

Lesley University

DigitalCommons@Lesley

Expressive Therapies Dissertations

Graduate School of Arts and Social Sciences
(GSASS)

Spring 5-16-2020

Lived Experience of Music Therapists as Musician-Therapists

Kotoe Suzuki

kotoesuzuki@gmail.com

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_dissertations



Part of the [Gender, Race, Sexuality, and Ethnicity in Communication Commons](#), [Music Education Commons](#), [Music Performance Commons](#), [Music Practice Commons](#), [Music Therapy Commons](#), [Other Communication Commons](#), and the [Other Music Commons](#)

Recommended Citation

Suzuki, Kotoe, "Lived Experience of Music Therapists as Musician-Therapists" (2020). *Expressive Therapies Dissertations*. 101.

https://digitalcommons.lesley.edu/expressive_dissertations/101

This Dissertation is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapies Dissertations by an authorized administrator of DigitalCommons@Lesley. For more information, please contact digitalcommons@lesley.edu, cvrattos@lesley.edu.

LIVED EXPERIENCE OF MUSIC THERAPISTS AS MUSICIAN-THERAPISTS

A DISSERTATION
(submitted by)

KOTOE SUZUKI

In partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

LESLEY UNIVERSITY
February 28th, 2020



Graduate School of Arts & Social Sciences
Ph.D. in Expressive Therapies Program

DISSERTATION APPROVAL FORM

Student Name: Kotoe Suzuki
Dissertation Title: LIVED EXPERIENCE OF MUSIC THERAPISTS AS MUSICIAN-THERAPISTS

Approvals

In the judgment of the following signatories, this Dissertation meets the academic standards that have been established for the Doctor of Philosophy degree.

Dissertation Committee Chairperson:	<u>Mitchell Kossak, PhD</u>	<u>2/27/2020</u> (date)
Internal Committee Member:	<u>Jason D. Butler, PhD</u>	<u>2/27/2020</u> (date)
External Committee Member:	<u>Kenneth Aigen, PhD</u>	<u>2/28/2020</u> (date)
Director of the Ph.D. Program/External Examiner:	<u>Michele Forinash, PhD/ Rebecca Zarate, PhD 2/28/2020</u> (date)	

Final approval and acceptance of this dissertation is contingent upon the candidate's submission of the final copy of the dissertation to the Graduate School of Arts and Social Sciences.

I hereby certify that I have read this dissertation prepared under my direction and recommend that it be accepted as fulfilling the dissertation requirement.

Mitchell Kossak, PhD

Dissertation Director

I hereby accept the recommendation of the Dissertation Committee and its Chairperson.

Sandra Walker, MBA

Dean, Graduate School of Arts and Social Sciences

STATEMENT BY AUTHOR

This dissertation has been submitted in partial fulfillment of requirements for an advanced degree at Lesley University and is deposited in the University Library to be made available to borrowers under rules of the Library.

Brief quotations from this dissertation are allowed without special permission, provided that accurate acknowledgement of sources is made. Requests for permission for extended quotation from or reproduction of this manuscript in whole or in part may be granted by the head of the major department or the Dean of the Graduate College when in his or her judgement the proposed use of the material is in the interests of scholarship. In all other instances, however, permission must be obtained from the author.

SIGNED: Kotae Sasaki

ACKNOWLEDGEMENTS

The path to accomplish my dissertation study was winding. It often seemed endless, but now the destination is in my view, and I am filled with gratitude. First and foremost, my gratitude goes to my advisor, mentor, and musician Dr. Mitchell Kossak for his consistent support and encouragement. Without him, I would not have been able to continue long-distance learning between the U.S. and Japan. When I experienced a big transition moving back to Japan from New York, he contacted me periodically to check in and provide feedback on my numerous drafts. Through e-mail and Skype, we often conversed with each other, “how is your music going?” which connected us mutually as we are musicians beyond the mere teacher-student relationship. Thank you for your patience and keeping me motivated to accomplish my study, with your great interest in my research topic.

My gratitude also goes to the director of the program at Lesley University, Dr. Michele Forinash. For me, she is a role model as a music therapist, researcher, and professor. She allowed me to extend the writing period with great understanding of my situation, balancing family life and doctoral study. I am thankful for Dr. Nisha Sajjani, who was my first internal committee member, and Dr. Jason Butler, who took over the role to support me.

I can’t thank Dr. Kenneth Aigen enough for guiding me as a music therapist-researcher. Since taking his class at New York University and translating his book later on into Japanese, his music-centered ideas have been underlying my dissertation, my identity as musician-therapist, and clinical practice. I am thankful for Benedikte Scheiby, as my music therapist, mentor, and supervisor. It was right after moving back to Japan

that I had sad news of her death. She would be so happy to see my transformation of becoming a performing musician-therapist-researcher as she taught me in order to fulfill my life. I have fully lived the research theme emerging from me, transforming myself as the research progressed. Oftentimes, I found myself developing irresistible and uncontrollable energy of wanting to become a sole performing musician. However, the study showed me the way to integrate a musician-therapist identity into my lifestyle. My gratitude also goes to my editor, Susan Robinson, for her consistent support in her writing and shared interest in music.

Lastly, thank you to my parents who gave me unconditional love and support, encouraging me to broaden my possibilities. My great appreciation and love goes to my husband, Daiyu, who was my English-teacher and helped me improve my English and study abroad, seeing a new world. I also appreciate that he helped with housework and childcare as well. My gratitude and love goes to our daughters, Aine and Mikasa, who were four and two years old when I started the Ph.D. and are now 11 and 9. Your presence grounded me. Without all of my family support, I would not have accomplished my doctoral study. The path was winding, but each of you helped me to pave it.

TABLE OF CONTENTS

LIST OF TABLE.....	9
LIST OF FIGURES.....	10
ABSTRACT.....	11
1. INTRODUCTION.....	12
Motivation.....	14
Purpose and Objectives.....	18
Research Question.....	19
Pilot Study Findings and Limitations.....	20
Definition of Terms.....	23
Improvisational Music vs. Non improvisational Music.....	23
Individual Playing vs. Collective Playing	26
2. LITERATURE REVIEW.....	30
Background of the Study.....	30
Music Therapy and Improvisation.....	34
Clinical Improvisation and Improvisational Performance.....	36
Music Therapy and Jazz/Free Jazz.....	38
Learning Process in Acquiring Improvisational Proficiency.....	39
The Common Experiential and Embodied Aspects.....	40
Elements of Improvisation.....	41
Communication.....	41
Listening: Developing Ears.....	44
Empathetic Attunement.....	46
Interactivity.....	48
Music Therapist as a Musician-Therapist: The Importance of Therapists' Musical Growth.....	50
3. RESEARCH METHODS.....	56
Qualitative Research.....	56
Interpretative, Reflexive and Embodied Phenomenology	57
Autobiographic and Narrative Components.....	58
Arts-based Research Components.....	60
Procedure.....	62
Participants.....	62
Data Gathering Process	69
Data Analyzing Process.....	71

Evaluation Standards.....	73
4. RESULTS.....	74
Introduction.....	74
Interview Results.....	77
Theme 1: Continuous Perspectives in music and music therapy worlds.....	77
Theme 2: The Advantages of Being a Performing Improviser.....	79
Subtheme 2-a: Confidence in skills, crafts, and a way of being.....	79
Subtheme 2-b: Empathy for clients' experiences of playing.....	80
Theme 3: The Advantages of Being a Music Therapist.....	83
Theme 4: Reciprocal Growth.....	85
Sub-Theme 4-a: Enhanced Common Skills between Performing Musicians and Music Therapists.....	86
Theme 5: Performance as an Outlet.....	89
Theme 6: Embodiment.....	91
Theme 7: Challenges to Pursuing both Careers.....	92
Theme 8: Gender perspectives.....	95
Arts-Based Results.....	97
Reflection on clinical and nonclinical music playing.....	98
Musical Event 1: Recording Sessions.....	99
Image1: "Life-Alive".....	102
Musical Event 2: Charity Concert.....	105
Image2: "Growing Branches".....	107
Image3: "Creative Process".....	111
Image4: "Manic Phase".....	113
Reflection before and after my pre-release CD Concert.....	114
Image5: "Rebirth".....	117
5. DISCUSSION.....	121
Introduction.....	121
Conceptualization of Musician-Therapists.....	121
Insights from ABR.....	123
The Mobility of Musician-Therapists.....	125
Distinct Features in Clinical and Nonclinical Contexts.....	126
The Advantages of Musician-Therapists.....	130
Musician Therapist's Musicianship.....	132
The Dynamic Identity of a Musician-Therapist.....	137
Gender Perspectives.....	140
The Merits of Marinating Creative Musical Abundance.....	142
Disadvantage of Beings a Performer as Music Therapist.....	143
Summary.....	145
Implications.....	146
Considerations.....	150
Recommendation for Future Research.....	152

APPENDIX A: IRB approval letter.....	156
APPENDIX B: Informed Consent for Doctoral Research	157
APPENDIX C: Semi-Structured Interview Question.....	161
APPENDIX D: Timeline for Conducting Research	163
APPENDIX E-1: Data Analyzing Process 1: Sample Interview Transcript with Highlights and Comments.....	164
APPENDIX E-2: Data Analyzing Process 1: Continued.....	166
APPENDIX F-1: Data Analyzing Process 2: Sample Journal with Highlights.....	167
APPENDIX F-2: Data Analyzing Process 3: Sample Undercurrent Themes in ABR...	169
REFERENCES.....	170

LIST OF TABLE

TABLE1, Participants' Demography.....	64
---------------------------------------	----

LIST OF ILLUSTRATIONS

Figure

1. Life-Alive.....	103
2. Growing Branches.....	109
3. Creative Process.....	111
4. Manic Phase.....	113
5. Rebirth.....	117
6. The Lived Experience of a Musician-Therapist.....	122
7. Musician-Therapist's Musicianship.....	133
8. Enhanced Skills and Crafts.....	134
9. Dynamic Musician-Therapist Identity.....	138

ABSTRACT

The dissertation research explored the lived experiences of music therapists who are performing musicians. A conceptual foundation of music therapists as musicians, a “musician-therapist” who is deeply versed in the unique properties of music can be identified in the literature (Ansdell & Verney, 2008; Nordoff & Robbins, 1973). The objectives of this study were to explore three topics: 1) deeper understandings of music therapists’ musical improvisation both in clinical and nonclinical settings, 2) the connection between music therapists’ personal and professional musical growth, and 3) identity formation. A qualitative method was chosen for this research including reflexive/embodied/interpretative phenomenology, and arts-based research. Data gathering relied on semi-structured in-depth interviewing, observation, narrative description of a reflexive journal, and reflective arts. There were eight main themes (three subthemes) from the data analysis, 1) Continuous perspectives in music and music therapy worlds, 2) The advantages of being a performing improviser, 3) The advantages of being a music therapist, 4) Reciprocal growth of being performing musicians and music therapists, 5) Performance as an outlet for music therapists’ self-expression and well-being, 6) Embodiment: developing improvisational musicality, 7) Challenges to pursuing both careers, 8) Gender perspectives. By building a better understanding of the performing musician-therapists’ perspectives, it is hoped that this research will lay the ground work for the applicability of the field of music therapy in terms of music therapists’ clinical presence and skills in conducting effective clinical improvisation, and for implications for music performance education.

CHAPTER 1

INTRODUCTION

The research titled, “Lived Experience of Music Therapists as Musician-Therapists” aimed to gain deeper understandings of the lived experience of music therapists as music improvisers. The research study was geared to explore whether music therapists’ experiences of nonclinical music improvisation for an audience and their improvisational clinical practice with clients interrelate with each other, and if so, how those experiences are interconnected personally and professionally. The reason for focusing on improvisational music and improvisational approaches in music therapy resides in as follows, 1) the basis of the researcher’s own clinical and nonclinical practice, and 2) the common nature of social, communicative, and relational interactions between clinical and nonclinical improvisation.

This qualitative study originated from my own personal identity development and struggles as a performing musician and music therapist. These struggles have been derived from important challenges faced by the creative arts therapy field: issues about balancing artistic and clinical identity, having time for arts/music, and integrating personal art/music-making into professional practice and research. As McNiff (1998) points out, over the history of creative arts therapies, creative arts therapists have been under pressure to develop a clinical identity rather than an artistic identity. Allen (1992) also observes the phenomenon, *clinification*, in creative arts therapy; she raises the alarm that creative arts therapists strive hard to identify themselves more as clinicians than artists/musicians when their work is more institutionalized. Creative arts therapists start to lose their core identity as artists/musicians, losing touch with their main medium used in their therapeutic practice.

My clinical practice is geared towards music-centered improvisational approaches because of my education and post-graduate advanced trainings. Upon graduation from New York University in 2004, I began to earn three advanced certifications of improvisational music therapy approaches spanning over 15 years of study, such as Nordoff Robbins Music Therapy (Nordoff & Robbins, 1971, 1977), Vocal Psychotherapy (Austin, 2009), and Analytical Music Therapy (Priestly, 1975). This education formed the foundation of my identity as a music therapist/improviser, helping me learn both the theory and practice of the various improvisational approaches. After studying in the U.S. for four years and completing Nordoff-Robbins music therapy Level 1 training in 2005, I went back to my native country of Japan. I have since been trying hard to implement the work and develop a music therapy program without professional support. I remember the constant pressure to demonstrate the results of my music therapy work. I felt that I was constantly being evaluated by school staff, hospital staff, and parents. That situation made me overly self-conscious of what I was doing when improvising music during the music therapy sessions. As a result, my creativity diminished as if I had lost access to it. I hesitated to identify myself as a musician and started neglecting my own musical enjoyment. I became unable to fully encounter and connect with the children in front of me, who were very musical and creative. This experience made me pursue further music therapy training back in the U.S. in order to develop my musicianship and music therapy techniques, which I did from 2008 to 2017.

Research shows that burnout with music therapists prevails due to various reasons, such as a lack of support, overwork, and a social underestimation of their work (Clements-Cortes, 2013; Kim, 2012; Oppenheim, 1987). *Clinification* and the lack of

connection and engagement to their own creative medium is one of the main factors leading creative arts therapists to burnout or change their career (Allen, 1992). Staying connected to their roots as artists and habitually engaging in their personal artistic medium are vital for creative arts therapists to survive and thrive in their careers. Utilizing creative arts therapists' dilemmas and challenges as potential partners, the primary aim of this study was to find a way to integrate the needs/desires of playing music, both as a performing musician and a clinician, and to discover the importance of personal music engagement in clinical practice. Furthermore, the research aimed to discover how clinical practice and one's identity as a music therapist influences performance and developing identity as a performing musician. The research explored the voices and experiences of music therapists who are performing musicians. Thus, looking at the major professional challenges in the field for many music therapists is the basis of the study.

Motivation

As a musician and music therapist, I have witnessed how music provides a great means of transformation and empowerment for people who have suffered oppression in many ways, and I was once one of them, feeling distress from familial and cultural pressure.

I remember that immersing myself in the sound of music gave me great comfort when I was about three years old. I was an extremely shy and reserved child, pulling on my mother's skirt behind her. My relatives used to think that I was mute. I was the opposite of my seven-year-old sister who was very active and persuasive. One of my favorite places was by the brown upright piano in my house, hearing my sister's playing

during her lesson with our mother. It did not take long for me to start exploring the notes on the piano on my own. I was the age of three. Soon after, I started taking lessons from my mother who was my piano teacher at that time. My mother, who once wanted to be a professional singer, was really into teaching us music, wishing us to be professional musicians. She was already hard on my sister who stopped playing later on. My mother and I started to realize that the tension was ruining our mother/child relationship and lessons were not productive. I was then sent to an outside piano teacher at the age of five in order to be trained, and I prepared to apply to a famous children's music school where a conductor, Seiji Ozawa, and other professional pianists and musicians were trained and graduated from.

