was unpacked she told me that she had "splashed in the water". Caitlyn and I then acted this idea out and went through different stages of being "all

wet" and "drying off". I matched Caitlyn's movements with her voice and on the violin. Caitlyn then initiated the idea of pretending to be in a shower and her mother waved scarves to symbolise the water. Her mother then covered her up in a scarf when Caitlyn said that she was cold. She then alternated the shower idea with the falling asleep idea from previous sessions. She introduced the spider idea but this time she ate the spider, something her mother had done in a previous session.

As Caitlyn pretended to be asleep again her mother initiated a crescendo on the cymbal which I matched with a fast tremolo on the violin to wake Caitlyn up. Caitlyn told her mother off for this and went to the opposite side of the room and played steady bass notes on the piano. I echoed the low steady sound on the violin while stomping her feet. This seemed to fully engage Caitlyn as she joined in with big steady steps. Her mother also joined in by playing the bass notes on the piano in the same way as Caitlyn had. All three members stomped around the room. Caitlyn was very expressive in the way she moved her arms and legs when pretending to be a stomping "monster".

This idea came to an end when Caitlyn announced that she needed some "medicine". This lead on to imaginary play between all three members involving a sequence of being sick and then making the other person "better" again with medicine, kisses, plasters and bandages. Her mother then suggested some dancing but instead Caitlyn chose to play the piano while I imitated her playing on the violin. She appeared to become distracted but her mother was able to re-engage her by playing the piano. Caitlyn announced that her mother was being a "spider" and commanded: "Go away spider!" She then banged on the piano, which I reflected loudly on the violin before Caitlyn announced again: "I'm cross!" When asked why she was cross she replied that there was "peanut butter everywhere". The idea of having peanut butter everywhere and then washing it off was then musically acted out.

4.4 The Duration of the Meaningful Moment

The segment surrounding the meaningful moment of 1 minute and 29 seconds was taken 16 minutes and 50 seconds into the session.

4.5 Summary of Session Following the Meaningful Moment

The intensity of the moment ended because Caitlyn's mother felt embarrassed that she was recorded falling over on the video tape. She and I both laughed about it before packing the violin away and finishing the session with the goodbye song. The total duration of the session was 20 minutes and 4 second.

RESULTS

This chapter presents the findings from the analysis of the data. Three primary categories were identified through the analysis of the discussion with the peer participants and the clinical notes: a) objective comments relating to the music and interaction; b) intuitive descriptive comments; and c) comments relating to the technique employed by the MTS.

The findings from each of the four meaningful moments are presented in two parts: a) the musical notation of the meaningful moment; and b) the table of the findings from the analysis of the clinical notes and the peer participant transcripts.

1. Meaningful Moment No. 1

1.1 Musical Notation

Key For Musical Notation of Meaningful Moment No. 1		
〰〰〰	=	Downward movement of rain stick
〰〰〰	=	Ringing of wind chimes
😌	=	Closing eyes
😃	=	Laughing

Meaningful Moment No. 1

58

1.2 Findings from the Data Analysis

Time	Objective comments relating to music and interaction	Intuitive descriptive comments	Comments relating to the technique employed by MTS
0:04[11] 0:08 0:16 0:24 0:54 0:59 1:12 1:20 1:27 1:33 1:46 1:50 1:55	• The client is[12] turning the rainstick throughout the improvisation • At the same time the MTS is playing descending arpeggios on the violin which end on a low A note	• It sounded like the client and the MTS were taking a sigh together. It sounded like they went: "ahhhh" and right at the bottom there was the same density of the music.	• The MTS is matching the downward motion of the client's rainstick • The MTS is reflecting the client's calm mood • The MTS is providing a grounding note which acts as a home base to ground the improvisation
0:29	• The beat gets faster	• It sounded excitable	• The MTS is matching the client's faster beat
2:09-2:33	• The client slows down his rainstick movement • At the same time the MTS slows down on the violin	• The client would have known the MTS was waiting for him	• The MTS is waiting for the client
2:40	• The client has his eyes closed and is very still • The MTS plays a trill on the leading note then slides up to the ending note which is the grounding note played up two octaves • The MTS softly lets this note fade out • At the same time the manager plays the wind chimes and lets them slowly fade out	• The ending had an ethereal quality • It was charming • The MTS felt like it was a beautiful calm transcendent time	• The MTS is subtly communicating the ending of improvisation
2:54-3:19	• Complete silence for 25 seconds with all members being completely still	• The silence was special and genuine • The MTS felt like the silence lasted for a long time • The MTS felt that the client looked almost as if he was meditating • The MTS felt that it was a sacred time for the client and was careful not to break it	• The MTS is waiting for the client
3:19	• The manager accidently bumps into the drum	• It sounded like a real sharp end to the improvisation	

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[11] The tables are presented sequentially.
[12] The inconsistency of the use of tense in the tables reflects the way they were written in their original source.

3:23	• All members of the group laugh together	• The laughter sounded relaxed It sounded like the voices swelled	

Overall Comments[13]:

0:00-3:26	• Overall quiet dynamics	• It might be easier to share quiet meaningful moments by the way they hang in the air • The shape of this improvisation reminds me of a similar experience in my clinical work	
0:00-3:26	• The meaningful moment occurs at the end of the session	• This is like a verbal conversation where the person will tell you something important right at the end	

Table 1

2. Meaningful Moment No. 2

2.1 Musical Notation

Key For Musical Notation of Meaningful Moment No. 2		
⌇⌇⌇⌇⌇⌇⌇	=	Shaking of seed shaker
⌇⌇⌇⌇⌇⌇⌇	=	Ringing of wind chimes
☺	=	Vocalising

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[13] The tables are separated to show the distinction between the sequential comments and the overall comments.

Meaningful Moment No. 2

63

65

2.2 Findings from the Data Analysis

Time	Objective comments relating to music and interaction	Intuitive descriptive comments	Comments relating to the technique employed by MTS
0:00 0:09 0:19 0:26 0:37 0:48	• The client shakes the seed shaker at a loud volume intermitently	• It sounded erratic • It sounded like he was flapping his arms • He sounded like he was in his own little world • The MTS felt annoyed that he was unaware of other client's tired mood	• The MTS is reflecting the tired mood of the other client
2:52	• The MTS plays a trill on the violin • The client then vocalises at same pitch as the violin	• It sounded like he was trying to sing • He sounded excited • He sounded joyous	• The MTS is matching the sound of the client's seed shaker
3:09- 4:01	• The client is shaking the seed shaker for a long sustained period of time • The other client and careworker are playing regular crotchet beats on the drums • At the same time the MTS is playing a rhythmical melody on the violin	• It sounded like the group were all playing equally and listening to each other • The theme had an energising quality but it wasn't excitable • The MTS felt a special connection between all the members of the group and the need not to break it	• The MTS is matching the regular crotchet beats of the client and careworker on the drum • The MTS is providing cohesion for the group
4:41- 5:01	• There is complete silence for 20 seconds	• The MTS felt like it was a poignant silence	• The MTS is waiting

Overall Comments:

Time	Objective comments relating to music and interaction	Intuitive descriptive comments	
0:00- 5:02	• Overall quiet dynamics	• It might be easier to share quiet meaningful moments by the way they hang in the air • The shape of this improvisation reminds me of a similar experience in my clinical work	
0:00- 5:02	• The meaningful moment occurs at the end of the session	• This is like a verbal conversation where the person will tell you something important right at the end	

Table 2

3. Meaningful Moment No. 3

3.1 Musical Notation

Key For Musical Notation of Meaningful Moment No. 3

= Caitlyn (child)

= Mary (Caitlyn's mother)

= Music Therapy Student

= Taking a step forward

Meaningful Moment No. 3

C
pretending to be asleep (continued)

Pulls scarves off and
over slowly and look[

M

26

M puts scarves gently on C | MTS puts scarves gently on C

MTS

et.   Cait - lyn's a giant, she needs a blank - et. Sleep - ing, sleep - ing.

p   *f*

MTS

p   *f*

1:33   1:36

C

Getting up very slowly (continued)

Turns head and

M

34

MTS

up!   Gett - ing   up,   gett - ing   up,   gett - ing   up...

p

MTS

pizz.   *p*

3.2 Findings from the Data Analysis

Time	Objective comments relating to music and interaction	Intuitive descriptive comments	Comments relating to the technique employed by MTS
0:04 0:36 1:54	• The client's mother is shaking scarves to the rhythm of the music played by the MTS's on the violin	• It would have been a holistic sensory experience for the client	
0:20 0:49 1:56	• The client falls down and pretends to fall asleep • The MTS plays a descending glissano on the violin	• It's like the client falls asleep when she doesn't know what to do next	• The MTS is following the client's movements
0:41-0:49	• The client pretends to be a monster and initiates slowly walking towards the MTS with large steps in time to the music while sustaining eye contact with the MTS • At the same time the MTS is playing heavy low music on her violin leading to a tremolo	• The MTS felt scared and excited • The MTS felt the client was so in character • The client's great big steps looked so deliberate • The client appeared to be in a heightened emotional state	• The MTS is increasing the excitement and the drama of the interactions
1:12	• The client pretends to fall asleep and her mother puts scarves on her	• It looked like a really nice mother-child interaction	
1:29-1:45	• The client gets up very slowly with her back to the MTS	• The client must have known that the MTS was following her movements because she could hear the music	• The MTS is following the client's movements
1:47	• The client says: "Eat you up!" and has sustained eye contact with the MTS • MTS replies with a pretend scream and plays a tremolo on the violin	• The MTS felt "scared and excited" • The client appeared to be in a heightened emotional state	• The MTS is increasing the excitement and the drama of the interactions
1:52-1:56	• The client and the MTS are jumping to the music together at the same time	• The jumping with the music was very holistic • The bouncing seemed to be so much fun for the client • The MTS and the client were sharing it together • The MTS felt that the jumping was exactly in time with the client and the music	• The MTS is increasing the excitement and the drama of the interactions

Overall Comments:

0:00-2:00		- The MTS exaggerating what the client is doing through her music and movements which is similar to a mother-child relationship - The play between the client and the MTS was reciprocal	The MTS is exaggerating what the client is doing through her music and movements

Table 3

4. Meaningful Moment No. 4

4.1 Musical Notation

Key For Musical Notation of Meaningful Moment No. 4

 = Caitlyn (child)

 = Mary (Caitlyn's mother)

 = Music Therapy Student

Meaningful Moment No. 4

4.2 Findings from the Data Analysis

Time	Objective comments relating to music and interaction	Intuitive descriptive comments	Comments relating to the technique employed by MTS
0:21-0:29; 1:05-1:14	• The client is walking around the room • The MTS plays an ascending chromatic scale on the violin	• The theme of the chromaticism was used when they were creeping around • The music must have made it more exciting for the client	• The MTS is adding to the tension of the interactions
0:44-0:54	• The client pretends to be a monster and walks towards her mother with her arms outstretched • The MTS plays a low heavy theme on the violin	• It sounded scary	• The MTS is increasing the excitement and the drama of the interactions
1:05-1:21	• The client's mother pretends to be a monster and chases the client around the room • The MTS plays a low heavy theme on the violin which gets faster	• It sounded exciting • The music gave me the impression of speed • The MTS felt happily surprised when the client's mother took on the monster role • The MTS felt excited watching the client's mother chase the client • The MTS felt that client was fully engaged and excited	• The MTS is increasing the excitement and the drama of the interactions • The MTS is standing back to allow positive mother-child interaction
1:14	• The client's mother catches the client • The MTS is playing a loud tremolo on the violin	• The tremolo symbolised the final climax and a release which is the way it is used generally in music	• The MTS is using musical themes to structure the interactions
1:19	• The client and her mother accidentally fall over • The MTS plays a descending glissando on the violin	• This would have been an instinctive thing to do as a musician • The client would have picked this up	• The MTS is following the client's movements

Overall Comments:

Time		Intuitive descriptive comments	Comments relating to the technique employed by MTS
0:00-1:29		• It must be nice for a child to hear their play being reflected in music • The MTS felt everything seemed to happen very quickly and was very intense	• The MTS is reflecting the emotions of the client and the client's mother

Table 4

DISCUSSION

This study set out to investigate moments in the researcher's clinical work that were deemed as being meaningful for the clients involved. The purpose of this chapter is to discuss the findings regarding the two research questions in order to illuminate what was happening in the meaningful moments and the common elements that exist between them.

1. Research Question No. 1

What is happening, in terms of the music and interactions, in moments within the researcher's clinical work that are deemed to be meaningful for the clients involved?

The findings show that the essence of what was happening in the meaningful moments was made up of three different elements: a) the music and interactions; b) the emotional and intuitive responses; and c) the therapist's technique.

1.1 The Music and Interactions

The fact that the music is an important part of what happens in a meaningful moment in music therapy may be taken for granted but it is important that these 'givens' are confirmed by in-depth research. The important role of music in meaningful moments concurs with the findings of other qualitative research studies investigating such moments (Aigen, 1997; Amir, 1992; Grocke, 1999b; Marom, 2004; Trondalen, 2004). These studies all emphasise the importance of music in the creation of the moments.

In the present study, the interactions of the therapist and the client(s) constituted an important part of what happened in the moments. The importance of the client's and therapist's interactions is consistent with Amir's (1992) transpersonal view that during meaningful moments "the client and therapist's actions became the expression of their beings" (p. 188).

1.2 The Emotional and Intuitive Responses

The emotional and intuitive nature of some of the responses to the moments is consistent with studies investigating meaningful moments through the use of interviews with the therapists and clients who experienced them (Amir, 1992; Grocke, 1999b; Marom, 2004). These studies highlight the emotional response as being an integral part of what makes a moment meaningful. Amir (1992) categorises a number of the identified types of meaningful moments by different emotions such as 'joy and ecstacy', 'sadness and anger' and 'pain'. Grocke (1999a) identifies a common theme that all of the pivotal moments in her study were emotional experiences. She states that these were expressed through a very wide range of emotions such as 'fear', 'anger', 'awe', 'discomfort' and 'profound love'. Marom (2004) also describes the frequent experience of considerable emotional intensity during spiritual moments. These emotions ranged from 'awe', 'joy', and 'ecstasy' to feelings of 'intense sadness'.

Through interviews with the therapists who experienced meaningful moments, intuition is also emphasised as having an important role in the creation of these moments (Amir, 1992; Grocke, 1999a; Marom, 2004). Amir (1992) states that the therapists reported listening to themselves and to their clients, in order to gain intuitive knowledge. One therapist explained that "the intuitive process brings you to the moments" (p. 161). The therapists in Marom's (2004) study reported the importance of intuitively sensing what their clients needed and where the therapeutic processes needed to go. Grocke (1999a) also emphasises the use of intuition during pivotal moments in GIM. She states the initial choices of the music selections in GIM are made on the basis of intuition which is described as "a kind of direct and immediate knowing without the conscious use of reasoning" (p. 205).