I often used to improvise music freely, sketching my feelings with colors of sounds. Daily music improvisation became my musical diary, where I expressed happiness, sadness, or even indescribable raw emotions. I could be fluent and expressive in music where I was not good at expressing my feelings with words at all. After finding acceptance in the music school at the age of six, I received music lessons and intense piano lessons besides going to a regular school. Other students in the music class practiced the piano for 4-6 hours a day, preparing twice-a-year evaluation examinations, and other prestigious competitions. I was overwhelmed, feeling so pressured in these competitive environments. As a result, I came to lose my interest and love for music in becoming a performer, a concert pianist. Since then, performing as a concert pianist has been challenging and it was something that I gave up. I would forgo musical high schools and universities and instead explored other possibilities. However, after graduating with a

B.A. in law at a university, I chose to study music therapy abroad to utilize music for humanity. I wanted to stay connected to music, where my heart is.

Working as a music therapist for over 10 years, I have been inspired by numerous clients' responses to the music. I have improvised with them to meet their emotional, physical, cognitive, and spiritual needs. However, I always struggled to identify myself as a "musician." This might be due to the sense of failure I felt trying to develop as a concert pianist. A growing self-criticism stopped me from playing for myself. In classical music, I experienced an expectation of perfection, which felt like a lot of pressure. My mother, who once wanted to be a classical or jazz singer, had projected her dreams onto me. She provided me with the best music education from early childhood. She came to every piano lesson and supported me to become a good pianist. However, she was so disappointed when I chose not to become a professional pianist. My father, who runs music clubs and has seen many musicians from top tier to amateur levels, challenged me to be a top musician if I wanted to pursue music as my profession. The pressure buried my pure joy of playing music.

Later in my life, after moving from Japan to New York and working as a music therapist, I started absorbing a variety of musical styles other than classical, including Latin, Brazilian, blues, and jazz. Those types of music liberated me as they involved more improvisational and rhythmical aspects and left me more freedom to explore the sound. I not only learned the musical genres, but also started composing original music to find my unique voice, incorporating different styles. As I discovered my own sense of music, I formed a band and at last had my first concert, playing my original music and Brazilian Jazz in 2013. On the day of the concert, over 100 people showed up. Seen and

heard by a supportive audience, I experienced a tremendous transformation. Throughout the concert, I felt that I had become a woman artist. I was out there singing and playing in front of 100 people, expressing myself through my own original music. Exchanging dynamics of sound with band members, we were living in a creation of beauty and flow in the original tunes that nobody had ever heard before. We were open to something unknown, creating a space where audiences can 'be' within the dynamics of music. This experience was self-validating and affirming. It gave me permission to be seen and heard.

Since expanding my range as a musician, I have experienced tremendous identity struggles, balancing my desire to be a performing musician with my pursuit of other roles. After a few big gigs, I started experiencing somatic symptoms with tendonitis. Being a wife and mother with two young children also made it harder for me to fully pursue a musician's life in which rehearsing, jamming, and performing take place at night. Especially in the culture where I am from, the socially constructed role of woman as invisible caretaker is fixed (Adams, 2013; Borovoy, 2005; Martin, 2007). This culturally reinforced gender role might have been one of the reasons why my mother gave up on being a singer. She thought that it was socially unacceptable at the time. My grandfather, who was an immigrant from Taiwan to Japan, was a self-educated musician. He played the trumpet in a big jazz band after World War II but stopped playing in order to support his family by starting a business instead. Learning my family history made me aware of personal and generational unmet desires and needs in becoming a performer. The existing social conditions in which he felt paternal responsibilities to economically support his family did not allow him or my mother to become the performers they were meant to be.

As part of my struggle to become a performing musician, I developed tenosynovitis. Experiencing “the body as a site of political and social struggle” (Sajnani, 2012, p. 189), my somatic symptoms with tenosynovitis increased. If the symptoms grew worse, I would have been incapable of typing or playing the piano. This could have been a major crisis in my career as a music therapist, musician, and prospective researcher.

The integration of my own identity struggle and desire to play derived from an urgent need. My own identity struggles and performing experiences made me interested in the experiences of other music therapists who are also performing; how do they balance their artistic identity along with their clinical identity? What are their experiences of playing music in clinical and nonclinical settings? Are there any connections between performing improvisational music and clinical improvisation? What kind of sensibility are we bringing into clinical practice? What kind of sensibility are we bringing into performing music? Is that something that performers cannot offer? How will my presence as a music therapist change if I come to identify myself foremost as a performing musician? What is the meaning of performance for me and the therapeutic implications for my clients? These questions had grown in me over time with my interest in understanding the lived experiences of musician-therapists, who are both performing musicians and music therapists.

Purpose and Objectives

The main objectives of this study were to uncover 1) deeper understandings of music therapists’ musical improvisation both in clinical and nonclinical settings, 2) the connection between music therapists’ personal and professional musical growth, and 3) identity formation. This study aims to contribute to music therapists’ personal and

professional development in the use of music improvisation and education for improvisational music therapy and music performance.

This study is based on the preceding pilot study, titled “The Influence of Nonclinical Improvisational Performance on Music Therapists’ Improvisational Practice: Becoming a Musician-Therapist.” This study only looked at the one-way impact under my original assumption; “How does the experience of playing improvisational music in nonclinical settings impact clinical playing?” However, a finding implying connectivity and reciprocal growth led to broadening the research question in this study. Thus, there was a sense that findings from this study can contribute to the applicability of the field of music therapy in terms of music therapists’ clinical presence and skills in conducting effective clinical improvisation. The research will hopefully uncover the connection between nonclinical music playing on clinical practice and presence. Thus, music therapists who do not necessarily employ improvisation might also benefit from this research in terms of professional development.

Research Question

Following the above series of explorative sub-questions, my main research question emerged: “How do the experiences of performing improvisational music with other musicians and improvising music with clients in clinical work interrelate with each other?” This exploration can be especially informative for music therapists who employ improvisational approaches to discover how we can enhance improvisational musicality and how it prepares us to conduct effective improvisation, and whether nonclinical improvisational engagement holds any positive effects towards this end.

This study's research question, "How do the experiences of performing improvisational music with other musicians and improvising music with clients in clinical work interrelate with each other?" was derived from my pilot study. The main question of the pilot study was: *How does engaging in nonclinical improvisational performance affect one's 1) music therapy clinical practice, 2) identity as a music therapist, and 3) level of musical attunement to clients?*

Pilot Study Findings and Limitations

A pilot study entitled, "The Influence of Nonclinical Improvisational Performance on Music Therapists' Improvisational Practice: Becoming a Musician-Therapist," preceded the current research. The pilot study sought to bridge the gap found in the literature review by revealing the importance of music therapists' life-work connection and providing a better understanding of the performing musician-therapists' perspectives.

I conducted a qualitative study of music therapists' lived experience of being both performer and music therapist. The research provided a preliminary understanding of the phenomena of improvisational performance and clinical improvisation. It revealed that both contexts were different but shared overlapping qualities essential to improvising music in general.

Furthermore, the results in the pilot study revealed that having a core identity as a musician was crucial for the participants in maintaining their musical creativity. This understanding helped them thrive in their careers as musicians and therapists, making them musician-therapists. Another finding showed the advantages of being a performing improviser to being a music therapist in terms of musical competency and confidence. However, participants admitted that being a professional performing musician is not a

prerequisite for being a professional music therapist. It was also unexpectedly uncovered that engaging in music therapy as therapists made participants feel like better musicians, rejuvenating their creativity. Thus, engaging in both contexts—improvisational performance and clinical improvisation—promoted the participants’ musical growth as musicians and musical therapists in reciprocal ways.

Although the pilot study provided preliminary insights into how music therapists’ personal engagement in improvisational performance affected their improvisational clinical practice, it also identified two important factors for future study. First, I knew all of the participants on different levels. Each relationship dynamic might have affected how the interview was conducted and the resultant data. For example, because of previous knowledge of each participant’s musical and professional background, the researcher may not have explored certain areas fully.

Second, a main pilot study limitation was its lack of gender and culture diversity among the participants. All were Caucasian males who worked only in New York City. I selected from the local music therapy community because of both personal connection and the practicality of conducting face-to-face interviews. These factors might have influenced the selective sampling process in the pilot study. Exploring more diverse voices among participants might uncover unheard voices, which would contribute to new perspectives with the current discourse. Therefore, in the dissertation study, I reached out to a wider music-therapy community to recruit diverse participants from word-of-mouth recommendations. In order to interview diverse participants, Skype was utilized.

This research topic emerged from my own identity struggles in becoming a female improvisational performer and music therapist, which originated from my family

history of unmet desires in becoming a performer. Autobiographical elements in the topic and motivation were explored further in the dissertation research, in order to examine how they influenced my researcher stance. Smith (2009) embraces the idea of our bodies as cultural in terms of meaning-making process (p.198). Thus, exploring how individual gender role and culture have a place in participants' struggles to be performers and music therapists was a vital part in this study since it related directly to my own identity. Thus, interview questions included, "How do you identify yourself in terms of gender and cultural background?" "How do gender and cultural roles affect you in terms of being a performer and music therapist?"

Under consideration for future research is the participants' varying length of work experiences: some participants in the pilot project had worked as music therapists for more than 10 years and other participants for less than five years. Although the number of participants was small, the pilot study results found that new professionals seemed to struggle to find the balance of identifying themselves with being a more musician part or being a more therapist part. Thus, future research was recommended to attain more information in exploring whether the length of working experience as music therapists affects the integrity of their sense of being a performing musician and a music therapist. If an individual's sense of identity does not rely on their working experience, then exploring what factors contribute to a sense of identity in order to develop an integrated sense of musician-therapist identity would be necessary. It was hoped that this information would be a great contribution for future music therapy education in terms of how education can support forming a professional identity as a music therapist. However, due to the aforementioned limitations and considerations, the pilot study recommended

more future research to confirm the findings in the pilot study and further explore new findings.

Definitions of Terms

In order to clarify the targeted area of the study, the major terms will be defined as follows. Each terminology will be elaborated on further in the next chapter of literature review.

Improvisational Music vs. Non improvisational Music

The scope of the study will focus on improvisational music, which differs from non improvisational music in terms of degree of freedom and interaction in performance. The term, “improvisation,” synonymous with “ad-lib,” “extemporization,” and “impromptu,” is defined as “the act or art of speaking or performing without practicing or preparing ahead of time” (Merriam-Webster collegiate dictionary, 2018). As Nachmanovitch (1990) puts it, “we are improvisers as living form” (p. 6). What Nachmanovitch meant by this phrase is that our nature of living is improvisational in terms of self-creating, self-organizing, and authenticity. Acts of improvisation can be found in our daily lives as universal human phenomena; for example, conversation is a verbal form of improvisation with a spontaneous flow of thoughts and shared interactions (Sawyer, 1999). As Nachmanovitch (1990) also describes, “You meet someone new and you create language together. There is a commerce of feeling and information back and forth, exquisitely coordinated” (p. 95). Stern (2010) finds an improvisational nature in our daily interactions, what he calls, “dynamic vitality forms.” According to Stern, “an ordinary interaction is also a performance where the faces, bodies, tone of voice, etc., of the speaker and listener are the show for each other and for themselves, involving rapid

shifts in arousal, interest, and aliveness” (p. 75). He further depicts that art and life are closely interconnected because in both daily life and the performing arts, there exist vitality forms that are purified and amplified in the performing arts such as music, dance, and theater.

Sajnani (2012) emphasizes that improvisation is central to both artist and researcher. She draws the comprehensive definition of the term improvisation, as “extemporaneous creation: an invention, performance or composition that is distinguished by the fact that it emerges without premeditation or rehearsal” (p. 80). She illustrates that “improvisation is a primary skill often used by artists to push against the boundaries of their own knowledge to generate insight and to create new works” (p. 79). She further points out the commonalities between artists and researchers: “Researchers who draw upon artistic practice as a medium of knowledge creation and representation require and often rely upon skills that are central to improvisation, such as an openness to uncertainty, an attunement to difference, and the aesthetic intelligence necessary to track significance” (p. 79). The stance of this study lies in the artist-researcher, utilizing improvisation such as music, art, and interviews/conversation as a central exploration media.

Improvised music is intentionally or unintentionally played or composed in the moment, on-the-spot. According to Nachmanovitch (1990), “In a sense, all art is improvisation” (p. 6). He explains that composing music can be “a slow-down improvisation” (p. 6) with revision over time. The degree of improvisation can vary from open-structured total improvisation (free improvisation) to partially improvised music over the musical theme/form and chord progression (Nunn, 1998). Improvisational music

can be found in every culture and variety of musical styles all over the world (Bailey, 1992). The well-known improvisational styles of music can be blues, jazz, jazz fusion, rock, rap, folk music such as Indian music, raga, and flamenco (Bailey, 1992).

Jazz is one of the well-known improvisational performance styles, which has been originally established as “the liberatory ideas of African-American traditions” (Monson, 2004, p. xiii). However, jazz has evolved as a musical discourse out of alienation, oppression, and expression while allowing diversity such as race, gender, and ethnicity to exist within the framework (Monson, 2004). The structure of jazz will be further discussed in the literature review. Total musical improvisation can be the invention of sound within a style or non-stylistic and atonal music. Partial music improvisation includes a certain degree of freedom to change the notes of the songs. In either case, improvisation involves responding, risk-taking beyond limits, and as a result, stretching/transcending the self. Bailey (1992) puts it this way:

Improvisation, unconcerned with any preparatory or residual document, is completely at one with the non-documentary nature of musical performance and their shared ephemerality gives them a unique compatibility. So it might be claimed that improvisation is best pursued through its practice in music. And that the practice of music is best pursued through improvisation. (p. 142)

Improvisation has been found effective as a therapeutic medium in creative arts therapy such as dance, drama, art, and music. Improvisation was considered to contain potential therapeutic values as Ruud (1998) describes, “Improvisation may also be understood to create a situation where change, transformation, and process come into the focus” (p. 93). Bruscia (1987) provides a comprehensive overview of the developments

and establishment of the clinical use of improvisation in music therapy, and illustrates the major tenants of improvisational approaches such as Juliette Alvin's music therapy approach, Nordoff-Robbins Music Therapy, and analytical music therapy. Stern (2010) finds the vitality forms in dynamic intersubjective interchanges between a therapist and client within improvisational music therapy, among other forms of creative arts therapies. The clinical use of improvisation will be further explored in the literature review.

On the other hand, non-improvisational music is intentionally composed sound/music over time. In performing non-improvisational music, there is less freedom to change the notes of the original music; only interpretations are allowed, for example, a tempo, feel of the music, articulation, and mood. Classical music has existed as a form of non-improvisational music for ages, although composers, such as Bach, Mozart, Beethoven, and Liszt were known as great improvisers and compositions were often made from improvisation (Nachmanovitch, 1990; Nunn, 1998). Even in classical music, there is partial improvisation, called a cadenza, in a piece of concerto, and the performer's solo playing and creative input are allowed. In music therapy, a pre-composed song or music is commonly used as a therapeutic medium, which can also include folk, rock, and pop songs. Even in non-improvisational classical music, an accompanist could play a specific piece of music interactively with a solo player, orchestra, or chamber players interactively, attuning to each other. However, at this time, this type of non-improvisational playing is beyond the scope of this study.

Individual Playing vs. Collective Playing

This study focuses on collective playing, exploring the nature of relational and social interactions of improvising music. The development of the relationship between a

client and therapist is the fundamental and most unique factor of therapy that distinguishes it from individual musical experiences and music therapy. Ruud (1995) finds relational factors therapeutic in improvisation, saying that “improvisation means to change a relation to other human beings, phenomena, situation, maybe the very relation to oneself” (p. 93). Collective music playing describes the situations of playing one-on-one, or playing in a group or band.

As stated above, in music therapy the interactions between a client and therapist are the basis of clinical music playing. The therapy setting recreates the environment in which two human beings encounter each other through music; a therapist, who cares for a client and is conscious of her/his needs, facilitates the client’s positive changes and well-being through music in development of the client-therapist relationship (Bruscia, 1998a). In nonclinical collective music making, musicians play music for the sake of their expression as a whole, although each player can be spotlighted by taking a solo in improvisation. No matter what kind of playing it is, collective playing requires one to be more open to influence and vulnerability. In this sense, collective playing involves risk-taking and unpredictable factors as well (Reason, 2004). However, it is the shared and negotiated communal experience which is identical to a product of democracy (West, 1997). As Martin Buber (1971) emphasizes, in the relationship of “I-Thou,” “there is no ‘I,’ no sense of self, other than self in relation to others. Referring to Buber, Ruud (1995) says that Buber’s thought “seems to fit well within a humanistic ideology of music therapy which has placed the subject-subject relation as a norm for therapeutic relations—exactly as it is experienced within improvisation” (p. 105).

On the other hand, individual playing is a retrospective and completed act, although it involves self-dialogue. The reason to focus on collective playing stems from my own transformational experience of playing in a jazz band, which draws parallels to playing with clients in music therapy. As a classically trained pianist for most of my life, it was challenging for me to play with others when I first enrolled in a master's program of music therapy and played in a jazz band later on. Ruud (1995) also pointed out, "In music therapy, total democracy with respect to musical interaction became a norm....This democracy was regarded by the classically oriented musicians as a threatening vulgarity" (p. 102). Attuning and responding to others while listening to myself, being open to change, influence, and relying on others were a few of the challenges in immersing myself in collective playing. Developing my leadership, guiding the group through music was another challenge for me, either in clinical or nonclinical group settings as a therapist or a band leader. Thus, my interest of scope was geared towards social interactions in music throughout the study.

Learning improvisation is an embodied experience involving experiment and discovery through sound (Berliner, 1994; Nachmanovitch, 1990). Attuning/listening to yourself and others, taking a risk, and being able to tolerate the unknown is the very nature of improvisation (Bailey, 1992; Kossak, 2007), which will be elaborated on further in the literature review. Those components can be seen in both clinical and nonclinical usages of improvisation. While immersing myself in playing music, both clinically and nonclinically, and diving into the creative process, this research engaged in interviewing music therapists who have also been actively performing improvisational music in New York City and Japan. The research uncovered the impact of nonclinical musical playing

on clinical practice and presence and vice-versa so that others in the field such as music therapy and music performance/education might benefit and increase their awareness.

CHAPTER 2

LITERATURE REVIEW

Background of the Study

The fusion of music and therapy holds both artistic and scientific qualities which have been developed and applied in an interpersonal therapeutic context (Aigen, 2014; Boxill, 1985; Bruscia, 1998). Due to the nature of music therapy, the identity of music therapists also consists of a hybrid of being both musicians and therapists. The degree of this identification may vary as Aigen (2014) observed: “While some music therapists may consider themselves primarily as therapists who use music, others consider themselves as musicians who do therapy” (p. 29). The degree of how they see themselves as more musician than therapist or vice versa depends on their educational and theoretical backgrounds. Looking back historically, music therapy originated from performing musicians who visited veterans’ hospitals to play for veterans who were physically and emotionally traumatized after the first and second world wars (Boxill, 1985; Bunt & Stige, 1994). Thus, the identity of music therapists started with the musician at the core. This reflects that the entry level of music therapy education in the U.S. requires a basic musical background, including performing and improvisation (Bruscia, Hesser, & Boxill, 1981). Music therapy pioneers such as Juliette Alvin, Mary Priestly, and Paul Nordoff, who have developed major improvisational models of music therapy, were also musicians who accrued musical knowledge and performance skills (Alvin, 1975; Nordoff & Robbins, 1971, 1977, 2007; Priestly, 1975).

However, when musicians started to be employed on a regular basis as part of hospital teams, they were required to have more clinical knowledge and skills (Bunt & Stige, 1994). The music therapy field and its education have developed by assimilating

into other fields, such as medicine, biology, psychology, and so on (Bruscia, 2014). As the music therapy field has become more socially recognized, music therapists have become institutionalized, striving hard to identify themselves more as clinicians than musicians, which has been causing what Allen (1992) calls *clinification*. As Allen suggests, this phenomenon has, in fact been observed through the entire industry of creative arts therapies. Referring to Allen, McNiff (1998) declares that this might attribute to creative arts therapists' "sense of inferiority in relation to the more institutionally dominant scientific mental health professions" (p. 33). As a consequence of clinification, the perspectives of music therapists as musicians have been overlooked and, as a matter of fact, little attention has been paid to music therapists' musical life, especially one's personal musical engagements and how they relate to their professional development.

Musical improvisation has developed as one of the major procedures in music therapy (Bruscia, 1987). Music therapists are required to develop a high improvisational musicality, especially in an active improvisational approach (Bruscia, 1987), which contrasts with receptive music therapy approaches, such as The Bonny Method of Guided Imagery and Music (Bonny, 1975, 2002), in which clients perceive music by listening or experiencing it in an embodied way. It is important for music therapists to have creative freedom, enriching their musical lives and musicianship in order to help clients create music together. The term "musician-therapist" implies the core identity of the music therapist as a musician, who is deeply versed in the unique properties of music and how to use and deliver them most effectively (Ansdell & Verney, 2008, p. 7; Nordoff & Robbins, 1973, p. 141). This concept is highly valued, especially in active

improvisational approaches, for there are immediacy and performing aspects within the improvisational music therapy approach (Ansdell & Verney, 2008; Nordoff & Robbins, 2004, 2007).

“Improvisational performance,” in contrast with a “product-oriented type of creativity,” is characterized by using the creative process itself as the core act, where the nature of improvisational performance is marked by a sense of immediacy and spontaneity (Sawyer, 2000). Music therapists deliver sounds immediately and spontaneously, corresponding to clients’ responses; thus, there are “‘*performative*’ components” (Ansdell & Verney, 2008, p. 16) in music, or “the expressive components of music in ‘*performance*’” (Ansdell & Verney, 2008, p. 16). Although Nordoff and Robbins (2007) discussed music therapists’ use of music for the sake of clients, instead of performance for their own self-expression, there are aesthetic qualities, sensitivities, and musical skills in skilled music therapists’ practice. For example, Paul Nordoff was described as a performer, improviser, and musical communicator (Ansdell & Verney, 2008). His way of playing music and improvising in therapy, according to Ansdell and Verney, is not only warm and empathetic, but is sometimes intense, strong, and confrontational. This can be associated with how professional improvisational musicians approach expressing themselves when performing (Bailey, 1992; Berliner, 1994). Since musical space is created with intentions for others and/or clients, these performance aspects can be seen as directly related to the music therapists’ clinical competency and responsibility.

As providers and creators of music for/with clients, how music therapists cultivate their musicianship and creativity can be viewed as a key for life-long professional and

personal growth. There is extensive literature about how and why improvisation has been used clinically (Aigen, 2005; Ansdell, 1995; Bruscia, 1987, 1991; Ruud, 1998). The music therapy literature mainly reflects two areas: music therapists' experiences/reflections in clinically improvising with clients (Alvin, 1975; Nordoff & Robbins, 1977, 2007; Priestly, 1975, 1994) and clients' therapeutic experiences of clinical improvisation (Amir, 1993; Hibben, 1999; Logis, 2011). In order to search for literature on how music therapists' personal engagement in improvisational performance affects their improvisational clinical practice, various combinations of keywords were applied in databases, such as Psycinfo and Google Scholar: "improvisation," "performance," "musicality," "personal," "professional development/competency," "growth," "creativity," "work-life," "musician," "therapist," and "characteristics."

Throughout the search, it was found that clients' performance has been validated as one of the therapeutic interventions. Performance has been integrated in therapy contexts, especially in community music therapy (Aigen, 2008; Ansdell, 2010; Turry, 1999) as therapeutic functions and meanings in performing music for clients have been recognized. Yet, music therapists' perspectives on their own performance experiences were scarce in the literature (Lee, 2003, 2014; Nordoff, Robbins, & Robbins, 1998). Instead, musicians' stress and anxiety relating to performance was recognized (Kenny, 2011, Maisel, 2005) and the area of music therapy treating performance anxiety for professional musicians has been increasing (Montello, 1990, 1992, 2010). The literature from the perspective of music therapists as musicians in terms of how their musical lives affect their clinical practice remains scarce (Gonzalez, 2011; Lee, 2014). It has become clear that the area of music therapists' growth in the professional-personal connection has

not been fully explored. In particular, how music therapists engage in playing music in nonclinical settings and how the experience affects their clinical practice or vice versa has yet to be researched. Exploring music therapists' life-work, musical connections can be important implications in education/training and music therapists' identity formation. A conceptual foundation of music therapists as musicians—a “musician-therapist” (Ansdell & Verney, 2008; Nordoff & Robbins, 1973)—can be identified in the literature. However, perspectives of music therapists as musicians, and furthermore, how their musical lives affect their clinical practice, remain scarce (Gonzalez, 2011; Lee, 2014), calling for a further development of the concept of a “musician-therapist.”

Due to the lack of literature of music therapists' perspectives as performing musicians, this literature review covers interdisciplinary fields, exploring how the studies of jazz, music education, musicology, psychology of performance, psychoanalysis, and communication literature relate to music therapy, and furthermore, inform music therapists on developing musical competency and creative freedom.

Music Therapy and Improvisation

Improvisation has been used clinically and developed as one of the major interventions in music therapy (Alvin, 1975; Bruscia, 1987; Nordoff & Robbins, 1971, 1977; Priestly, 1975; Ruud, 1995). The use of clinical improvisation can vary, depending on whether or not improvising music entails styles/idioms and how improvising music serves as a primary means of therapy. Bruscia (1998) defines “music ‘*as*’ therapy,” contrasting “music ‘*in*’ therapy,” which is a complementary means of therapy in addition to a verbal process. Nordoff-Robbins Music Therapy (Nordoff & Robbins, 1977), which has developed as a major tenet in the music therapy field and which is also known as

Creative Music Therapy, takes the form of “music ‘as’ therapy” (Bruscia, 1998) because the process of client-therapist’s active engagement in creating music together serves as a primary means of therapy. Because of the highly improvisational nature of the work, music therapists are required to attain and utilize advanced improvisational musicality. How a music therapist develops the ability to improvise music and its adaptability in therapy is a clinical responsibility (Nordoff & Robbins, 1977), and the learning process is life-long for a “musician-therapist” (Ansdell & Verney, 2008, p. 7).

Studying the phenomena of clinical improvisation has attracted scholars’ attention in music therapy research. There is extensive literature on case studies on improvisational music therapy and on clients’ therapeutic experiences of clinical improvisation (Bruscia, 1991; Hibben, 1999; Nordoff & Robbins, 1977, 2007). There are also some qualitative phenomenological studies addressing the lived experiences of music therapists who employ clinical improvisation (Forinash, 1992; Cooper, 2010; McCaffrey, 2013). Forinash (1992) first conducted an intensive phenomenological study, interviewing music therapists’ lived experiences of the use of clinical improvisation. Cooper (2010) further takes over the trend that Forinash created and explored how Nordoff-Robbins music therapists are informed clinically-musically in music therapy sessions to make moment-to-moment musical decisions in improvising. McCaffery (2013), without focusing on Nordoff-Robbins music therapists exclusively, investigated how music therapists experience themselves consciously and unconsciously with interviewing and phenomenological data analysis. However, those studies remain in the domain of clinical practice in order to find the essence and phenomenon of clinical improvisation. The literature from the perspectives of music therapists as musicians, addressing the

connection between nonclinical improvisation and clinical improvisation, was not explored. The literature and research on the lived experiences of music therapists as musicians remained constantly absent.

Clinical Improvisation and Improvisational Performance

The distinction between clinical improvisation and nonclinical improvisation has been addressed and emphasized, rather than seeking a connection. Brown and Pavlicevic (1997) reported that blind evaluators, who were experienced music therapists, listened to the combined music audio excerpts of improvisation played by the same two persons, but in a different context with a different role. The research found that the blind evaluators were able to distinguish the clinical music improvisation from nonclinical music improvisation (two musicians playing together in the form of free jazz) because of its authenticity, relational and therapeutic intentionality, and lack of mutuality in music skills. Although the research results pointed to a fundamental difference between music improvisation and clinical music improvisation, the researchers' self-analysis and raters' evaluations greatly relied on subjective perceptions. Whether other non-music therapist-evaluators could discern the difference is unknown. The research needs further implementation with a wider range of evaluators and the use of more sample excerpts. The researchers claim that clinical music improvisation is different because it contains more emotional and interpersonal qualities. However, nonclinical music improvisation can also contain those qualities and the more successful clinical improvisation could make the client-therapist's music more mutual, thus making the line of the distinction a blur.

Petersson and Nystrom (2011) examined how musicians who are music therapy students perceive and separate the notion of music as artistic performance from a therapeutic tool. They investigated musicians' emerging therapeutic competence in their music therapy education. Eight male and 10 female music therapy students with music performance backgrounds, aged 37-58 years, were asked to reflect and write about how they distinguish between music as artistic performance and used as a tool for therapeutic purposes. The researchers started the study with the underlying assumption that there is a distinct notion of music as artistic performance and as a therapeutic tool. However, overlapping qualities existed, especially in the category of professional competency. It is reported in the result that, "reflections about music therapy competence and extension of artistic competence are often derived from an underlying assumption that all kinds of professional work with music is built upon a basic profound knowledge in music" (Peterson & Nystrom, 2011, p. 236).

As the above literature suggests, while the situated context and purpose can differ, clinical improvisation stems from nonclinical musical improvisation and shares the fundamental qualities of how music works. As Ansdell (1995) states, "Creative Music Therapy works in the way music itself works, and its 'results' are essentially of the same kind as music achieves for all of us" (p. 51). This music-centered notion supports the view that nonclinical and clinical improvisation share fundamental foundations in common and the benefit of learning from each other. Aigen (2013) strengthens this idea when he claims that the benefit of bridging theory "demonstrates the connection between musicing in clinical and nonclinical contexts through the use of concepts derived from

other disciplines will facilitate the creation of more generalized and more powerful theories of music” (p. 28).

Music Therapy and Jazz/Free Jazz

Music therapists have incorporated cross-cultural styles/idioms of music such as pop, rock, folk, latin, blues, jazz, world music, and rap and so on, as the music therapy population has become diverse and as clinical needs and demands have called for. The use of a wide range of musical styles including rap music has been acknowledged in music therapy (Hadley, 2012), and qualitatively studied in the contemporary practice of Nordoff-Robbins Music Therapy (Aigen, 2002). In order to understand the nature and phenomenon of improvisation, music therapy theorists and clinicians incorporated a framework of cross-cultural music (Moreno, 1988), especially Jazz (Aigen, 2013; Kossak, 2007; Ruud, 1995; Pavlicevic, 2000; Wigram, 2004). Jazz studies are one of the main areas, due to its improvisational nature, that entails communicative and performative aspects with interactive immediacy. Aigen (2013) pointed out the parallels between jazz and clinical improvisation, advocating that “the way that individual musicians develop their sensibilities about how to create Jazz is an important facet of understanding the music” (p. 18). Further, he suggested that perspectives of fellow musicians learning how to create music together can be “a potentially fruitful avenue for music therapy to explore” (Aigen, 2013, p. 17). Taking Aigen’s suggestion as a starting point, in this literature review, how Jazz musicians learn to improvise and create music together and its implications to music therapy will be explored. The hope is that it provides benefits with music therapy, especially in preparing music therapists to conduct more effective clinical improvisation.

Learning Process in Acquiring Improvisational Proficiency

The learning process of becoming proficient improvisers, either in Jazz or music therapy, is experiential, explorative, and embodied. It starts with learning and practicing all elements of music with deep understanding by mere imitation or repetition until one embodies these qualities. In order to use these qualities naturally as one's own musical palette, either for self-expression in performance or therapeutic purposes in music therapy, one needs to embody and adopt them, finding one's own style. This way of learning the process, seen in both Jazz and music therapy, is analogous with a Japanese Zen way of mastery of the arts/martial arts and craftsmanship. Ikuta (2007) tries to theorize the mechanism of the mastery of arts observed in master/teacher-students relationships, based on the Japanese tradition. Based on Zeami's (1958) philosophy of the mastery of the old traditional "No" dance, Ikuta describes the three stages of creative endeavors in the process of acquisition and maturation: "守 (Syu), 破 (Ha), 離 (Ri)" (p.85).

First, "Syu" is the beginning stage for a learner, with meaning following the form (Zeami, 1958). In this stage, a learner immerses himself/herself in the world of the arts, spending vast amounts of time with the master/teacher (it used to be common for a learner/apprentice to live with the master). The master usually does not teach a learner what to do step-by-step. Instead, the master shows movements or skills as part of their ordinary lives. It is important for a learner to closely observe and absorb what the master does and how he/she does it. The learner strives to imitate the fundamental forms in the art, and practice with repetition over and over again. Although there is no clear evaluation for stepping up to the next level, this is often achieved with a subjective sense of mastery between the master and learner to proceed to the next level, "Ha."