1.3 The Therapist's Technique

As far as the researcher is aware, there has been no music therapy literature investigating the use of the therapist's technique during meaningful moments. This study may therefore be making a helpful contribution to the knowledge in this area. It also adds to illustrate the importance of the techniques which have been described in

various music therapy text books used for music therapy training (Bruscia, 1987; Bunt & Hoskyns, 2002; Wigram, 2004; Wigram et al., 2002).

1.4 The Significance of the Categories

The identification of the above three categories is significant because they encapsulate three elements that are integral to meaningful moments in the music therapy process. It is the researcher's belief that these categories cover and summarise the different elements that are constantly at work during the music therapy process. The practice of reflecting on clinical work in music therapy is very important for the understanding and communication of what occurs within music therapy. The researcher has found holding these three categories in mind when reflecting on ongoing clinical work a resourceful method for promoting understanding of the work.

2. Research Question No. 2

Are there any commonalities in the events that take place between all the identified meaningful moments?

Through comparing and contrasting the findings from each of the three categories a number of themes emerged. These will be discussed in three sections: a) objective comments relating to the music and interactions; b) intuitive descriptive comments; and c) comments relating to the technique employed by the MTS.

2.1 Objective Comments Relating to the Music and Interactions

Seven common themes were found within the objective comments relating to the music and the interactions. These will be discussed individually with examples from the meaningful moments: a) silence; b) dynamics; c) structure; d) laughter; e) MTS and clients appearing to be fully engaged; f) lack of verbal interruptions and g) meaningful moments occurring at end of sessions.

2.1.1 Silence

Mmos[14] 1 and 2 both end with a relatively long period of complete silence. This is illustrated by the musical notations which show that the silences last 25 seconds and 20 seconds respectively.

This is similar to anecdotal descriptions of meaningful moments in music therapy improvisation (Priestley, 1994; Trondalen, 2003, 2005) which describe a period of silence often following such moments. This also links to Stern's (1998) concept of an 'open space' that takes place after a 'moment of meeting' in parent-infant interaction and adult psychotherapy. He states that in this open space, each participant in the interactive process disengage from their specific meeting and can be alone, in the presence of the other to allow assimilation of the effect of the moment of meeting.

2.1.2 Dynamics

The music of both mmos 1 and 2 is predominately at a quiet dynamic with gradual changes, while mmos 3 and 4 have a wider range of dynamics which change very frequently. These different findings reflect the nature of the different settings. The quieter dynamics reflect the need for relaxation for adults with mental illness. The wide range and changing nature of the dynamics in the music of both mmos 3 and 4 reflect the nature of working with an imaginative and energetic three-and-a-half-year-old in an early intervention setting.

The quiet and gradually changing nature of the dynamics in mmos 1 and 2 contrasts with the findings of studies which analyse the music of meaningful moments (Grocke, 1999a; Trondalen, 2005). Grocke (1999a) discusses the wide range of dynamics within the music of pivotal moments. This finding is similar to the wide range and changing nature of the dynamics in mmos 3 and 4. Trondalen (2005) describes the dynamics of the music of one significant moment as being "intense and condensed" (p. 11) but unfortunately does not explain what this means. Even though this is not defined it may have some similarities to Grocke's (1999a) finding.

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[14] For ease of reading the abbreviation mmo will be used throughout this chapter when referring to the individual meaningful moments in this study.

2.1.3 Structure

All the meaningful moments had a strong musical structure in which themes were repeated many times. Mmo 1 had the repetition of the grounding note which acted as a 'home base' to contain the improvisation. Mmo 2 predominately consisted of four-bar phrases in which certain themes were repeated and elaborated on. Mmos 3 and 4 both consisted of short contrasting themes which were also repeated in different ways. These themes linked back to different interactions, such as a tremolo representing excitement and a glissando representing a downward falling movement, therefore also serving to provide structure for the interactions that were taking place.

This concurs with Grocke (1999b), Trondalen (2005) and Marom (2004) who describe the music which underpins meaningful moments as having a strong structured form in which themes are repeated. Grocke explains the structured form serves to provide "a safe 'container' for the experience" of pivotal moments (1999a, p. 207). Trondalen (2005) states that through the predictable nature of repeated melodic chords the client was able to explore rhythmic syncopation in her drum playing and singing which in turn was identified as a significant moment. Marom (2004) also identifies the repetitious nature of the music in one spiritual moment from her study. She states the repetition served to provide an experience of safety, structure and predictability which encouraged the relinquishing of defences and boundaries necessary to enter the spiritual moment.

2.1.4 Laughter

Both mmos 1 and 4 ended in laughter. In mmo 1 all the members of the group laughed together when the silence was broken by one of the members accidentally knocking the drum. In mmo 4 the client's mother and the MTS laughed together about how the client's mother had fallen over by accident which had broken the intensity of the interactions.

There may be a connection here to anecdotal descriptions of meaningful moments by other music therapists who describe sharing smiles after these moments have taken place (Priestley, 1994; Trondalen, 2003, 2005).

2.1.5 MTS and Clients Appearing to be Fully Engaged

Through examining the music and the interactions in all the meaningful moments the MTS and the clients appeared to be fully engaged in what they were doing. In mmo 1 the client had his eyes closed and stayed still for 40 seconds and then commented how he found that time to be very spiritual. In mmo 2 all the members played cohesively with a similar style for a minute before there was a period of silence for 20 seconds. In mmos 3 and 4 it appeared that from the fast changing pace of the play that the MTS, the client and the client's mother were all fully engaged in what they were doing.

The state of being fully engaged is similar to Csikszentmihalyi's (1996) concept of 'flow'. This is the term he used to describe the holistic sensation people feel when they act with total involvement. He states one of the nine elements influencing the creation of flow is that there is intense concentration on the present.

2.1.6 Lack of Verbal Interruptions

All the meaningful moments were not interrupted verbally by any of the clients until they naturally came to an end. Mmo 1 began and ended with the client talking and it was noted in mmo 2 that it was significant that none of the clients interrupted the improvisation verbally. In mmos 3 and 4 the client did speak occasionally but these verbalisations added to the play in forms of suggestions of what to do next.

This finding links to that of Kraus (2003) who concludes that frequent interruptions inhibit musicians' ability to remain in a state of flow or optimal experience during music rehearsal. Priestley (1994) also states that in the history of her clinical work receptive creative experiences (RCEs) are never experienced in the verbal part of the music therapy session.

2.1.7 Meaningful Moments Occurring at End of Sessions

All of the meaningful moments occurred near the end of the sessions in which they took place. The clinical notes show they occurred respectively 83%, 83%, 74% and 82% through the session.

As far as the researcher is aware, there is no research regarding the time it takes to build up to a meaningful moment. From the researcher's experience it takes both time within a session and also time within the therapeutic relationship for the occurrence of a meaningful moment.

2.1.8 Summary of the Objective Comments Relating to the Music and Interactions

Comparing and contrasting the objective comments relating to the music and the interactions in each of the meaningful moments resulted in common themes. These included elements within the silence, dynamics, structure, laughter, MTS and clients appearing to be fully engaged, lack of verbal interruptions and meaningful moments occurring at end of sessions. The common themes within the intuitive descriptive comments will now be discussed.

2.2 Intuitive Descriptive Comments

All of the meaningful moments produced strong intuitive descriptive comments by the peer participants and the MTS. Six types of comments will be discussed individually with examples from the meaningful moments: a) emotional responses; b) intuitive responses; c) empathic responses; d) the quality of the music and/or interaction; e) the use of metaphor; and f) comparing the music and/or interaction to similar experiences.

2.2.1 Emotional Responses

The meaningful moments produced a wide range of emotional responses from the MTS and the peer participants. The MTS described feeling "scared and excited" in mmo 3 as the client walked towards her pretending to be a monster. At a similar point in mmo 4 the peer participants described the music as sounding "scary". In mmo 1 the MTS described feeling like the ending was a "beautiful calm transcedent time".

These intense emotional responses are consistent with the findings of Amir (1992), Grocke (1999a) and Marom (2004), discussed earlier in section 1.2 of this chapter. These studies found that meaningful moments produced a wide range of intense emotions in the clients and therapists who experienced them.

2.2.2 Intuitive Responses

The meaningful moments also produced intuitive responses from the MTS. In mmo 1 the MTS felt that the silence was a "sacred time" for the client and was careful not to break it. Again in mmo 2 the MTS felt a "special connection" between all the members of the group and the need not to break this connection.

These intuitive responses are also consistent with the findings of Amir (1992), Grocke (1999a) and Marom (2004), discussed earlier in section 1.2 of this chapter. These studies all highlighted the important role intuition played in the creation of meaningful moments. This finding also illustrates the writings by Priestley (1994) and Bunt and Hoskyns (2002) who emphasise the role of intuition in music therapy improvisation.

2.2.3 Empathic Responses

Throughout all the meaningful moments the peer participants and the MTS imagined how the clients might be feeling. In mmo1 the MTS felt the period of silence was a "sacred time" for the client. Earlier in the same moment the peer participants imagined that the client would have known that the MTS was waiting for him. This was also evident in mmo 4 where the peer participants commented how nice it would feel to hear their play reflected in the music.

These responses seem to have an empathic quality. Bruscia (1987) defines empathy as "the extent to which the therapist experiences what the client experiences" (p. 568). Amir (1992) finds that the therapist's ability to listen to and explore the client's needs is vital to the creation of meaningful moments. Marom (2004) also discusses the importance for the therapist being receptive and open to the client's needs to the creation of spiritual moments. Although both of these authors do not use the word empathy, their findings illustrate the empathic qualities needed by the therapist in the creation of meaningful moments.

2.2.4 The Quality of the Music and/or Interactions

When describing the music and interactions, the peer participants and the MTS gave them certain qualities. In mmo 1 the peer participants described the ending as having an "ethereal" quality due to the relatively high pitch of the wind chimes and violin and the way they slowly faded out. The sound of the laughter in mmo 1 was described as "swelling" and in mmo2 the MTS described the silence as being "poignant".

This may link to Stern's (1985) concept of 'vitality affects' which is used to describe the dynamic shifts of feeling within us. The music therapist Pavlicevic (2002) illustrates this concept by giving different examples of the vitality affect of 'bursting': a child bursting with energy, a burst of temper, a burst of sound. She states that the 'bursting' is the dynamic form of the action or feeling. Trondalen (2003) also uses this concept in her study of significant moments to emphasise that the most important factors within the interaction are not the actual events but *how* the interaction proceeds.

2.2.5 Use of Metaphor

The intuitive descriptive comments included the use of metaphor. An example of this is the metaphorical description of the client and the MTS "creeping around the room" in mmo 4. They also described the joint action in mmo1 of the MTS playing downward arpeggios on the violin at the same time as the client turned the rainstick as if the two "were taking a sigh together".

As far as the researcher is aware, there is no literature which has specifically looked at the use of metaphor in describing meaningful moments. It is possible that the use of metaphor may stem from the difficulties in describing meaningful moments with words. This dilemma is described by Priestley (1994) who states that words are "too flat-footed and insensitive vehicles for these emotions" (p. 323).

2.2.6 Comparing the Music and/or Interactions to Similar Experiences

The peer participants compared the music and/or interactions to their own similar experiences. The quiet ending of mmo 1 reminded one of the peer participants of a similar experience in her own clinical work. The fact that the mmos 1 and 2 occur at the

end of the session was also compared to the experience of a verbal conversation and how often if someone has something important to say they will say it at the end.

This is similar to the peer participants' use of metaphor to describe the meaningful moments, as comparing the music and/or interaction to a similar experience is another way to describe the moments without using concrete terms. This again emphasises the difficulty of using words to describe the processes within meaningful moments.

2.2.7 Summary of Intuitive Descriptive Comments

To summarise, the common themes identified within the intuitive descriptive comments included emotional responses, intuitive responses, empathic responses, the quality of the music and/or interaction, the use of metaphor and comparing the music and/or interaction to similar experiences. These themes illustrate the rich and complex nature of using words to describe meaningful moments. Comments relating to the technique employed by the MTS will now be discussed.

2.3 Comments Relating to the Technique Employed by the MTS

In all of the meaningful moments the MTS is described using a variety of different therapeutic techniques. Eight techniques were identified: a) matching; b) reflecting; c) grounding; d) following; e) waiting; f) synchronising; g) exaggerating and increasing the drama and excitement of the interactions; and h) standing back to allow positive mother-child interaction. Each of these techniques will be defined and then discussed in relation to examples from the meaningful moments.

2.3.1 Matching

This is defined as "improvising music that is compatible, matches or fits with the client's style of playing while maintaining the same tempo, dynamic, texture, quality and complexity of other musical elements" (Wigram, 2004, p. 84). Throughout mmos 1 and 2 the MTS is described as matching the clients' music. In mmo 1 the MTS matches the downward motion of the rainstick with descending arpeggios on the violin. In mmo 2 the MTS is matching the sound of the client's seed shaker with a trill.

2.3.2 Reflecting

Reflecting is improvising music to "match the moods or feelings that the client is expressing" (Bruscia, 1987, p. 540). Throughout mmos 1, 2 and 4 the MTS is described as reflecting the clients' moods or emotions. The MTS reflects the client's calm mood in mmo1 and the client's tired mood in mmo 2. In mmo 4 the MTS reflects the emotions of the client and the client's mother.

2.3.3 Grounding

This is defined as "creating a stable, containing music that can act as an 'anchor' to the client's music" (Wigram, 2004, p. 91). In mmo 1 the MTS provides a grounding note which is described as acting as a home base to ground the improvisation. This grounding note is a low A note which is repeated many times throughout the improvisation.

2.3.4 Following

Following is not described as a specific music therapy technique but it encapsulates other techniques such as matching and synchronising. The MTS is described as musically following the client's movements throughout mmos 3 and 4.

2.3.5 Waiting

This is similar to the technique of 'making spaces' by which "the therapist improvises and provides frequent spaces within the structure of the improvisation for the client to respond or inject sounds" (Bruscia, 1987, p. 544). The MTS is described as musically waiting for the client throughout mmos 1 and 2.

2.3.6 Synchronising

In synchronising "the therapist does what the client does as the client is doing it, timing the process so that their actions coincide" (Bruscia, 1987, p. 538). This has similarities

to the MTS synchronising the music and her movements to that of the client's jumping around movement at the end of mmo 3.