“Ha” is the second stage, and means, “breaking the original form” (Zeami, 1958). In this stage, a learner starts trying to play/try things out differently. One starts seeing oneself more objectively, exploring and discovering a new way of doing it. “Ri” the third ultimate stage, means “going away from the original form.” In this stage, one completely embodies the art form, obtaining a flow of movement and spirit of the arts and ultimately establishing one’s own style/voice. At this stage, one encounters a way of authentic being through the art form and it almost seems like one becomes the art itself. These three stages were not completed or achieved in a linear manner, but rather started again as part of the endless cycles of creative endeavors. Thus, this framework—experiential, holistic, and embodied learning toward maturation and acquisition of the spirit of the art form—has great implications for the process of developing improvisational proficiency in both Jazz and music therapy.

The Common Experiential and Embodied Aspects between Music Therapy and Jazz

Improvisational live performance is essential in Jazz. Jazz has developed over time as an art form. It originated from the history of segregation and the collective desire of disenfranchised African Americans for social participation by creating music together (West, 1997). As a Jazz musician, Winton Marsalis talks about this phenomenon in an interview with philosopher and activist, Cornel West (1997). In this interview he states, “Because if you’re a trumpet player, and you hear people playing something you can’t play, the color of their skin becomes secondary to what they’re playing, and you couldn’t segregate the airwaves” (p. 117). Thus, Marsalis sees that Jazz music “was created to codify democratic experience and give us a model for it. Jazz music was invented to let us know how to listen to each other, how to negotiate” (West, 1997, p. 136). Because of

their origins, most of the first wave of jazz musicians were self-taught, developing and exploring their improvisational styles over time playing with other musicians. The Jazz community served as an education for young musicians to be part of where veteran musicians invited the young musicians to play with them at their shows, so called “gigs,” or outside of the gigs at jam sessions (Berliner, 1994). As Jazz music has evolved, Jazz education school systems have also been established over the past 50 years (Wehr-Flowers, 2006). Through exploration and discovery of sound, the way of learning is primarily based on embodied learning, and playing music with others, or “jamming.”

There is a parallel between the way music therapy pioneers developed clinical improvisation skills through embodied learning, involving experimentation and the discovery of sound in the interaction of making music with others (Wigram, 2004). Three major improvisational music therapy approaches were developed by pioneers independently, such as Juliette Alvin, Mary Priestly, and the Paul Nordoff and Clive Robbins team, using experienced-based techniques. A pioneer in Creative Music Therapy, Paul Nordoff started his career as a pianist and composer and developed the improvisational music therapy approach, utilizing his deep understanding of music as a composer and his competency in improvising music based on children’s responses (Nordoff & Robbins, 1977). Through field work/internship, music therapy students immerse themselves in the world of music therapy. Observation of how the supervisor or other music therapists work with the population at the site is essential.

Elements of Improvisation

Communication

It is often considered that improvisation comes from out of nowhere and is just a spontaneous act or flow without any musical foundation or base. However, improvisation actually stems from musicians' deep understandings of music theory, skills, and preparedness. Jazz musicians often discuss analogically how they learn Jazz improvisation and often say that it is like learning a new language (Aigen, 2013; Berliner, 1994). Mulgrew Miller (2014), a proficient Jazz pianist/improviser, in his online educational video clip, "*Improvisation Can Be Taught*," talks about how learning jazz improvisation is similar to learning to speak: "You start talking by imitating." He continues, "Later, you learned to develop a more conceptual use of language, making sentences to converse meaningfully." In Victor Wooten's fiction, "*The Music Lesson*," (2006) it is said that by four or five, children become fluent with their mother language, because they are surrounded by native speakers, imitating and interacting with them on a daily basis. According to Wooten, often the case in education/training is that beginner musicians are put together for jamming with the same levels of students. According to Berliner (1994) that is why it takes years and years to become fluent in music. Berliner conducted a comprehensive study about the lives of jazz musicians in an ethno-musicological approach, employing interviews and analysis of musical texts. He observes that an environment of being surrounded by better musicians and using the Jazz language often by jamming with them is the key to developing improvisational ability.

Jazz educator, Billy Taylor (2014) claims, in his online educational video clip "*How Jazz Musicians Improvise*," that jazz musicians have to have a sense of structure or form in improvising. According to Taylor, musicians must be aware of all components of a tune: the rhythmic, melodic, and harmonic structures, then start changing a component

of the combinations of those. As Lonnie Hillyer describes, Jazz improvisations must be logical so that you can convey messages, eventually telling a story throughout the whole solo, “making statements and answering them” (as cited in Berliner, 1994, p. 192).

Hillyer continues, “The phrases you play are your message while you’re playing. [They] should relate to one another. If you are not affected and influenced by your own notes when you improvise, then you’re missing the whole essential point” (Berliner, 1994, p. 193).

An improviser also has to build a vocabulary, sometimes quoting from phrases played by other musicians as “imitative fills” (Berliner, 1994, p. 193). This is related to learning what and how it’s been said before since, “each figure has a particular history of usage and transformation” (Berliner, 1994, p. 196). These phrases then develop into licks or phrases on their own. Sawyer (2000) talks about the importance of having ready-made phrases in jazz performance, and also “the need to continually innovate at a personal level” (p. 157). Berliner (1994) observes that improvisers “await the appearance of figures that especially interest them, then explore their implications” (p. 195).

Music therapists, too, must learn improvisational skills by learning musical foundations, in order to be spontaneous in the moment for the purpose of their clients. However, there are still only a few musical resources for music therapists to learn how to improvise clinically. Paul Nordoff developed a guideline for developing clinical musicianship (1977) and his collective lectures on music were documented (Nordoff, 1998). “*Healing Heritage*” (1998) is one of a few musical resources and guidelines for developing clinical improvisation skills and musicianship that Paul Nordoff has lectured on or written about from his musician perspectives, although they are informed mainly by

classical music. Based on those classical resources and also new dimensions of the contemporary works of stylistic improvisation, certification trainees in creative music therapy intensely learn musical foundations in order to be able to improvise clinically. Based on the increasing needs for music therapists to learn clinical music improvisation, Wigram (2004) incorporated different styles of musical improvisation and developed a practical improvisational book for music therapists who have not necessarily studied improvisation from pioneer improvisers or have not engaged in advanced training in improvisational models.

Using music as communication has been addressed in music therapy literature (Ruud, 1998; Pavlicevic, 2000) and language/conversation metaphors are often used in the process of developing improvisational skills (Aigen, 2013; Wigram, 2004). In the music therapy context, a music therapist is required to have more challenging roles as an improviser. Music therapists facilitate clients to find musical patterns or meanings that interest them to explore and develop. Wigram (2004) uses Jazz frameworks to describe the improvisational music therapy process as a communication he calls “dialoguing” (p. 97), which was described as one of the commonly used clinical music techniques that music therapists utilize with melodic and rhythmical aspects. Paul Nordoff and Clive Robbins developed musical communicative assessments in order to evaluate the communicative qualities in the therapist-client’ musical interactions and also developed musical resources for music therapists to develop (Nordoff & Robbins, 1977).

Listening: Developing Ears

Berliner (1994) signifies “Jazz as ear music” (p. 92), illuminating the vital role of listening in Jazz. Jazz musicians have been required to develop and utilize ‘ears’ due to

the nature of its oral tradition and improvisational performance. Berliner (1994) illustrates the beginning stages of Jazz and its background where there was a time lag between the introduction of new pieces and its availability in printed music sheets. He elaborates:

In fact, much of the jazz repertory remains part of the community's oral tradition and is not published as single sheet music items or in fake books. Moreover, musicians must be able to apprehend the unique features of each rendition as they unfold during a performance, instantly adapting their parts to those of other players. (p. 93)

Nowadays, most of the Jazz repertoires have been transcribed and are available in printed form unless they are original music, special renditions, or arrangements. However, in Jazz, developing ears is greatly encouraged because it is something musicians need to rely on most in playing.

Listening is considered not just a passive act, but also a dynamic, relational, and collective one (Berliner, 1994). The purpose of listening is to relate to others and build/develop rapport. What a Jazz musician plays and how much he plays are informed by what s/he hears and with whom s/he plays, in order to bring in each musician's personalities as "performers continually adopt different perspectives on the surrounding patterns" (Berliner, 1994, p. 362).

The importance of listening as a music therapists' clinical capacity has been discussed and addressed (Aigen, 2005; Ansdell, 2005; Lee, 2003). Aigen (2005) observes that music therapists' listening is based on a similar type of listening skill to other nonclinical modes. As seen among Jazz improvisers, music therapists also rely on their

ears in terms of what they hear and how they hear, which determines how they respond to clients musically. Ansdell (2005) proposes “listening-in-playing,” or “social listening” (p. 158). Thus, it is vital for music therapists to develop and utilize their ears as well. Ansdell (2005) further signifies a specific type of listening that takes place in music therapy.

Music therapists not only listen to the music but also to the person-in-music, the physical and emotional qualities of the clients in music. It is this kind of listening that leads clients to feel that they were heard through music and are open “to learn to listen in a new way” (Ansdell, 2005, p. 157).

Empathetic Attunement

Playing with others involves collaborative and inter-subjective engagements while performers listen and respond to each other (Sawyer, 1999; Seddon, 2005) and empathetic attunement plays an important role for creative performance. As Seddon (2005) says, “empathetically creative musicians are sensitive to ‘attunement’ in order to signal attention and ‘mirroring’ to affirm and modulate musical responses” (p. 49). Seddon investigated modes of communication during Jazz improvisation, exploring whether or not Jazz musicians empathetically attune when improvising together. He wondered if “empathetic attunement” can be a vehicle of compassionate creativity among Jazz musicians. In his study, six second-year college students majoring in Jazz were recruited and six one-hour group rehearsals with a 40-minute performance were observed and videotaped for analysis. Six modes of categories were identified during the improvisation sessions. Conclusions included both verbal and non-verbal communication, cooperation, and collaboration. Seddon concluded that the highest form of communication was the non-verbal collaborative mode, which was exemplified as

“empathetic attunement.” The only limitation of this study was that it investigated a group of musicians who lacked experience and skill in jazz improvisation. Seddon (2005) proposed that empathetic attunement is a necessary prerequisite for the emergence of spontaneous musical utterances, which exemplify empathetic creativity.

Empathetic attunement has been characterized as a vital part of the therapy process (Kossak, 2007) and one of the most important clinical competencies of music therapists (Aigen, 2013; Bruscia, 1998a). Empathetic attunement is the key for music therapists when they attempt to tune in to how a client experiences the world and his/her feelings non-verbally through clinical improvisation. Because of the similarity of nonverbal, improvisational, and emotionally responsive qualities, Pavlicevic (1990, 1997, 2000) observed that clinically, the way therapists tune into clients to create music together is similar to the way sensitive mothers communicate musically with their infants. Recent research, examining mother-infant interactions and dynamics, has observed that the mother-infant attunement and/or attachment process emerges through improvisational music, called “communicative musicality” (Malloch & Trevarthen, 2009, p. 1). This improvisational musical interaction facilitated through empathetic attunement is the vital element in human development in terms of forming the base of human relationships. This is the reason why music therapists’ skills to empathically attune to clients serves as a therapeutic function. Furthermore, as Seddon (2005) proposes, “Empathetic attunement, or ‘striking a groove’ (Berliner, 1994, 1997), is a heightened state of empathy where improvisers go beyond responding supportively to their fellow musicians and stimulate the conception of new ideas” (p. 50). The role of music therapists is not only to support a client’s music, but also to elicit his/her authentic and spontaneous musical utterance. In

this sense, empathetic attunement is an important aspect of the use of music therapy as an intervention.

Interactivity

According to Panish (1997), “Jazz musicians learned to play first by listening to other players and imitating their sounds, and second by interacting with and responding to the audience” (p. 80). It is with a real-time audience and performer interaction that Jazz musicians develop improvisational musicality, besides building musical vocabularies and practicing on their own. Performers or music therapists respond and try things out differently, based on the responses from the audience or clients with their trials and explorations.

Dana Reason (2004), woman improviser and scholar, claims that live performance is the essence of Jazz and that the audience is an active participator, or active creator of the improvisation. In this vein, Reason applies the notion of David Rokeby’s art work, calling the work “navigable structures” (cited in Reason, 2004, p. 72), to the understanding of the creative and interactive nature of musical improvisation. According to her, navigable structures are active spaces, environments where the improviser/artist and viewers/audience/clients are situated, discover, and create together. In this view, an audience is not a passive receiver, but rather an active participator of the creation of the musical piece. Reason further developed this notion of an improvisational model, stating that, “for an improviser, a navigable structure is a method of interpretation that helps to promote connections between ideas, a concept that in turn suggests a collective, communication dynamic in musical decision making” (p. 73). Reason adds, “For audiences and improvisations alike, the journey of improvised music is not predetermined,

but rather responsive in real time to the immediate performance situation” (p. 71).

Reason’s point is that the essence of improvisation lies in the interactivity because the musical discourse will be influenced by the energy of the audience as well. This interactivity between a performer and audience is contrasted with classical music in which the audience is perceived as a passive receiver and the performer as a transmitter.

This interactivity directly relates to the phenomenon of active improvisational music therapy, in which a music therapist and client share the creative process. Music therapists make music by sensing the energy of clients and responding to their responses. The improvised music is greatly developed by both parties and the musical experience takes on a journey (Aigen, 2005). Due to the similarity of Jazz and clinical improvisation, Reason’s conception of this interactive response mechanism as “a navigable structure” can be applied to the space where clinical improvisation takes place between a music therapist and his clients. Applying Rokeby’s notion of “the intuitive body as the prime site of the improvisatory gesture” (p. 72), Reason (2004) emphasizes that a body is the locus of experiences and responses in performing, interacting, and intuitively responding to each other.

Since a performer and audience are mutually influencing each other, the course of improvisation is not predetermined, but is rather unpredictable. The audience is required to decode the meaning of the music, listening critically and responding intuitively, while being open to a new experience. The unpredictability embedded in improvisation, deriving from mutual responsiveness, requires an improviser to take a risk in order to expand the musical experiences for him/her and the audience to grow. Thus, risk-taking is the primal aspect of improvisation, or as Reason (2004) says, “Ultimately, individual

musicians are challenged to re-create themselves for each improvisational occasion, allowing for the pleasure of surprise, reawakening, and evolution” (p. 76). The improvisational experience itself is the development of the self, evolving its way of being in the world. This is the reason why Reason asserts that, “Individual creative choices in an improvising context constantly reassert the interconnectedness of life and artistic expression” (p. 77). For a music therapist, s/he tries things out to engender positive responses from clients for therapeutic purposes. Taking risks is part of the music therapy process; a music therapist is required to strive to expand his/her musical capacity to inspire and help clients go beyond their comfort zone and fulfill their potentials. The therapist’s role is to try to help a client expand himself through a musical journey.

Music Therapist as a Musician-Therapist: The Importance of Therapists’ Musical Growth

The importance of pursuing therapists’ growth through their own personal artistic expression in order to facilitate those of the clients has been addressed and valued in other creative arts therapy fields, other than solely the music therapy field (Brown, 2008; Hamatani, 2011; McNiff, 1998). Similar to the concept of “Musician-therapists,” the term, “Artist-therapist” proposed by McNiff (1998), signifies a therapist as an artist in creative arts therapy and is valued as the core identity of a creative arts therapist. The term, “Artist-therapist,” simultaneously implies the creative arts therapists’ dilemma as they strove to identify themselves more as clinicians than artists (McNiff, 1998). “Clinification,” a term defined by Allen (1992), reflects the fact that creative arts therapists become institutionalized in their work. The lack of personal art-making time and the discontinuity of engaging in the creative process results in a disconnection to the

therapist' own creativity, which is the main therapeutic source for clients. Iliya (2014) further warns that the entire creative arts therapy field is at risk, asserting that the lack of therapists' personal habitual engagement in creativity and art-making will prevent the progress and survival of the field.

In fact, few studies have been done on the creative arts therapists' personal life, self-care, and artistic engagements. Youngshin Kim (2012) points out the common characteristic of music therapists who tend to sacrifice their own health and needs, prioritizing client needs and promoting their health instead. Oppenheim (1987) shows that music therapists' occupational stress and burnout mainly derives from demands to perform activities outside of their own specialties. The role of ambiguity and misperception, devaluing their professional competency, was the main factor that decreased the collective self-esteem of music therapists. Brown (2008) highlights the importance of therapists' personal engagement in the arts and conducted qualitative research integrating artistic inquiry. The study included with 45 creative arts therapists who work for hospitals in New York City. The therapists were asked to engage in artistic responses to research questions individually and collectively as a small group. The results revealed the positive relationship between art-making and their work as creative art therapists. One of the main themes was "disconnection" and "depletion" when they were not engaged in personal art-making. Although the study needs further research on diverse groups of creative arts therapists, the importance of creative arts therapists to continue their art-making process to thrive in creative wellbeing, helping clients to also thrive, was confirmed. All of the above studies imply the importance of the musical therapists' continuity of personally engaging in nonclinical music-making and how it can be an

important factor to nourishing their own musical life, promoting their professional competency, and sustaining their overall identity as music therapists.

The importance of music therapists' self-growth has been addressed as professional development in the musical therapy literature (Kim, 2010; Hamatani, 2011). Hamatani (2011) conducted a qualitative study on Japanese music therapists' growth. She raised a few research questions in order to discover what prompts musical therapists to make an effort to improve their professional and personal lives. Hamatani (2011) sent out a questionnaire to Japanese music therapists who were educated abroad, as those educational systems were considered to be more developed. It was found that those music therapists were strongly aware of the importance of personal and professional development for their own growth as musical therapists, and most of them were continuing self-care, peer-supports, and supervision, although it is difficult to find qualified supervisors in Japan.

Dongmin Kim (2010) conducted a qualitative study on musical growth for music therapists who attended the post-graduate certification training at the Nordoff-Robbins Music Therapy Center in New York, in which clinical improvisational competency is developed throughout the training. The study shows that the beginning stage of trainees reported limitations and distress of their own creative freedom in improvising with clients. The result revealed postgraduate students' unreadiness to apply improvisation to clinical intervention, as the majority of the trainees had strong classical music backgrounds, yet had not been required to improvise with others very often (Kim, 2010). The students' clinical musicianship was nurtured through trusting and supportive supervision experiences. The study concludes that musical individuation was the key to developing a

sense of creative freedom to improvise with clients. Since Kim's study focused on only Korean students, the cultural factors and trainee characteristics might influence the result. Nevertheless, considering the fact that most of the music therapy programs in the U.S. and internationally are under music conservatories in which classical music is the primary requirement, and studying classical music is the ongoing main curriculum, and opportunities to improvise with others are not included as a core curriculum (Aigen, 2012), the study result could apply for other music therapists who employ or wish to learn improvisational music therapy. The lack of opportunities to improvise with others and learn how to make it applicable to clinical settings may hinder music therapists from utilizing improvisation as one of their effective interventions. The research implies this current music therapy education issue, raising an important question of how music therapists can develop clinical musicianship without experiences of improvising with others.

Turry and Marcus (2003) point out that a music therapist's musical life and improvisation are inseparable, stating that in order to "enter into a genuine and responsive musical relationship with clients, the music therapist has to use his personal relationship to music" (p. 224). These educators suggest the concept of "music therapists as creators" (p. 224), describing that the use of the music therapist's self as models for clients and tapping into their own musical resources are crucial in Creative Music Therapy. As they elaborate, "when the music therapists improvise in a session, it is necessary that they tap into their own inner creative resources" (p. 224), and that the music intervention that music therapists choose to play greatly relies on their prior musical skills, preferences, and their musical life outside of music therapy. This is related to the Nordoff-Robbins

philosophy that each human being has inner musicality, called the “music child” (Nordoff & Robbins, 2007, p. 4). Nurturing music therapists’ own “music child” is important as they try to awaken their clients’ music child. In other words, music therapist musical growth is parallel to their clients. That is the main reason why music therapists need to enrich their musical lives, as Paul Nordoff also stated in his lecture series, “*Talks on Music*,” (in press) where he states, “You won’t be able to bring more to a child than what you have in your heart, in your mind, in your fingers, in your whole body as a living music” (p. 47).

Referring to the fact that musical improvisation also mirrors music therapists’ inner states, Turry and Marcus (2003) admonishes that music therapists bring their life unconsciously to clinical improvisation: “Even before considering their relationship to the clients, the therapists carry with them into the session their own musical preferences, tendencies, and skills” (Turry & Marcus, 2003, p. 224). According to Turry (1998) musical transference/ countertransference emerges through improvisation with clients. To make this point, Turry uses an example when working with a certain client, that a music therapist sometimes gets stuck in a certain musical pattern, including dynamics and tempo. According to Turry, it is important for the music therapist to examine if the patterned playing was influenced from either the particular client or from their own creative limitation. Since the creating of music serves as therapy in creative music therapy, expansion of therapist’ musical capacity to develop improvisation can lead to enriching clients’ musical experiences and thus, promotes their therapeutic processes. According to Turry and Marcus (2003), “Although the therapists may have conscious intentions to create music in a particular way to facilitate and enhance the client’s

development, the exact nature of what and how they create reflects both their conscious and unconscious life” (p. 224). Thus, it is a clinical responsibility for music therapists to receive supervision, and access their unconscious life to enrich their own musical resources (Brusica, 1998).

Due to the fact that music reflects music therapists’ unconscious material, there always involves a risk that a music therapist might project unmet needs to perform or a “desire to be a performer or professional musician” onto clients (Turry, 1999, p. 248). Performance has been used as a major clinical intervention because the therapeutic and transformational values were recognized in performance (Ansdell, 2005, 2010). However, when music therapists perform with clients as part of a therapeutic intervention, and record their own performance, Turry (1999) emphasizes the importance of being conscious of how therapists “separate their own personal musical and aesthetic gratification from what is best for the client” (p. 212).

CHAPTER 3

METHOD

Qualitative Research

Responding to my research question, “How do the experiences of performing improvisational music with other musicians and improvising music with clients in clinical work interrelate with each other?” I chose qualitative methods for this research due to the nature and area of investigation. An eclectic methodology combined autobiography (Behar, 1996; Denzin, 1989; Miller, 2005), interpretative, reflexive, and embodied phenomenology (Giorgi, 1985, 1987; Rowlands, 2010; Smith, et al., 2009; Sudnow, 2001; Todres, 2007), and arts-based research (Barone and Eisner, 2012; Leavy, 2009; McNiff, 1998, 2011; Prior, 2018; Rolling, 2013; Vaillancourt, 2009; Viega, 2013, 2016), which included heuristic aspects (Moustakas, 1990) in engaging the creative process. Data gathering relied primarily on semi-structured in-depth interviewing, and included observation, the researcher’s narrative description of reflexive journal writing and reflective art.

From my epistemological point of view, I operated the research from the constructivist perspective. Qualitative methodologies is not intended to “search for an absolute certainty” (Kossak, 2007, p. 68), but to create an ongoing conversation in which reality is socially constructed (Bauer & Gaskell, 1999). There are multiple realities and truths, and “reality is constructed by those experiencing it” (Guba & Lincoln, as cited in Forinash, 2012, p. 142). Because a single qualitative method may not capture the complexity of the phenomenon of interactive musical improvisation, I have selected the

above stated eclectic qualitative methods in line with my epistemology deriving from my own experience of the complexity of interactive musical improvisation.

Interpretative, Reflexive, and Embodied Phenomenology

Individual experiences especially in the realms of identity formation and musical attunement to clients and among musicians are subjective and cannot be quantified. Therefore, I used interpretative phenomenology (Smith, et al., 2009) as a philosophical framework with emphasis on reflexivity (Giorgi, 1985, 1987) and embodiment (Rowlands, 2013; Sudnow, 2001) as the overall methodology to capture the lived experience of participants in relation to my own experience. Phenomenology was developed by Husserl and later refined by Heidegger to understand the essence of human phenomena as lived experience (Smith, et al., 2009). The purpose of phenomenology is not to seek for the absolute reality and causal relationships. In contrast with empirical phenomenology which is fallen into the objective perspective on human science, the characteristics of the interpretative and reflexive phenomenology I chose in this research postulates intersubjectivity between a researcher and participants, allowing full reflexivity in data interpretation (Smith, et al., 2009). With interpretative and reflexive phenomenology, I did explorative and reflexive thematic analysis on data gathered.

Gadamer (1976) further emphasized embodiment perspectives in phenomenology (Smith, et al., 2009). Performing music is a fully embodied experience, simultaneously involving cognitive, psychological, physical, and social human functions (Bailey, 1992; Kossak, 2015). Employing embodiment phenomenology, Sudnow (2001) attempted to account for how a jazz pianist learns to improvise through the process of learning to play jazz piano with keen observation and full descriptions of his own jazz piano learning

process. The sole intellectual reflection of the experience could not capture the embodied phenomenon of improvisational performance as a whole. Thus, this research encouraged each participant to utilize an embodied locus of body to help retrieve memories of playing both in clinical and nonclinical playing by guiding them during the interview. Thus, in this research, actual analysis methods of data are produced/created based on these phenomenological perspectives. The actual process will be described later.

Autobiographic and Narrative Components

Journal writing, autobiography, and narrative of my own experiences were also used as methods in this research. As I deliberated on research methods, I became aware of my own specific assumptions, preconceptions, and guiding questions. Personal history was a considerable factor in determining the research approach. For example, I once failed to become a concert pianist in classical music. After moving to New York City from Japan and becoming a professional music therapist, I was exposed to diverse music with improvisational elements, such as jazz, blues, Latin, and Brazilian music while I created improvisational music with my music therapy clients. The improvisational music liberated me to play music more freely and to find a healthier relationship toward performance. Believing in the concept of the music therapist as “wounded healer” (Austin, 2008), I found nonclinical music performance reparative as the audience heard and saw me. Thus, how my previous experience might influence the research process was an important factor to consider in choosing an appropriate method for this study.

An autobiographic component is often a vital part of research because the researcher has “the direct, personal encounter with the phenomenon being investigated” (Moustakas, 1990, p. 14). My encounter with this music originated my strong motivation

and process of becoming a musician-therapist, with a core identity as musician. Thus, in-depth autobiographic material of my own connected to improvisational music and performance, and my path to becoming both music therapist and improvisational music performer play a significant role in order to better understand the researched phenomenon.

Moustakas (1990) contended that a research topic should originate from the researcher's own life experiences. Further, Van Manen (1997) pointed out the importance of the researcher's experience as a basis of qualitative research, stating, "To be aware of the structure of one's own experience of a phenomenon may provide the researcher with clues for orientating oneself to the phenomenon and thus to all the other stages of phenomenological research" (p. 57). Writing itself is a way of knowing and inquiring. Thus, Richardson and Pierre (2005) considered writing a method of inquiry as a way to construct knowledge about people, themselves, and the world. In contrast to quantitative research writing, the researcher's subjectivity can be utilized in qualitative research writing. Some researchers made clear that the use of the first person, including researcher's biases and perspectives, were accepted and even encouraged in qualitative research writing (Golden-Biddle & Locke, 1993). Because the meaning of text lies between "the interactive researcher-text and reader-text relationship" (Golden-Biddle & Locke, 1993, p. x), the process of reading can then unfold for the reader. Contrasting with empirical phenomenology operated by more objective perspectives, I did not use bracketing, holding the philosophy proposed by Merleau-Ponty in which it is impossible to reduce human phenomena and avoid our preoccupations in our perception of the world (Smith, et al., 2009); rather, I actively took into account my experience during the

research process. Due to this, there are potential blind spots that the research can fall into a very personal and subjective product. However, as stated before, in order to mitigate as much as possible the personal and subjective, I describe and account for my previous experiences, assumptions, preoccupations, and expectations related to the research while establishing consensus from participants.

Arts-Based Research Components

Arts-based research has been used in the multiple fields such as education and social science (Barone and Eisner, 2012; Leavy, 2009; McNiff, 1998, 2011; Prior, 2018; Rolling, 2013; Vaillancourt, 2009; Viegas, 2013, 2016). According to Viegas (2016), arts-based research mainly holds four functions, 1) art as adjunctive method in qualitative research, 2) art as a primary method in qualitative research, 3) art as its own methodology, and 4) art as a radical event in research. This research employs the first function: in other words, the means of arts were used in a supplemental but significant way “to reflect on, explore, and find connection(s) within other data sources (Austin & Forinash, cited in Viegas, 2016). Thus, the arts-based research that I used as a reflective tool, was used to bring deeper insight and awareness to participants’ engagement in interviews in this research. The ABR component incorporated artistic engagement and expression in the process of this research, generating and analyzing data, and presenting the research results. The expressed art works provided another source of data for the study, complementing the data from the participants’ interviews.

In selecting arts-based research, I considered two main rationales, (a) This methodology was generated from creative arts therapists’ imperative need to engage in creative processes during research, as my research topic was generated from my need to

engage in the creative process, and (b) This methodology emphasizes the importance of what artworks can communicate; in this case as a reflection of the interviews and as a reflection of my own personal process in attempting to reflect on the research question.

In this research, I directly engaged in the creative process through making visual art, writing poems, and playing music as a supplemental and reflexive means of understanding and analyzing the data already generated. I explored and examined the lived experience of the music therapists interviewed as well as my own reflexive process of engagement in improvisational performance and the use of improvisation in clinical music therapy.

As reflected on by those who have written about arts-based research (Barone and Eisner, 2012; Leavy, 2009; McNiff, 1998, 2011; Prior, 2018; Rolling, 2013; Vaillancourt, 2009; Viega, 2013, 2016), an artistic way of knowing through artistic experiences is highly valued. Thus, the researcher's intuition, intuitive responses, and creative drive were valued in the research as well. By engaging in the creative process and artistic self-inquiry, I generated interview questions, gained a deeper understanding of music improvisation experiences, and gleaned deeper insights into what participants expressed about what they have experienced. Thus, I aimed to produce a broader knowledge base on what artworks or artistic reflections communicate back to me.

Considering my experiences as a starting point for this study, heuristic aspects helped orient me in devising interview questions, expanding self-knowledge and discovery, and being reflexive in gathering and analyzing data. With a heuristic point of view, the process of "immersion" (Moustakas, 1990, p.27) was employed in order to better understand each participant's musical experience: not only immersing myself in

the experiences of playing improvisational music, but also I spent time listening to participants' musical performance available on either You Tube or CD before and after each interview. While exploring the lived experience of participants, I reflected on questions such as, how can I create a mutual knowledge base with participants, and how can the research benefit the public. The last question relates to a point Van Manen (1997) raised, when he wrote, "It is to the extent that *my* experience could be *our* experience that the phenomenologist wants to be reflectively aware of certain experiential meanings of the lived experience" (p. 57). Striving to be fully reflexive to my own experiences, I explored the implications of an arts-based research that has strong heuristic components for a broader discourse related to music therapy and music education/performance.

Procedure

Participants

I recruited participants via purposive sampling, emailing possible candidates through personal contacts and word-of-mouth recommendations. Different from my pilot sampling process, I actively sought for recommendations of female possible candidates. Eligible participants targeted in this study were music therapists who actively engaged in (a) performing and rehearsing improvisational music at least once a month, and (b) clinical work at least weekly with the use of improvisation as a professional music therapist. The final sample was narrowed to 5 participants according to their availability (i.e., scheduled rehearsals and performances) and willingness to commit to interviews and follow-ups over the course of 16 weeks. This study's purpose and research questions were included in the e-mail.

The Lesley University Institutional Review Board approved this study (Appendix A). All participants signed informed consent forms (Appendix B) prior to participation. In addition, I verbally explained the informed consent at the interview to ensure that participants understood they were free to choose not to participate in the research and were free to discontinue participation at any time. I further explained that I would keep their identities anonymous and use pseudonyms when presenting the research results. The consent material stressed the anonymity of the participants and any written or artistic materials of them are only to be shared as part of the dissertation if necessary. Participation in this research posed minimal risk to the participants. The probability and magnitude of harm or discomfort was no greater than that ordinarily encountered in daily life.