2.3.7 Exaggerating and Increasing the Drama and Excitement of the Interactions

Exaggerating is when "the therapist exaggerates something that is distinctive or unique about the client or what the client is doing" (Bruscia, 1987, p. 541). This is also very similar to the technique of the MTS increasing the drama of the interactions which is mentioned frequently throughout mmos 3 and 4. One example of this is in mmo 4 when the MTS plays a heavy theme on the violin to exaggerate and increase the drama and excitement of the client's mother pretending to be a monster.

2.3.8 Standing Back to Allow Positive Mother-Child Interaction

This has links to the technique of 'receding' which is defined as "after playing a prominent role in the improvisation, the therapist steps back and allows the client to direct the improvisation" (Bruscia, 1987, p. 549). The MTS is described as standing back to allow positive mother-child interaction in mmo 4. In this case rather than allowing the client to direct the improvisation, the MTS was allowing the client's mother to direct the improvisation. This reflects the goals of the setting of the Early Intervention Centre, one of which was to empower the parents/caregivers with the skills of the therapists.

2.3.9 Summary of Techniques Employed by the MTS

Throughout all of the meaningful moments the MTS was found to be using a variety of therapeutic techniques. As stated in section 1.3 of this chapter, as far as the researcher is aware there has been no analysis of the therapists' techniques in the literature investigating meaningful moments. Therefore, the techniques described above are significant as they serve to illustrate their important role within meaningful moments.

3. Considerations

Since the completion of the research there are a number of methodological considerations that the researcher has reflected on. These considerations will be discussed in three sections: a) client participants; b) data collection; and c) data analysis.

3.1 Client Participants

The role of the researcher identifying meaningful moments for a non-verbal client (the client at the Early Intervention Centre) was a challenging one. In retrospect the researcher would have limited the study to the clients at the Community Mental Health Centre as they were able to choose the moments that were meaningful for them. Triangulation of sources could have then been achieved in the process of selecting all the meaningful moments. This would have allowed for the moments to be identified by the client participants, the researcher's clinical notes and the peer participants.

The researcher would have also preferred for the client participants to participate more fully in the research process. Their role was limited in this study due to the researcher's statement that the research procedures would not differ in anyway to the standard treatment procedures (see Method chapter, section 4.1).

3.2 Data Collection

The length of the session-recording period at both settings was limited due to the long and extensive process of gaining ethical approval for the study. A longer time frame could have provided more of a range of meaningful moments to choose from.

Due to the busy nature of the settings the researcher did not always have sufficient time to write in-depth intuitive clinical notes following the sessions. In retrospect, the researcher would have made more time to write fuller and more detailed notes as this data has been found to be essential to understanding meaningful moments.

The process of the discussion with the peer participants was new to both the researcher and the peer participants. After reflecting on transcripts of the discussion it was evident

that both parties became more aware and confident of what they were looking for as the process progressed. Hence, there was less discussion on mmo 1 than mmo 4. It would have benefited the study if there had been an initial practice-run on another piece of data before the discussion of the research recordings. This would have allowed the researcher and the peer participants to understand and get a feel for the process.

3.3 Data Analysis

To analyse the transcripts of the discussion and the clinical notes, the researcher chose to use analytic procedures based upon Mayring's analytical technique called *summarising content analysis* (cited in Flick, 1998). With the luxury of more time, the researcher would have used a full method of analysis such as Mayring's *qualitative content analysis,* (cited in Flick, 1998). The three-way analysis that was undertaken to find the essence of what was happening in the music and interactions during each of the meaningful moments was found to be a valuable and straight-forward method to further analyse the material.

4. Personal Reflections

As qualitative research immerses the researcher in the processes of data collection and analysis to such an extent, it is important that he/she reflects on how the research has changed them. To communicate the personal aspects of this reflection the researcher will refer to herself in the first person throughout the following section.

This research was undertaken while I was completing a post-graduate Master of Music Therapy degree. I had only been practicing music therapy, as a student, for one-and-a-half-years at the completion of this study. My musical background, prior to studying music therapy, was specifically in the performance of classical music on the violin. Therefore the concept of improvisation, and especially therapeutic improvisation, was completely new to me.

This study has made me more aware of the complex processes that take place during meaningful moments. At the outset of this research I naively thought that identifying the common elements of solely the music and interactions within meaningful moments

could explain their creation. Through the research process I found that meaningful moments are much more complex than this. They most importantly involve a quality of feeling, emotion and intuition rather than specific observable events.

I also have a better understanding of therapeutic improvisation. I now value my intuition and ability to surrender and be totally in the moment as being integral to successful therapeutic improvisation. Text books explaining therapeutic techniques in improvisation (Bruscia, 1987; Bunt & Hoskyns, 2002; Wigram, 2004; Wigram et al., 2002) have been brought to life for me as I have been able to identify and reflect on the techniques I have been using with my clients.

The position of being both the researcher and clinician was a challenging yet rewarding one. It allowed me to interact with the participants and data and resulted in my increased awareness and knowledge. These positive changes have influenced my current work as a clinician. I find myself more aware of what the clients I work with might be feeling as well as becoming more confident in my ability to connect with them through therapeutic improvisation.

5. Implications for Clinical Practice and Training

The findings of this study contribute towards a fuller understanding of the processes within meaningful moments in music therapy improvisation. This study begins to fill many gaps in the music therapy literature, especially in the areas of the music and interactions and the techniques employed by the therapist within meaningful moments. These areas have particular relevance to music therapy practice and training.

This study provides a framework for analysing and understanding the processes within meaningful moments in music therapy improvisation. The identification of the three elements: a) the music and interactions; b) the emotional and intuitive responses; and c) the therapist's technique, provide a framework for music therapists to hold in mind as they reflect on their work. This study also confirms and illustrates some of the basic concepts of music therapy theory and methods. It especially highlights the important roles of music and the techniques employed by music therapists.

As outlined in section 5 in this chapter, the researcher, as a music therapy student, found the process of completing this research to be a very rewarding and informative experience. It informed her of the complex processes within improvisation as well as further understanding meaningful moments. Hence, the process of this type of research may also be useful for students wanting to gain similar knowledge. Another way of learning about these moments may be for students to experience individual and/or group music therapy. They would then learn about these processes from the experience of a client.

6. Recommendations for Further Research

The methods used in this study would be valid in further understanding the processes that take place during meaningful moments. Further studies are needed to build a body of knowledge surrounding meaningful moments to benefit clinical practice. These studies would be enhanced by including input from the clients in selecting the meaningful moments as well as contributing their own experience of them[15]. It is important that these studies also grasp what is happening in the music and the interactions and the therapist's technique as well as the experience of the moments for the client and therapist. Although this is a large and complex research task it is vital that meaningful moments are investigated holistically, incorporating all these elements.

This study also highlights related topics for further research. As far as the researcher is aware, there is no research investigating the creation of flow within music therapy and the influence it has on meaningful moments.

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[15] See Strong (2004) and Fuller and Strong (2001) for examples as to how to incorporate the client's perspective into the analysis of meaningful moments.

SUMMARY AND CONCLUSION

The aim of this study was to investigate moments that were deemed to be meaningful for the clients involved, within music therapy improvisation in the researcher's clinical work. The purpose of this was to gain a greater understanding of the processes that took place during these moments. Qualitative research, using aspects of naturalistic inquiry (Lincoln & Guba, 1985), was used to do this.

Music therapy sessions were recorded from two different settings: a Community Mental Health Centre (audio-recordings) and an Early Intervention Centre (video-recordings). Meaningful moments were identified at the time of the sessions by the clients at the Community Mental Health Centre and by the researcher at the Early Intervention Centre. The two most meaningful moments from all the recordings at each setting were chosen by the researcher at the end of the session-recording period.