Each participant's portrait, including demography, her/his background of education, music activities, and music therapy practice was illustrated for a better understanding of the results and exemplary quotes. A pseudonym was given to each participant, and the location and concrete nouns have been modified for their privacy and in accordance with the Research Consent Form (Appendix B).

Table 1

Participants' demography

Name	Gender	Age	Instrument	Style	Clinical Experience
Misuzu	F	Early 40s	F.	Latin/jazz	About 15 yrs.
Laura	F	Early 50s	V.	World/Free jazz	>15 yrs.
Nick	M	Mid 40s	P.	Pop/jazz	About 15 yrs.
Fiona	F	Mid 30s	P./V.	Folklore/jazz	< 5 yrs.
Tina	F	Mid 40s	V.	Exotica/jazz	>15 yrs.

Note: Abbreviation: F.=Flutist, P.=Pianist, V.=Vocalist

Misuzu. Misuzu was the first interviewee that I contacted through Skype on March 15th, since she resided in Japan and I was in NY at the time. She is a mid-forties Japanese woman and mother of two little children; a musician and music therapist, who was educated in the US. Besides her 14 years in the music therapy field working and teaching, she is a flautist and plays in a local salsa band regularly. We had known each other because both of us had studied in the US and had come back to Japan to contribute to the development of the field. Nevertheless, it was a long time since we communicated in person. For me, the interview took place in the morning in New York and for her at night in Japan. She had just put her children to sleep. As soon as we connected, we started catching up on things that we missed in our lives. I was especially curious about her perspectives in being a mother, musician, and music therapist, as well as her passion for Latin music.

She studied jazz performance at a college in NYC. Upon her graduation, she continued to a university to pursue an M.A. in Expressive Therapies. At the time that I

interviewed her, she was working at a psychiatric hospital in her hometown in Japan. Although she used to be a full time university instructor, she left to pursue her Ph.D. and started working as a part time music therapist. While catching up with each other, we jumped into the topic of research right away. As she recalled, her life had changed greatly after quitting her full time teaching job. She said that it helped her to find more time to perform in her Latin/Salsa band, which as a result, is leading to a higher level of life satisfaction than ever before. Her current lifestyle has more work-life balance, and she tells me that she now has more time to play outside of work, which is her source of *vivre*.

In the past, she would feel conflicted over being both a professional performer and a full time music therapist. In addition, fulfilling the roles of a mother of two young children and being a wife had been challenging until recently. However, she has come to realize her priorities better and has developed good support systems. Thus, she felt much more grounded now and is now able to do what she wants to do. She has been a professional flautist, and still performs at least once a month in her Latin combos and gets to play with other musicians every week, including rehearsals.

Laura. The interview with Laura took place on May, 11th, in the office where I used to work. I contacted her through my colleagues. It was the first time we met in person after communicating several times through text messages. She had been to Japan a few times and the interview took place right before she traveled there for her tour. She was very helpful and responsive throughout our communication process. She is in her early fifties and American Caucasian. She married a Grammy-awarded percussionist with whom she has performed in his tours. She is a jazz-trained vocalist, but calls herself a

“rhythm vocalist,” thereby emphasizing improvisational aspects that are derived from central life forces, pulse, and breath.

Laura first studied jazz performance as an instrumentalist at a music college and went straight to a graduate school to study music therapy in an M.A. program upon her graduation with her B.A. Her foundation as a music therapist had greatly developed through working with music therapy pioneers back in the 70's. After immersing herself in music therapy working at different places, such as psychiatric hospitals and schools, she is now more geared towards performing around the world. As she said, the “universe is speaking,” and it happened organically. When she had to travel around for touring, it became obvious that she would not be able to pursue regular full time music therapy jobs. She has since become more involved with coaching and teaching music students with her performer-music therapist's perspectives. However, she does not call it music therapy because she has tremendous respect for the efforts that pioneers in the music therapy field developed. She thinks that music therapy and being a music therapist are still important parts of her life and there is a possibility that she will come back to work more as a music therapist again.

Nick .After finishing two interviews, I went to meet Nick on May, 23rd, for the first time since 2004. He was my senior by one year at graduate school. He is not only a great improviser/pianist, but is also still working as a full time music therapist. I wondered how he maintained both. Nick is in his mid-forties, married, has two children, and is Israeli/American/Caucasian. He has been working for an acute psychiatric hospital in NY for about 15 years. The interview took place at his workplace in the state psychiatric hospital.

Nick studied jazz performance education in the US and later studied music therapy at a graduate school. In addition to his full time job at the psychiatric hospital, he has also been teaching classes at a graduate school in New York City. One of the classes is teaching performing musicians about music therapy perspectives, where they learn techniques and ideas about what music therapists do. The class helps them grow as improvisers. He thinks that the jazz world is “very cutthroat and very militant almost, like you have to learn certain things, and if you’re not ‘good,’ you’re not part of the club.” Although there are many advantages of being a performer, he is also aware of the difficulties of having that identity, the “performer-self,” in working as a clinician. He did not quite fit into the “jazz world,” he recalled. However, he feels that playing/performing music is important. He currently plays in a band which consists of three other music therapists who are also performing musicians, having occasional gigs at venues in NYC.

Fiona. Encountering Fiona coincidentally happened in early June due to our mutual interest in the research topic. Fiona is mid-thirties, female, and Israeli/Caucasian. She has been a pianist/singer-songwriter. At the time of the interview, she was still a graduate student in the music therapy program. She has been regularly performing her original music with her band at several venues in NYC after moving to New York. She was also an emerging music therapist, writing up her thesis to graduate when the interview took place. The topic of her thesis and interest was the performing aspects in music therapy and the connection between being a performing musician and music therapist. She contacted me first through my colleague to hear about my research. Soon after she contacted me, we met up to mutually interview each other at a small café in the West Village on June 13th.

She described her music, saying that “it is like singer-songwriter meets jazz and is definitely influenced by improvisation and personal theme.” According to her, her range of music is wide, where her Israeli influence and some rock and jazz reside. When she came to New York, she started writing songs with lyrics to find her own voice, trying to be different from her sister who is a jazz pianist as well. She told me that studying music therapy is something that expanded her skills and musicality. She has just finished her internship in a psychiatric hospital.

As an emerging music therapist, she told me that she was concerned how she would maintain her two identities and manage the time to do both. Since playing music is very important for her, and being a musician is her core identity, she is afraid of not being able to play much.

Tina. Tina was the last interviewee. The interview was conducted on June 20th. She was my classmate when we were studying music therapy at New York University (NYU). I was very excited to be reunited, visiting her office where she was working as director of a music therapy program. Tina is late-forties, American, Caucasian, a single parent with a daughter, a vocalist in Jazz, and the director of a music therapy program in a community music school in New York.

As a program director, she usually supervises a team of 15 music therapists and 29 outreach programs for children with special needs. Although she still conducts individual/group music therapy sessions, she plays more of an administrator role. Once a month, with the use of voice, she conducts music therapy sessions for hospitalized patients to improve their respiratory function at a medical hospital.

She has also been teaching a class at NYU for five years. She does not perform that much these days since she is busy wearing many hats. “I do not miss so much gigging seven nights a week since I had been professionally singing for 14 years and actually got sick of it,” she confessed. For her, it was a natural fading out of performing life. She kept doing weekly gigs even after having her child for the first two years. She still does twice-a-year gigs at prestigious NY hotels and other random gigs with her trio. When I interviewed her, she was looking forward to the opportunity to sing with an orchestra for a fundraising event at her school, although she felt “nervous,” feeling that “I’m not 100% on my game.” She feels that she has to step back into her performer self and has mixed feelings regarding how other people perceive her with her double roles.

Data Gathering Process

During the 20 week-course of the entire research, I, as a researcher, engaged in both clinical and nonclinical improvisational music-making, reflecting in my journal writing on my personal practice and interviews with participants and ABR. In my clinical practice, I engaged weekly in two settings with the use of an improvisational music therapy approach, (a) a private practice with children and adults, and (b) a part-time outreach community setting with immigrant families in New York City. I also participated in improvisational rehearsals and performances at least three times during the research period in New York City. During the course of research in the year of 2016, three main performing experiences occurred as follows: 1) recording my first debut album at Tedesco studio, in New Jersey (from Feb, 25th through 27th), 2) performing a charity concert as a trio at symphony space in NYC, on March, 13th, 3) my own album pre-release concert at Drom in NYC on May, 13th. As a part of the arts-based research, I

used artistic mediums such as visual art and poetry and kept a reflexive research journal of performance and clinical experiences.

During an initial semi-structured in-depth interview of 40-60 minutes, I asked participants to be mindful and reflexive about how nonclinical improvisational performance affected their clinical work in the research period, and suggested that each participant share new thoughts and insights when followed up on by me through emails. In this way, being fully mindful about the experiences, participants engaged in a process with the researcher, embodying the experiences and increasing self-knowledge with the hope of gaining new insights and contributing to the collective shared knowledge (Creswell, 2013; Smith, 2012). Originally, contacting each participant after approximately four weeks from each interview was planned (Appendix B). However, due to my life circumstance change, that I abruptly had to move back to Japan with my family, I sent follow-up e-mails six months later than the initial interviews. Thus, the timeline of actual follow-ups was modified.

I initially conducted five interviews face-to-face and one through Skype, at the participant's convenience, allowing for greater diversity, and followed up with e-mail communication. All interviews were audio recorded and later downloaded onto a password protected computer. Out of the five interviews, I transcribed three interviews and personally hired two students-research assistants to transcribe two other interviews under anonymity. Each interview was transcribed in Microsoft Word files after each interview, and the participants later reviewed the transcriptions for accuracy. The original transcripts are maintained in a password-protected audio file to which only the researcher has access. All audio and transcription interview data will also be kept in a locked cabinet

or password-protected computer and will be destroyed after the research complete based on IRB. All of the interview data and researcher's journals were analyzed manually with Microsoft Word.

The same semi-structured interview questions and sub-questions (Appendix C) were asked for every participant. I analyzed each interview right after it happened, and then conducted another. In between interviews, my ABR reflection was conducted (Appendix D).

Data Analysis Process

In interpretative, reflexive, embodied phenomenology, the process of data analysis captures the lived experience of participants in relation to the researcher's creation of a more holistic composite view. Contrasting with empirical phenomenology, I did not use bracketing; rather, I actively took into account my experience during the data analysis process. I reviewed and sorted all written and transcribed data for words, phrases, or segments that stood out and carried specific meaning for me (Appendix E-1&E-2). Themes showed up as I categorized and grouped those sorted words, phrases, and segments. The quantity and frequency of repetitive themes were not the only factors that determined important themes (Rosenthal, 2018). For example, an interviewee's one-time statement may have been significant if it felt important. Thus, the analysis process was interpretative (Smith, et al., 2009). This interpretation differs from empirical phenomenology, which extracts only the overlapped essence of the interviewees' experiences (Rosenthal, 2018).

My own journal writing and responsive poems to the drawn images were also analyzed in the same way described above and served as an adjunctive means not only to ground and

support emerging themes from the interview data, but also to identify themes that were not in the interview data (Appendix F-1&F-2).

Data analysis steps were followed which were informed by several sources (Creswell, 2013; Forinash, 2012; Gibbs, 2007; Glesne, 2011):

- 1) Immerse myself with the interview and personal process/artistic exploration data, getting a sense of the interview as a whole before breaking it into parts, jotting down my thoughts and ideas in my journal;
- 2) Coding process; highlighting the text into meaningful segments and assigning names (labels) for the segments;
- 3) Combining/sorting the codes into broader categories and creating themes;
- 4) Comparing the themes and finding overlapping and significant ones;
- 5) Representing the themes with descriptions and quotes.

Coding is “how you define what the data you are analyzing are about” (Gibbs, 2007, p. 38). Coding criteria suggested by Creswell (2013) were used in the data analysis. The codes represented as follows, 1) information that the researcher expected to find before the study, 2) surprising information that the researcher did not expect to find, and 3) information that was conceptually interesting or unusual to the researcher, participants, and audiences (Creswell, 2013, p. 186). The data analysis process occurred in a spiral manner. All the steps of data analysis were interconnected and complemented each other by going back to sources of data and reconstructing meanings back and forth, as Creswell (2013) suggested.

The last part of the research was implemented after all interview data was analyzed and main emergent themes acknowledged. In order to create knowledge

mutually with participants and promote trustworthiness, I shared the emerging themes with participants for the purpose of member checking (Glesne, 2011). Specifically, six months after the initial interviews, I e-mailed participants to share the themes, follow-up with their experiences, and determine if they gained new insights or deeper understandings for the purpose of integrating their input and feedback into results.

Evaluation Standards

To establish trustworthiness in this research, I selected evaluation standards that took into account credibility, transferability (Guba & Lincoln, 1994), and authenticity (Golden-Biddle & Locke, 1993). I kept a reflexive journal throughout the research process, which covered the criteria of credibility through prolonged engagement, persistent observation, triangulation, and an accurate reflective reporting of participants' experiences and transferability through my own thick description (Guba & Lincoln, 1994), including subjective explanations, meanings, and contexts. Authenticity, another important criterion, allows texts to convince readers that the researcher was actually in the field and genuine to that experience (Golden-Biddle & Locke, 1993). In this research, I tried to establish authenticity by describing/portraying each participant and description of vivid conversation manifested in interviews. I engaged in reciprocal communication with participants and conducted participant member-checking. Importantly, member-checking could produce negotiated outcomes and shared knowledge (Glesne, 2011). In this way, the researcher creates rather than exploits the knowledge with participants and reaches a new collective meaning (Birt, et al., 2016).

CHAPTER 4

RESULTS

Introduction

The results were developed from analyzing the interviews, the reflection on my own journals, and artistic enquiry with an interpretative/reflexive/embodied phenomenological perspective along with Arts-based Research (ABR).

Over five consecutive months, five interviews were conducted. Each interview transcript was checked by each participant right after each interview via email. Each interview took place wherever and whenever it was convenient for the participants; one interview was conducted over Skype and another took place at a café, with three interviews taking place at the participant's workplace. As stated in the method, the procedure written in the consent (Appendix B) was modified when my life circumstance changed. Each participant was followed up with through emails six months after the interview. The follow-up emails shared the emergent themes with participants and asked them if they were agreeable and if there was any additional information after having improvisational experiences during gigs/performances and clinical work since the interview took place. Since there was a significant time lag, I had to remind the participants of what the research topic was and the contents of interview transcripts. According to the emergent eight main themes and three subthemes shared with all of the participants, there was a collective agreement with those themes verified through e-mail communication. There was no significant additional information from the participants. There is a slight possibility that if I had reached them earlier, I would have gained their

additional insights and ideas based on their fresh memories. This will be elaborated on later.

After each interview, I learned something new about the interview questions and then decided that the interview questions needed to be tweaked a bit for the following interview in order to get to the information I was hoping to focus in on. As previously stated the interview process was linked with my ABR and vice versa. My ABR inquiry grew along with the parallel process of me engaging in nonclinical and clinical improvisational music, which will be described later in this chapter.

I put a different emphasis on main and sub-questions depending on the participant, in order to work out the area that I wanted to explore further. When I first interviewed Misuzu, I asked her more general questions in order to obtain the general idea about the research topic. After analyzing her interview, I drew the first image, “Life-Alive” (Figure 1), and wrote poems as a second response. Then, I began to hope to explore more female musician-therapist perspectives for the following interviews. For Laura and Tina, my questions were geared toward a female perspective. For example, I asked,

I’d like to know how gender, being a woman, affects your way of being both, a performer and a music therapist. Is it difficult? Is there an advantage or not?”

Knowing that Nick is a virtuoso in piano improvisation (from my personal experience of playing with him before), I hoped to explore more about musical components in detail with him. I formulated reframed questions as follows,

How does being a performing improviser affect the way you play with clients; in other words, the way you are using the music? Can you describe more about the musical components?

Sometimes, the unique question to Nick spontaneously unfolded on the spot during the interview when I discovered that he had performed with a band consisting of only music therapists. For an example,

K: (Researcher): I am curious...what is it like to perform with other music therapists, outside of work in a different context?

N: It is wonderful to play with music therapists. Everyone should have the opportunity.

K: Is it different from playing with non-music therapists?

Thus, my interview process proceeded organically, along with my experiential ABR process, which will be elaborated on in the second half of the result section.

Responding to the research question, “How do the experiences of performing improvisational music with other musicians for an audience and improvising music with clients in clinical work interrelate with each other?” the following eight main themes and three subthemes were identified.

1. Continuous perspectives in music and music therapy worlds;
2. The advantages of being a performing improviser;
 - 2-a. Confidence in skills, crafts, and a way of being;
 - 2-b. Empathy for clients’ experience of playing;
3. The advantages of being a music therapist;
4. Reciprocal growth of being performing musicians and music therapists;
 - 4-a. Enhanced Common Skills between Performing Musicians and Music Therapists;
5. Performance as an outlet for music therapists’ self-expression and well-being.

6. Embodiment: developing improvisational musicality;
7. Challenges to pursuing both careers;
8. Gender perspectives.

These main and subthemes will be addressed in the following sections, which will be followed by descriptions of interview/data collection and analyzation. In the second half of this chapter, my arts-based reflections and its narrative will be depicted as supporting sources of these themes.

Interview Results

1. Continuous Perspectives in Music and Music Therapy worlds

Although each participant had walked a unique path in pursuing music and a music therapy career, all of the participants, have continuous and music-centered perspectives in music and music therapy, embracing universal values in music. They do not necessarily see the worlds of performance and therapy as strictly separated in a dramatic way, but rather they see these two ways of playing music strongly related to each other.

Laura attempted to explain her philosophy in music and life in her interview by stating, “Nothing is disconnected.” She has developed her own philosophy of music, performance, and music therapy perspectives, and they have influenced each other. She addressed this by saying, “Life connection of pulse and rhythm, or interconnectivity through rhythm, segues into my world through music therapy. For me, these worlds are one.” For Laura, music is derived from pulse and breath. Her improvisation developed from a simple motif and variation. Even in a music therapy session or performance, what

is happening is the exchange of life force and energy. Further, she continued discussing her continuous philosophy, and her way of being in music and in life:

No matter what level the music is, in terms of its complexity, it does not matter to me because my entryway is always the same. When I discovered that, it really opened up my whole lens to how to, number one, be in music; be in all music situations, but also in life.

Laura's view is not compartmentalized into two different clinical or nonclinical music contexts; rather, she has a wider definition of music that helps her bridge both fields and be in those contexts more flexibly.

Another participant, Tina, also embraces the continual perspectives in music and music therapy worlds. Although there exists difference in terms of intention and purpose, she views the world of music performance and the music therapy world as integral. She continued that music therapy is a way to access music in an inclusive/global way, to make any participants with physical and psychological needs accessible to music. For Tina, she already has developed her improvisational "musical self" as being a jazz performer. Furthermore, she stated that being a music therapist expands her musicianship as more a round musician, and which, in turn, can be utilized into her performance in a spiral manner of development.

Nick, who teaches non-music therapists and musicians, holds similar music-centered perspectives between his music and music therapy practice. He describes, "Music really is at the center of the therapy. Because music is at the core of my being, it is the music itself that is the therapy." He continues how he works. "I'm a very fluid worker, I'm very music-centered, so I work within the music. Most of the therapy

happens within the music. I usually evaluate and bring a client in (music).” He thinks that there are unique perspectives as musician-therapists to contribute to both music and music therapy contexts. He believes that music therapists take lots of knowledge from the music world and in return we give back to the music world, being part of the dialogue about what music is about and how people relate to music.

2. The Advantage of Being a Performing Improviser

Subtheme2-a: Confidence in Skills, Crafts, and a Way of Being. Participants described having developed confidence in their music skills and abilities to respond, interact, and engage with clients as performing improvisers. There were sentiments that this gives therapists tremendous freedom to be more flexible in playing/interacting in music therapy sessions. Nick said, “Through performing in real time and being in situations where you have to think very quickly, that sort of agility has transferred itself to my work with the patients.” Tina also said, “Coming from jazz is really helpful as a music therapist, because your musical self is already about improvisation. So using improvisation feels like a natural fit.” She continued talking about responsiveness as an improvisational performer, saying, “Certainly being a performer in jazz means that I’m used to reacting to things, to whatever is there.” Misuzu also affirmed that point, describing that when she plays more often outside of her work, “I have more confidence to be there for clients in clinical work. I can lead/guide them with more confidence in a better emotional state.”

Other participants also identified their developing confidence and skills through performing by engaging in real time playing, and at the same time overcoming the on-the-spot pressure of playing on stage. Fiona affirmed that she has developed confidence

in being a performer and in turn, has developed confidence in her clinical presence. She said it is the confidence that helps her to provide, no matter the clients or audience, the whole musical experience that is satisfying them and particularly flexible experiences for clients those who need to be more flexible in their lives. She stated that her confidence and skills to be aware of what is happening in the music therapy sessions and to react in the moments were really nurtured from being an improvisational performer.

Furthermore, participants pointed out that playing as a performer requires having the audience/others in mind: thinking of contexts and communicating with an audience. Fiona further pointed out her responsiveness when playing as a musician, saying, “Every time we play a song it would feel completely different. In the moment we react to each other and I feel that we react to the audience as well.” Tina thinks that while she is playing, thinking of others in her mind and responding to them, it contributes to her confidence and ability to provide satisfying musical experiences for the clients. The abilities of catching signals from an audience, of responding to them, and of communicating with them directly translate into her clinical work and even her way of communicating verbally as an administrator, depending on peoples’ needs. Tina remarked when she performs, she always thinks about the context and venue of the gig taking place. Then, she considers of the music program in terms of mood and pace of the songs and even “patter” between the songs, assessing if the audience is with her and her band.

Subtheme2-b: Empathy for Clients’ Experiences of Playing. Participants simultaneously being music therapists and performing improvisers have developed empathy with deep understanding of the power of performing and the challenges in

playing in front of people. Laura described that her performing experiences helped her develop a sense of empathy and intimacy in connecting with people, while navigating space and time, no matter whether she plays for a big audience up to 150,000 people or a one-to-one. She said, “Because I never had the experience before to connect with that many people through music, through sound and that energy, so it gave me a bigger picture of what it is to be in the world...of what it is to navigate space and time.” Because of her realization of the power of performing and connection to bring people together, then she treats the clinical work as “the microcosm of what is happening in the big world,” having faith and empathy for clients’ playing as well.

Not only did the participants express their understanding and empathy toward their clients, but they also described recognizing the benefit when it is achieved. When clients tried to take a risk in playing and reaching out in a new realm, the consensus from all of the participants was that, as therapists, they have greater empathy for their experiences for they know what it is like when they take a risk in improvising music in a band and the joy of getting into a new realm and the resulting transformation. Misuzu identified the deep empathy that she feels for her clients’ playing and what they are going through in music therapy, pointing out that it was directly derived from her experience of being a performer. She elaborates:

In improvising, when you are trying to reach somewhere new beyond what you used to play, it requires you to be braver. What is important is the fact that you challenge anyway whether or not you succeed. As a performer, I have more empathy or understanding when the client goes through that kind of challenge.

Misuzu finds true benefit for the clients. This can be transformational and lead to growth, in that the person actually changes either in nonclinical and clinical context. Because of her transformation that occurred in frequent performing experiences with other musicians, it is much easier for her to catch that moment if that happens in clinical settings. Because of empathy, participants described feeling that they can fully support clients' endeavors/challenges and their transformation. For Nick, it is natural for him to get into a very empathic mode, and to listen to someone and connect with them on a very deep level. He said, "It's easy for me to hear what someone implies, a rhythm or harmony that someone's implying. My instincts are to immediately go to find the harmonic and rhythmic sphere to be able to identify and to develop it."

For Fiona, because of her sense of deep connections through her own musical experience as performing musician, she hopes to bring her clients a deep sense of connection through interactive music playing. She describes, "You can connect with the musicians and then you can connect with the people who are your audience. When you know what these connections feel like, you want your clients to feel you understand what they would go through." She continued talking about therapeutic meanings and effects of performance for her and her clients. She thinks that one of the clinical benefits for clients, who feel disconnected, to bring performing/playing experiences, is that music brings deep levels of connection to themselves and others and they start to hear themselves in a new way and aspects of themselves that they do not experience in daily lives. Her rational stemmed from her own performing experiences, in which she feels "in the right place," deeply connected to people and herself and discovering new aspects of herself in a way that she does not usually experience in her daily life.

3. The Advantage of Being a Music Therapist

Participants shared that being a music therapist makes her/him a unique musician among the other regular musicians. They spoke about having developed empathetic listening, and that the way to connect with others is open and authentic, and their playing is non-judgmental. We as music therapists have lots of experiences of playing with people who are not-musicians, meaning not necessarily receiving prior musical education. Because of that, Nick stated that we develop non-judgmental and open-minded mutuality in playing. Nick talked about a specific skill that music therapists develop that contribute to informing him as a performer as empathic listening. He explained the term, stating, “I think as music therapists we develop this skill to really listen to someone, to really feel and understand where they’re at, to really hear what they might be trying to express, and to be there for them, to serve their expression.” He thinks that any musician would benefit from these unique qualities that music therapists have developed

Another sentiment shared by participants was that they have a tremendously expanded musicality by simply being a music therapist, meeting all kinds of clients in music. Tina addressed this by saying, “In music therapy I’ve become a much better musician as a music therapist than I was when I was a singer. As a performer, maybe I was a better singer, but I wasn’t a better all-around musician.” According to her, she was required to play other instruments besides her voice such as guitar and drums in music therapy. She feels she is automatically stretching her musicality and music skills to meet clients’ needs, just by being a music therapist. She also stated that she is willing to learn a new song or style of music when her clients requested. For her, stretching her musicality is beneficial as a performing musician, as well.

Misuzu also described the advantage of being a music therapist as a performer. She said, “I think I have a unique musical palette that other musicians do not have.” For an example, when she was playing with other band members, she suggested to start to play the sounds of a jungle. She described the moment, “By fully immersing myself in the mood by playing/exploring the sounds, I create something that we do not usually play.” She is not afraid of making sounds bold or unpleasant, due to her clinical music playing in non-judgmental way.

Misuzu also shared that, because she has tremendous respect for clients’ music, she is curious to get into their experiences and perspectives through music. According to Misuzu, playing and making music outside of work also leads to opportunities for her to try it out and have more of an empathetic experience. She brings her music therapist’s perspective and experience into making music with other musicians, which makes her unique as a musician. Pointing out the similarities between performing and clinical improvisation as a life force exchange, Laura also identified the profound effect of her clinical work on her music. She stated, “My music and my path meet somewhat, now in retrospect, and it makes so much sense from the flow of the clinical work into the performing and teaching arena.” She described how she started internalizing music that did not originally reside in her by meeting all kinds of clients in music therapy, which made her unique as a musician by expanding her musicality. She said, “You can begin to resonate with the person you’re with, and you start recognizing their inner music very quickly. You start to automatically experience life through a musical lens, in a much deeper way.” She continued, “In the improvisational world especially, it just made me that much more open to new rhythms that were not in the ‘normal’ mainstream way of

connecting. Those types of syncopations began to become a very important part of my unique style.” Thus, her clinical experiences of tuning into and internalizing clients’ musical responses became her music vocabularies and pallets.

Nick pointed out the sensibility that music therapists bring into performance, comparing his experiences of playing with other music therapists in his own band, and of playing with other jazz musicians. According to him, jazz musicians tend to focus more on playing correctly, skillfully, and tight. He recalls, “When I first started the jazz program it was so cutthroat.” He thinks that music therapists are much more open to imperfections because they are used to playing more with non-musicians. According to Nick:

With music therapists I feel like it’s okay if I get lost because they’re going to be there for me, and there’s more support in the way they, and I think it’s mellowed all these other musicians out where we’ve all become a little more open, open to things not being perfect, to things being a little messy, to things, to people’s vulnerabilities.

He thinks that he himself, being a music therapist, actually changed his way of playing with other musicians. He found himself becoming more open to vulnerability in playing in nonclinical and clinical contexts, stating that “I think people would enjoy playing with me because I’ve honed in on that empathic listening skill. I’m a lot less judgmental than I used to be.”

4. Reciprocal Growth of Being a Performing Musician and Music Therapist

Participants have walked a variety of life paths to become music therapists. All of the participants confirmed that ways of living to be both performing musicians and

therapists mutually feed upon each other as they constantly grow in expanding their skills, musicality, and awareness. Fiona said, “I definitely had to acquire new skills, but those skills in a way are an extension now, I feel like now it is an extension of what I am.” Being performing musicians makes them feel that they are becoming better music therapists, and being music therapists makes them feel that they are becoming better musicians. She articulated, “In a reciprocal way, it works both ways. I feel becoming a therapist influences my performance and makes it better, or more connected, or honest...and the circle is complete.” There is, then, continual life-long growth being both performing musician and music therapist.

Subtheme4-a: Enhanced Common Skills between Performing Musicians and Music Therapists. The participants acknowledged that the different ways of playing in clinical and nonclinical contexts such as performance tend to involve more required techniques, expressiveness, and perfection than in clinical playing. However, they were also aware of performance aspects in music therapy, and vice versa, therapeutic aspects in performing. Fiona talked about one of her most structured music therapy groups for psychiatric patients, pointing out that music therapy can resemble performance, creating opportunities for patients to perform. She explained, “(In the music therapy group) if you chose a song you wanted to sing with the microphone, you were welcome to do it. I feel there is an element of performance inside the setting of the group.” On the other hand, music performance can resemble therapy in terms of feeling supported and expressing oneself within the interplay of the band. As Nick says, “When I play with really good jazz musicians in a performance gig, I often feel like it is similar to a music therapy situation.”

It is in the commonality that participants discovered enhanced skills acquired among musicians and music therapists in terms of deep listening and musical interactions. Fiona talked about a deepened listening skill. She stated that she utilized a lot of listening as a musician before becoming a therapist and she feels that it is just expanding. Laura also talked about the shared skill of listening and its importance as both a musician-therapist, saying “Listening is another kind of expression. If our listening is not attuned, we really can’t improvise. I think that’s something that should happen first, in terms of our abilities, to learn how to listen fully.” Reflecting back on training music therapy students, Laura talked about the importance of shared skills of deep listening and being fully present and tuning in. She elaborated the situation when her music therapy students were not able to listen well. “They felt stuck to be able to connect in leading music therapy group.” One of the difficulties is that music therapy group resembles the situation where you play in an ensemble and there are lots of inputs. She said, “There was sometimes a struggle for them to really create the ground because your listening is not attuned and our listening tunes out because it’s too overwhelming to try and figure out how to fit into everything.”

She said that we all do not need to have the most virtuosic listening skills in terms of what and how to listen clinically, but it helps when we feel technically proficient enough.

Nick stated that good musicians are like music therapists. He said, “If you’re a really good jazz musician, and you’re not just a good soloist but also a good rhythm jazz musician player, I think it is like playing with a music therapist because they’re using very similar skills.” Then, Nick expounded on differences between “expressive musicianship” and “supportive musicianship” in playing jazz. In music therapy, too, he,

as a therapist, uses both skills, interacting with clients mutually as musicians in a sense. He stressed that balancing those is a key no matter if you are a musician or music therapist. He elaborated a sort of “unspoken rule” in jazz. In playing jazz, you don’t play over somebody or do not overplay when you are accompanying, so called “comping,” other members, at the same time trying to support them and elicit their musical responses. He pointed out that it is a very similar idea to facilitate a client to feel supported as a music therapist. He said, whether clinical or nonclinical playing, “it is a way of balancing to be able to do both (playing expressive and supportive) when it is needed.” For some clients, he stated that they need supports from somebody and on the other hand, some clients can be spotlighted and they can be more expressive. He thinks that music therapy incorporates both performance and therapy worlds, where we have that intense focus on empathic listening and supporting someone, but at the same time, we don’t have to fit into one mold, saying, “You can be much more open about that.” He further talks on the possibilities to take a role of being expressive, letting clients take a role of being supportive if there is therapeutically beneficial for some clients. Thus, he utilizes both expressive and supportive musicianship, depending on clients’ needs in therapy. In performance situations, Nick found there is a tension between performing really well by “showing off chops” and just being very expressive and open and vulnerable in performance. He emphasized that the key is to consolidate with those in performance situation.