These four meaningful moments were then viewed by two peer participants who were completing their Master of Music Therapy degrees. They were asked to comment on what they thought was happening in terms of the music or interactions within the moments. This discussion was recorded on audio-tape and later transcribed by the researcher.

The transcriptions of the discussion and the clinical notes concerning the meaningful moments were then partially analysed using Mayring's analytical technique called *summarising content analysis* (cited in Flick, 1998). This process identified the primary analytic categories. The data was then distilled by a further three-way analysis.

The following two questions were posed:

1. What is happening, within the music and interactions, in moments within the researcher's clinical work that are deemed to be meaningful for the clients involved?

2. Are there any commonalities in the events that take place between all the identified meaningful moments?

In relevance to the first research question, the analysis revealed that the essence of what was happening in the meaningful moments was made up of three different elements: a) the music and interactions; b) the emotional and intuitive responses; and c) the therapist's technique.

In relevance to the second research question, a number of common themes were found within each of these categories through comparing and contrasting the findings. Themes revealed regarding the characteristics of the moments within the first category, 'objective comments relating to the music and interactions', were: a) periods of silence; b) differing dynamics; c) a strong musical structure; d) the moments ending in laughter; e) the MTS and the clients appearing to be fully engaged; f) a lack of verbal interruptions; and g) meaningful moments occurring at the end of the sessions.

Themes discovered within the second category, 'intuitive descriptive comments', included that the meaningful moments produced: a) emotional responses; b) intuitive responses; c) empathic responses; d) descriptions of the quality of the music and/or interaction; e) metaphor; and f) comparisons of the music and/or interaction to similar experiences.

Themes identified within the third category, 'comments relating to the technique employed by the MTS', included the therapeutic techniques of: a) matching; b) reflecting; c) grounding; d) following; e) waiting; f) synchronising; g) exaggerating and increasing the drama and excitement of the interactions; and h) standing back to allow positive mother-child interaction.

From the range of different themes discovered it can be concluded that the processes within meaningful moments are complex. It is difficult to translate these complex processes into words. Although these difficulties exist, it is a worthy and rewarding pursuit to try to understand them. The process of this research made the researcher much more aware of the complexity of these moments and how context bound and unique they are.

This study has contributed towards filling a gap in the music therapy literature regarding meaningful moments. The finding regarding the importance of the therapist's technique,

as far as the researcher is aware, is not identified in the existing literature. This study also provides a useful resource for the understanding of music therapy improvisation and therapeutic techniques.

When looked at most simply, it appears that the essence of what made up the meaningful moments in this study was the music, the emotional content and the therapist's interaction. With reference to the literature review, these elements seem to encapsulate the processes that are constantly at work during the clinical work of music therapists in an international context. By identifying these three elements this study has provided a useful framework for music therapists to hold in mind as they reflect on the heart of music therapy work: meaningful moments in music therapy improvisation.

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APPENDIX 1: INFORMATION SHEET FOR PARTICIPANTS

Massey University

College of Creative Arts

Meaningful Moments in Music Therapy Improvisation

INFORMATION SHEET
(for participants at XXXX)

Researcher

Fiona Robyn Shaw   Phone: (04) 801-5799 x 6410
Music Therapy Student
College of Creative Arts
New Zealand School of Music
C/- Massey University
P.O. Box 756
Wellington

Supervisor

Sarah Hoskyns   Phone: (04) 801-5799 x 6410
Director of Music Therapy
College of Creative Arts
New Zealand School of Music
C/- Massey University
P.O. Box 756
Wellington

Dear.......................

My name is Fiona Shaw, and I am the music therapy student at XXXX. I would like to invite you to take part in a music therapy research project at XXXX. This research is being undertaken as part of a Masters of Music Therapy degree under the supervision of Sarah Hoskyns, Director of Music Therapy at Massey University, Wellington.

I am carrying out research to gain a better understanding of 'meaningful moments' in music therapy improvisations. I would like to examine such moments in my work with clients that others have deemed as being 'meaningful'. My aim for this is to further understand the processes that take place within them.

Members of the music therapy group at XXXX have been selected for this research project as you have all shown potential for creating meaningful interactions within music therapy improvisation. The research paper will include two case studies. One other participant will also be selected from a different placement where I am also doing clinical work.

With your consent, audio footage will be taken of your group music therapy sessions. The audio footage will be viewed by two other music therapy students who will help to

identify moments in the improvisations where particularly 'meaningful' interactions are taking place. The students will sign a confidentiality agreement outlining that they are not to share any information from the research project. The researcher will then musically notate the improvisation during the identified 'meaningful moments' for further analysis. The audio footage will not be heard by others and is solely for the researcher's information. You have the right to ask for the audio tape to be turned off at any time during sessions.

No material, which could personally identify you, will be used in any reports on this study. All records will be stored in a locked cupboard at Massey University and destroyed after ten years unless you grant further permission for them to be used for teaching purposes.

It is anticipated that you will benefit from being involved in group music therapy as it is known to be effective in increasing awareness of other people and helping people to express their emotions in a safe way. The music therapy student will be working towards group awareness and self-expression.

Participation in the research project is entirely voluntary, and you will be able to withdraw from the research project any time. You have the right to ask any questions about the study at any time during your participation.

If you wish to see the findings of the research project, a summary will be provided, but note that the research project may not be ready for publication until early 2006. The researcher will be willing to discuss outcomes relevant to you during and/or after the study.

This project has been reviewed and approved by a Sub-Committee of the Massey University Human Ethics Committee, Palmerston North Application 05/59. If you have any concerns about the ethics of this research, please contact Dr John G O'Neill, Chair, Massey University Campus Human Ethics Committee: PH telephone 06 350 5799 x 8635, email humanethicspn@massey.ac.nz The study has also been approved by the "Central Regional Ethics Committee". If you have any queries or concerns regarding your rights as a participant in this study you may wish to contact a Health and Disability Advocate, telephone 0800 42 36 38 (4 ADNET).

Fiona Shaw,
Researcher

APPENDIX 2: INFORMATION SHEET FOR CAREGIVER OF PARTICIPANT

Massey University

College of Creative Arts

Meaningful Moments in Music Therapy Improvisation

INFORMATION SHEET
(Parent/Guardian of participant at XXXX)

Researcher
Fiona Robyn Shaw   Phone: (04) 801-5799 x 6410
Music Therapy Student
College of Creative Arts
New Zealand School of Music
C/- Massey University
P.O. Box 756
Wellington

Supervisor
Sarah Hoskyns   Phone: (04) 801-5799 x 6410
Director of Music Therapy
College of Creative Arts
New Zealand School of Music
C/- Massey University
P.O. Box 756
Wellington

Dear.......................
My name is Fiona Shaw, and I am the music therapy student at XXXX. I would like to invite .... to take part in a music therapy research project at XXXX. This research is being undertaken as part of a Masters of Music Therapy degree under the supervision of Sarah Hoskyns, Director of Music Therapy at Massey University, Wellington.

I am carrying out research to gain a better understanding of 'meaningful moments' in music therapy improvisations. I would like to examine such moments in my work with clients that others have deemed as being 'meaningful'. My aim for this is to further understand the processes that take place within them.

Your child has been selected for this research project as they have shown potential for creating meaningful interactions within music therapy improvisation. The research paper will include two case studies. One other participant will also be selected from a different placement where I am also doing clinical work. The music therapy service that

your child is already receiving will not be altered in any way to benefit the findings of the research project.

With your consent, audio and video footage will be taken of your child participating in individual music therapy. The video footage will be viewed by two other music therapy students who will help to identify moments in the improvisations where particularly 'meaningful' interactions are taking place. The students will sign a confidentiality agreement outlining that they are not to share any information from the research project. The researcher will then musically notate the improvisation during the identified 'meaningful moments' for further analysis. The audio footage will not be heard by others and is solely for the researcher's information. You have the right to ask for the audio/video tape to be turned off at any time during sessions.

No material, which could personally identify your child, will be used in any reports on this study. All records will be stored in a locked cupboard at Massey University and destroyed after ten years unless you grant further permission for them to be used for teaching purposes.

It is anticipated that your child will continue to benefit from being involved in individual music therapy as it is known to be effective in improving the caregiver-child relationship. The music therapy student will be working towards the music therapy goals set in your child's Individual Development Plan.

Participation in the research project is entirely voluntary, and your child will be able to withdraw from the research project any time. You have the right to ask any questions about the study at any time during your child's participation.

If you wish to see the findings of the study, a summary will be provided, but note that the study may not be ready for publication until early 2006. The researcher will be willing to discuss outcomes relevant to your child during and/or after the study.

The study has been reviewed and approved by a Sub-Committee of the Massey University Human Ethics Committee, Palmerston North Application 05/59. If you have any concerns about the ethics of this research, please contact Dr John G O'Neill, Chair, Massey University Campus Human Ethics Committee: PH telephone 06 350 5799 x 8635, email humanethicspn@massey.ac.nz The study has also been approved by the "Central Regional Ethics Committee". If you have any queries or concerns regarding your rights as a participant in this study you may wish to contact a Health and Disability Advocate, telephone 0800 42 36 38 (4 ADNET).

Fiona Shaw,
Researcher

APPENDIX 3: CONSENT FORM FOR PARTICIPANTS

Massey University

College of Creative Arts

Meaningful Moments in Music Therapy Improvisation

CONSENT FORM
(for participants at XXXX)

This consent form will be held for a period of ten (10) years

1. I have read the information sheet dated .... for participants taking part in the research project titled "Meaningful Moments in Music Therapy Improvisation" and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

2. I understand that it is my choice to take part in the research project and that I may withdraw from the study at any time.

3. I understand that any information relating to my participation in the research project is confidential and that no material that could identify me will be used in any reports in this research project.

4. I understand that the research project will be stopped if it should appear harmful to me.

5. I have had time to consider whether I will take part.

6. I know who to contact if I have any questions or concerns regarding the research project.

7. I understand that the research project will be presented by the researcher as a thesis towards the qualification of Master of Music Therapy, Massey University.

8. I give consent to my music therapy sessions being audiotaped.
    YES/NO

9. I wish to receive a copy of the research project.
    YES/NO

I .... (full name of participant) hereby give consent to take part in the study.

Signature: ....

Date: ....

Signature of Witness: ....
Name of Witness: ....

Researcher
Fiona Robyn Shaw   Phone: (04) 801-5799 x 6410
Music Therapy Student
College of Creative Arts
New Zealand School of Music
C/- Massey University
P.O. Box 756
Wellington

Supervisor
Sarah Hoskyns   Phone: (04) 801-5799 x 6410
Director of Music Therapy
College of Creative Arts
New Zealand School of Music
C/- Massey University
P.O. Box 756
Wellington

APPENDIX 4: CONSENT FORM FOR CAREGIVER OF PARTICIPANT

Massey University

College of Creative Arts

Meaningful Moments in Music Therapy Improvisation

CONSENT FORM
(Parent/Guardian of participant at XXXX)

This consent form will be held for a period of ten (10) years

10. I have read the information sheet dated .... for participants taking part in the research project titled "Meaningful Moments in Music Therapy Improvisation" and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

11. I understand that it is my choice to allow my child to take part in the research project and that I may withdraw my child from the study at any time.

12. I understand that any information relating to my child's participation in the research project is confidential and that no material that could identify her/him will be used in any reports in this research project.

13. I understand that the research project will be stopped if it should appear harmful to my child.

14. I have had time to consider whether my child will take part.

15. I know who to contact if I have any questions or concerns regarding the research project.

16. I understand that the research project will be presented by the researcher as a thesis towards the qualification of Master of Music Therapy, Massey University.

17. I give consent to my child's music therapy sessions being videotaped.
    YES/NO

18. I wish to receive a copy of the research project.
    YES/NO

VICTORIA UNIVERSITY OF WELLINGTON

I .... (full name of parent or guardian) hereby give consent for.. (full name of child) to take part in the study.

Signature: ....
Date: ....

Signature of Witness: ....
Name of Witness: ....

Researcher
Fiona Robyn Shaw   Phone: (04) 801-5799 x 6410
Music Therapy Student
College of Creative Arts
New Zealand School of Music
C/- Massey University
P.O. Box 756
Wellington

Supervisor
Sarah Hoskyns   Phone: (04) 801-5799 x 6410
Director of Music Therapy
College of Creative Arts
New Zealand School of Music
C/- Massey University
P.O. Box 756
Wellington

APPENDIX 5: CONFIDENTIALITY AGREEMENT FOR PEER PARTICIPANTS

Massey University

College of Creative Arts

Meaningful Moments in Music Therapy Improvisation

CONFIDENTIALITY AGREEMENT

I .... (Full name – printed) agree to keep confidential all information concerning the project *Meaningful Moments in Music Therapy Improvisation.*

I will not retain or copy any information involving the project.

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APPENDIX 6: AN EXAMPLE OF EDITED TRANSCRIPT OF DISCUSSION

WITH PEER PARTICIPANTS

Meaningful Moment No. 1

Facilitator/researcher = F
Peer participant No. 1 = J
Peer participant No. 2 = R

Date: Sunday 18 December 2005
Time: 9.30am
Venue: J's living room

First listening

J: A little bit earlier it was a little bit jumpy and you picked up on it on the violin. It was a bit more energetic than what had just happened and I thought: "Oh what's going to happen here?" but instead of becoming more excited it actually dissolved away. It was quite surprising because I kept waiting for it to happen again. But in context of what you just told me that was probably like the end of the energetic part and then it slowed right down. The main thing I noticed was that either you or him picked up on the density of the music. It was the timing itself but it was the density of it. As if you were taking a sigh together you went: "ahhh" and right at the bottom there was the same density of the music. Which is perhaps quite nice for someone who doesn't have a lot of that interaction.
F: What do you mean by density?
J: Probably in a way volume, also the feeling or expression or mood. You know that's after the first hearing but I'd have to hear it more. [Later edited comment by J: The comment about density referred to the synchronisation of the weight of tone produced together. It had the same quality and tonal production as if affirming the 'grounding' of base note as a home base and you arrived there together].

Second listening

J: Can I ask a contextual thing probably?
F: Yup
J: Had he ever played with the rainstick before? How familiar was he with it?
F: It was at other placement that he had been to but I don't remember him playing it before. And if he had he wouldn't have been listening to it like that because it was a very noisy place. This time he seemed like he was really listening to the sound of it so it seemed to have quite a big effect on him.
J: Probably he was listening to how slowly it was going
F: Yeah and I really like the sound of it. It's quite a natural sound, quite a calming sound.
R: The drum, like bumping into the drum I think that because it is a real sharp end to the bit hearing the laughter and stuff like that makes you realise how much that the silent bit was not orchestrised.
J: Yeah it was a special silence.
F: But very often the laughter helps to release that. But to just go back to the music:

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How would you describe what is happening in the music just in quite basic terms?
J: Earlier on when I said to you how there was a more excitable type of movement where the beat was quite fast it was quite interesting because you were matching him and you just tested out two or three more quick beats but he didn't pick up on it so you just cut it out, so that was that bit. Then I thought that there was quite a long time where there was not a lot happening just waiting to see what evolved and you were keeping up that very slow downward movement which he could emulate if he wanted to.
F: I think I was trying to match him when he turned the rainstick with the downward arpeggio type thing.
J: No I was thinking like there were quite a few arpeggios where he wasn't doing anything like as if you were inviting him. And then I was quite interested in the bit where you actually speed up the beat to match him. There was one with the tremolo where he was just shaking it
F: Or a trill?
J: Yeah a trill. And then there was one where the whole beat slowed down. This is like little patterns that kept coming up. Then there was one where you were really slowing it down, waiting for him to get to the bottom. That's where I was talking about the density. And I thought that was quite important. It felt quite important that because you changed the beat, he knew that you were anticipating him and what he was doing. He knew that you were along side him. So then at that point I'd probably have to hear it again there was a new tune where it went up and then down and then you brought tune one back. And I think it was almost the slowest time and you held it mid and then the bottom note just before the bottom note and then you were just sort of seeing and waiting for him and he would have felt that, I think, because musically it was obvious that you weren't finishing the downward one for him. So there were about four of those where you were pausing all over the place trying to wait for him and that's when he quite suddenly stopped. So it's sort of all that build up, then the change of the tune and then you waiting for him at various places so he knew that you were waiting for him. That's how I heard it.
R: I would add that the thing that I really noticed was that it always came back to the same note down the bottom and then you explored it a bit more up higher and I thought: "Oh it's going to move somewhere" but it was grounded back to that one note.
F: So you would say that that note was the ground, it grounded the whole thing?
R: Yeah because I noticed that it didn't go anywhere else musically but I don't think it needed to go anywhere else.
F: Yeah. It's a bit hard to hear on the recording but right at the end the wind chimes that were hanging by the window that the manager was playing keep ringing on you could hear just the last little bits of it. It didn't really sound like it was finishing to me. It just sounded like it was left open and maybe that's why the silence kept going for so long because it wasn't like the end instead it was like: "what's going to happen?". It was just silent.
J: It seemed to me that for him though that he was quite happy with how it finished.
F: Yeah.
J: He didn't necessarily seem to want that grounding because other wise he would have done that.
F: Yeah.
J: He was quite happy to leave it open. That's what was quite charming about it because he knew you were there but you didn't need to move right down to the bottom. I'd love to hear it one last time. Especially the laugh, I'd quite like to hear the character.

Third listening

J: I liked the way you played the ground note going up to the octave.
F: Yeah it was on a trill though.
J: Yeah he probably felt, if he had quite good musical sense, that was the end. That was the first time, maybe second time, you played the trill up there.
F: I hadn't picked up on that.
R: Yeah I felt that it was very evident because you played above and then went below and then sat back on that note.
J: I'm sure that he picked up on that and the fact that it was quite ethereal that it was up the higher octave and with the little wind chimes.
F: So it was kind of like a finishing note? An ethereal finishing note?
J: And with the wind chimes ringing, it kept flowing on. We can't hear that acousticness of the room but I imagine that it kept going. Lovely.
F: That's cool. I didn't pick up on the octave thing. It makes sense though, that he kind of picked up on the finishing.
J: And the fact that you did the semitone, as we were saying, just around it. Yeah I thought that semitone was quite dissonant place to go and then that you came back again.
F: Yeah.
J: And as we were saying about the laugh, the quality of the laughter, it wasn't awkward. You know how there's this discourse about the quality of communication and the quality of the voice. And that's something that he picked up on probably as well as the quality of what was happening in the room.
F: So how would you describe the quality of the laugh?
J: Well I would have said that, I didn't hear that it was like a release, I thought it was like a really relaxed, like a sharing of a sigh.
R: It didn't break something but it changed something. The voices really swelled into something quite quickly.
F: Yeah. I think also we were kind of laughing about how someone had bumped the drum. That was part of it.
J: I thought his voice sounded quite relaxed compared to when I heard him before like when he's talking after it didn't have that edge to it.
F: Yeah. If I played you the next few minutes or so, he was just talking in quite a relaxed way all that time about what that moment meant for him.

APPENDIX 7: AN EXAMPLE OF RESULTS FROM PARTIAL-ANALYSIS OF PEER PARTICIPANT TRANSCRIPTS

Meaningful Moment No. 1

Time	Objective comments relating to music and interaction	Intuitive descriptive comments	Comments relating to the technique employed by MTS
0:04 0:08 0:16 0:24 0:54 0:59 1:12 1:20 1:27 1:33 1:46 1:50 1:55	• The client is turning the rainstick throughout the improvisation • At the same time the MTS is playing descending arpeggios on the violin which end on a low A note	• It sounded like the client and the MTS were taking a sigh together. You went: "ahhhh" and right at the bottom there was the same density of the music.	• The MTS is matching the downward motion of the client's rainstick • The MTS is providing a grounding note which acts as a home base to ground the improvisation
0:29	• The beat gets faster	• It sounded excitable	• The MTS matching is the client's faster beat
2:09-2:33	• The client slows down his rainstick movement • At the same time the MTS slows down on the violin	• The client would have known the MTS was waiting for him	• The MTS is waiting for the client
2:40	• The MTS plays a trill on the leading note then slides up to the ending note which is the grounding note played up two octaves • The MTS softly lets this note fade out • At the same time the manager plays the wind chimes and lets them slowly fade out	• The ending had an ethereal quality • It was charming	• The MTS is subtly communicating the ending of improvisation
2:54-3:19	• Complete silence for 25 seconds	• The silence was special and genuine	• The MTS is waiting for the client
3:19	• The manager accidently bumps into the drum	• It sounded like a real sharp end to the improvisation	
3:23	• All members of the group laugh together	• The laughter sounded relaxed • It sounded like the voices swelled	
0:00-3:26	• Overall quiet dynamics	• It might be easier to share quiet meaningful moments by the way they hang in the air • The shape of this	

		improvisation reminds me of a similar experience in my clinical work	
0:00-3:26	• The meaningful moment occurs at the end of the session	• This is like a verbal conversation where the person will tell you something important right at the end	

APPENDIX 8: AN EXAMPLE OF RESULTS FROM PARTIAL-ANALYSIS OF CLINICAL NOTES

Meaningful Moment No. 1

Time	Objective comments relating to music and interaction	Intuitive descriptive comments	Comments relating to the technique employed by MTS
0:04 0:08 0:16 0:24 0:54 0:59 1:12 1:20 1:27 1:33 1:46 1:50 1:55	• The client is turning the rainstick throughout the improvisation • At the same time the MTS is playing descending arpeggios on the violin		• The MTS is reflecting the client's calm mood
2:40	• The client has his eyes closed and is very still	• The MTS felt like it was a beautiful calm transcendent time	
2:54-3:19	• Complete silence for 25 seconds with all members being completely still	• The MTS felt like the silence lasted for a long time • The MTS felt that the client looked almost as if he was meditating • The MTS felt that it was a sacred time for the client and was careful not to break it	• The MTS is waiting for the client
3:19	• The manager accidently bumps into the drum		
3:23	• All members of the group laugh together		