Tina, too, uses either expressive or supportive musicianship, or a combination of both, depending on populations and situations. Although she said “For music therapy, I’m not thinking too much about how good I’m sounding.” she thinks it is important to

keep her voice in a good condition to meet clients' wide angle of musical responses. She explained, "I'm thinking more about being able to match the client and to be able to use my voice as a tool for support. But I don't necessarily have to articulate or think about the diction or think about the way that I'm emoting in vocal work." Tina uses expressive musicianship for another situation when she sings for clients in pain at bedside. She stated, "I feel there is a bit more of using my real technical voice, because it's not very much fun for someone to hear someone sound crappy singing in their room. I'm thinking a lot more about the lyrics that I'm conveying and in the context of being in the hospital and what that song might mean to this patient." In that case, she feels that parallels singing for an audience. However, even with that said, when she is preparing for a gig, she goes back to doing her intense voice work every day.

5. Performance as an Outlet for Music Therapists' Self-Expression and Well-Being

All the participants identified the importance of having an outlet for fulfilling their needs of self-expression. Playing music in particular, outside of work, helps them feel alive and grounded. In turn, participants expressed that meeting their needs outside of work helps them to be fully present for clients to meet them musically. They feel they can play more free and creatively, interacting with clients. One of the participants, Misuzu, elaborates on that point, saying, "If I am not fully satisfied with that need to play/express, my frustration is revealing in my clinical work." According to her, if her needs to play are not fulfilled enough, she cannot be fully free to be there for the clients. If she gets to play more outside of work, her need to play is fulfilled in doing more performances and she becomes freer in clinical settings. "I gain more confidence to be

there for clients in clinical work, I can lead/guide them with more confidence with a better emotional state.”

Some participants are also aware of ego and countertransference as a performer in music therapy. For an example, at times they have an impulse to be a performer and express for themselves, instead of providing space for clients to be expressive. Nick was one who is strongly aware of the risk of not fulfilling his need to express, stating, “It’s important for me to express myself out in the world. It’s something that’s important for me.” He has experienced a conflict sometimes when it’s not really his time to express himself and he has to take a step back. He admitted that it is a big challenge for him “to be aware of that need (to play) and then to let go of that” in that moments.

Another sentiment expressed by participants is that sometimes it is necessary to put yourself out there by leading or modeling for the clients in music therapy. However, most of the times, music therapists facilitate the opportunity for clients to express themselves. Thus, it was said several times that having opportunities to play in nonclinical settings prevents therapists from compensating their needs in clinical settings.

Tina was recalling her performing experiences outside of work right after giving birth, recalling, “It was fantastic. It made me feel like I had something for myself. It was my own music therapy (laughs). I felt like singing out in that way helped me to experience my own stuff.”

An emerging professional, Fiona confessed that she actually wrote/played less during her studies in the music therapy program, and did not use music so much to cope with her stress. She said that, “I was very anxious a lot of the time, so unfortunately I

didn't deal with it in terms of using music for that." She realized that the lack of playing her music influences her well-being.

Misuzu actually considers the deep meaning of live performance in direct relation to her well-being. For her, "Performance is about exposing and expressing myself. It is the precious time when you can be yourself, showing your parts you cannot hide. You might have a musician role, mother, or music therapist, yet, beyond those roles, I can exist as a human being." She further elaborated by saying, "Music is something about living. Being liberated in playing music directly connects to my health. I think that inspires the listeners/audience, too." Thus, according to her, keeping her health and feeling alive by playing music helps her to be present for clients, accepting their expressions authentically.

6. Embodiment: Developing Improvisational Musicality

All of the participants mentioned how they have developed improvisational musicality as an important craft as musician-therapists. They all confirmed the vital role of embodiment in developing improvisational skills and musicality. Misuzu claimed, "Embodying music is the only way to develop improvisational musicality." She also took drums and dance lessons as a way to cultivate and embody improvisational musicality. For Fiona, she utilizes her own voice to enhance her improvisational musicality by describing, "When I improvise in singing, I feel like it is obvious that you are using your body as a tool more than when you are playing the piano. It's easier for me to relate to what's going on in my body when I improvise by singing."

Nick said that, in addition to improvisational technical exercises he learned at school, his bodily awareness and involvement is a way for him to be in music, cultivating

his improvisational musicality. “I have always felt music in my body,” he said. “I could take cues from the movement or from a rhythm of something that you are listening to, or think of a word or an idea and just explore.” He recalled, ever since he was a kid, he would hear music and immediately started moving. He described, “It’s like the musical child is a moving child. It’s not a static child. Whether or not it’s in the body or you’re moving your brain cognitively somewhere, there’s this intense movement. So I find that that’s just something I always used to do — move.” However, when he started classical music in the beginning, his teachers scolded him saying, “Stop moving! You don’t need to move!” Embodying music is for him, just like his way of being in the music. When he plays with someone he begins to move like them, and he begins to take on how the music feels in the body in a really deep way.

Nick continued describing his way of working in music and teaching his students, saying, “I start to feel the groove in my body and then the music starts to emanate from that sort of movement. The grooves have a way of feeling time, and everything starts developing from there; baseline. It’s a very exciting moment when you sort of resonate on that level.” In his teaching, he tells his music therapy intern students all the time, one of the things we as music therapists work on the most is feeling it in our bodies. In other words, it is taking in that patient on a body level and feeling what it’s like to be there in the way they feel music. He thinks that that is very important attuning process in working with clients.

7. Challenges to Pursuing Both Careers

It was reported that keeping full time music therapy jobs and being active in performing are challenging, both in scheduling and energy-wise. Several participants

talked about how music therapists who would like to pursue both being a performer and being a music therapist have to make a choice. For Tina, it was a natural fadeout from being active in performing. A part of it is because she got tired of performing seven days a week. Instead, she found more meaning working as a music therapist, conveying the therapeutic values of music. However, she hoped that one day she would go back to playing more music, learning other instruments, and writing her own music. Tina said,

Sometimes if I'm out running and I'm listening to music, I think, "Will I ever get back into something?" But it would have to be something new. I want to write music, but I don't have the energy. I just don't have anything left for that.

She addressed that the only time she would have is at night or maybe on the weekends when she does not have to take care of her own child. She feels that she is always catching up something by saying, "I just need to be in the real world. I find that I just don't have the inspiration. I really have to force myself to sit down and practice piano or guitar or anything."

Nick, who was once playing a lot in jazz performance gigs, is now trying to find his new way of being a musician as a music therapist. He stated, "One of the struggles that I had is that I don't feel like I really found my voice in only music performance." He can play a lot of different things and play with different people, but he did not really find who he is in the music. He confessed that he had been really down on himself a lot about that for a long time. Yet, as he is working as a music therapist, he gradually started realizing a new way of being a musician by stating, "Maybe who I am is just being this sort of music therapist, is being able to be with different people and just being there and being present and maybe that's who I am as a musician, who I've always been." Then,

he often feels there is this constant shift between the supportive and the expressive musician in clinical and nonclinical music playing. “It’s funny because even when I play, it’s almost like part of music therapy. I play with other music therapists in my performing band. When I play with a band member, singer, everyone tells me I’m so supportive and I bring something out in her/him.”

For Laura, her musical career was a natural take-off, “a call” in performing. As she said, it was not something that she planned in advance, but the result of following her heart.

She said that she didn’t stop studying or working on her craft, her music craft, or her artistic endeavors. She described, “So that was actually happening in parallel; a double life. I was still doing jazz gigs a little bit. But it was getting harder to keep it both (performing and music therapy). I started getting a lot more offers to do music work.”

Then, she had to really figure out how she wanted to continue and then, made a choice to give up full time music therapy work, making it part time, in order to focus on more music.

Most participants spoke about struggling with balancing, both in terms of schedule, time, identities, and life circumstance. For example, the lack of life-work balance is one thing. Misuzu is one who is also trying to find a sense of balance, quitting her full time work because she needed to do both to feel alive. She expressed, “I was feeling a big conflict in my life since the full-time faculty job at a university takes up my time. I had less performances and clinical work. Those things have to be my top priority. I lost life-work balance at that time.”

Fiona, as an emerging professional, is uncertain about how to maintain both careers, trying to find a way to integrate both identities by doing both, expressing, “I know that it’s just my fear, and if I want to, I’ll be able to find a way to integrate it all and to find my own direction that works.” She recalled, “To be honest I am and have been very scared throughout the program that by learning music therapy I am losing my identity as a musician.” For her, being a musician is the first identity that she has and really cares about. That is why there was a part of her that she was afraid that by doing music therapy she is deleting that identity. However, she started looking at becoming a music therapist as an addition to her musician identity. She addressed her realization by saying, “this is becoming like a tool, this is all tools for who I am and how I use music in general, in life, to perform and affect other people’s lives and my own, or to use music therapy and affect their lives, and my own life.”

8. Gender Perspectives

Most of the female participants noted a certain gender perception and expectation in the jazz world. Tina described that she thinks men in jazz expect her to be a singer. She further explained, “If you’re not a singer and are fantastic, you are respected. But if you’re a woman, and you’re ok, maybe you are really good but you’re not great, you’re considered not as good as some other guys who might be just as good as you are.”

Laura, who started as an instrumentalist and later sang, used to be the only female student in jazz performance in the 90’s. Although she used to be in the minority, she felt a sense of empowerment just because she was different. She expresses,

Other people would say to me, “Hey, if you were a guy, you would get more gigs and you would get paid more.” That’s a real thing. But my purpose is not about

that, my mission is not about how much money I can make, or getting more work or less work, I'm just happy that I can work and I'm surviving well and I'm healthy.

It is true that Laura is aware of gender differences. However, she tries to transcend the gender gap by being gender neutral as much as possible in performing. For her, the universal energy conveyed through music matters more than gender appearances. Nevertheless, she touched upon the male/female definite differences, it does not matter for her in terms of fulfilling her life's work. She did not let the differences interfere with her life's fulfillment.

Misuzu and Tina confirmed other factors as well, such as the maternal role taking a lot of time, leaving less time to practice unless you have support systems. Misuzu spoke about the time when she used to have conflicts. However, she came to have clearer priorities, then she has less conflict, saying, "Now I have more clear priority in my life. First, I am a mother, music therapist, and musician. Also, I am a Ph.D. student in and teaching at a university. If there is a conflict, it would be not having enough time to practice." Tina also mentioned less time of playing music for her due to family responsibilities. "It's not like when I was singing full time. Then I would have an hour voice workout every day as if it were exercise." She described how she fit it in now when she is doing dishes or after my child goes to bed at night. "I do some vocal exercises. But I rarely do a full ½ hour or full hour workout all at once." Nevertheless of less time of practicing now, Tina and Misuzu also shared that becoming a mother and being a music therapist-musician provided them with great opportunities to interact with their own children and room to express freely and playfully, finding joy in the 'work,' in return.

Arts-based Results

In this section, my experiential process, artistic enquiry and reflection, will be presented with connections to the above stated themes and subthemes. While engaging in weekly clinical practice, I immersed myself in playing with other musicians in band settings. Throughout the research period, three main nonclinical musical events occurred: 1) recording my first CD album from Feb. 25rd to 27th, 2016, 2) a charity concert on March, 20th, 2016, and 3) performing a pre-CD release concert on May 13th, 2016 (Appendix D, Timeline).

Personal reflexive journals were already kept from Jan. 20th through May 19th in order to document how the experiences of playing improvisational music, both in clinical and nonclinical contexts, could interrelate with each other, affecting growth in playing improvisational music and in myself. Artistic responses were organically produced when I felt creative drive and intuition and were analyzed throughout the research period, responding to either an interview or clinical/nonclinical musical experience. As artistic products, I drew five visual images and the first three images inspired me to write poems as a reflection of each (List of Figures). Much later, my debut CD album, 'KOTOE' was released on Jan. 7, 2018, as a by-product of the recording and research project. The visual images were drawn on a portable picture book (15 × 20 cm). Each image conveyed undercurrent themes that I was facing while both a performing musician and clinician; I was in the middle pathway of developing my own identity as a musician-therapist. Five thematic images emerged; some with poems.

1) "Life-Alive," Image and poem

2) "Growing Branches," Image and poem

3) “Creative Process,” Image and poem

4) “Manic Phase,” Image

5) “Rebirth,” Image

The section of arts-based research contains two components presented chronologically,

- 1) Narrative of uncovering underlying self-inquiry themes of each artistic response to either an interview, clinical playing, or nonclinical playing such as rehearsing, recording, or performance;
- 2) Extracts from my reflective journal to support the self-inquiry themes to examine what I was going through, along with the timeline of significant research events (Nonclinical and clinical music, interviews, and artistic responses);
- 3) Linking how the self-inquiry themes interrelate to the themes derived from participants.

Reflection on Clinical and Nonclinical Music Playing

Before actual interviews occurred, I started writing my own journal and random thoughts about my daily practice and clinical/nonclinical music playing in order to gain general ideas about performing improvisational experiences. From a starting point, I had thoughts about public and personal space in music playing in my journal.

Unique to performance, performing on the stage takes place in a public space and in front of audience, thus it seems to have to do with something more public (than closed clinical settings). Yet, performance has to do with something personal. For, in performance, being exposed, I feel like sharing my personal self-expression with the audience, bringing out my uncovered self.

With the above description, I was trying to find more distinct characteristics in each clinical and nonclinical context. Especially, I was finding performance situations holding a dichotomy between public and personal domains. Opposed to performance, music therapy sessions seemed to hold less personal revealing or exposition for a therapist, but music therapists help clients reveal/uncover themselves for their own self-growth. In this sense, I found that it is fundamental for music therapists to have our own self-revealing experiences in music in order to have compassion and empathy for our clients to work with. (This was later reflected in subtheme 2-b).

In terms of space, my thought went on to how I convey/deliver my sound effectively to either an audience (possible audience) or a client.

(Through preparation for the upcoming recording sessions) Having others' perspectives in me is a big shift in my playing music. How does it sound to an audience (possible audience for recording) or clients (in clinical settings)? How can my music be heard from others? How can it be reached to others? That is what is called the clinical and professional responsibility as a musician-music therapist, I think. (This perception relates to the overall theme 2, Advantages of being a performing improviser).

Musical Event 1: Recording Sessions. In the pre-recording period, as the recording day approached, I was extremely overwhelmed by the preparation, mainly working on my skills of playing. The journal written on Feb. 24th shows,

After rehearsal, there still seemed to be so many things to improve and practice before the recording day. I am not ready for recording, then, I thought to myself,

when am I going to be fully ready for that? Recording is a documentary of life, reflecting my current stage of life. I needed to accept what I am now.

During the recording, I confined myself in the studio all day long, shut out from daily chores, routines, and even noise. The journal written on Feb. 25th described Day 1, as follows,

Being in a studio all day long was very special and an unusual experience for me, which was completely apart from my daily life with house chores. I was completely packed into a studio. It was a really precious time, but very intense at the same time. Although there was no audience in the recording setting, we had to play, focusing on an unknown and possible audience, who are going to listen to the CD in the future. In this sense, we had an audience in our mind, requiring perfection in our playing. We had a few takes for each song and had to keep going in order to record 12 tunes in a limited time. There was a special energy created among the musicians who gathered for this project to make it happen.

Although I was a bit guilty to be away from home and the roles of mother and wife, I had the pleasure of solely making music with other musicians, bringing my musician-self into the studio (Theme 8, Gender perspectives). I felt fortunate to have support from my family. Another thing was that I had never felt this kind of high and intense pressure that I experienced in recording. Playing all the tracks and doing just a few takes for each tune in the studio required a high concentration of playing. The journal continues, describing Day 2 of recording,

I had intense fatigue from day one, being in a studio for more than seven hours. I felt the commitment and enthusiasm from all of the musicians in the studio. They

got more involved in this process the more we played. They started inputting ideas and trials to make the recording better. This might be called professionalism. I realized that we were all creating music together for the CD. My pressure and overwhelmed feelings went away. I truly enjoyed the process moment to moment, being in the studio with them. By the end of the day we made it, recording all 12 tunes, but I sat with a sense of completion and sadness in my heart.

There was a shift from feeling pressure to pleasure. After three days of recording, going through unusual experiences completely set apart from my daily life, I returned to normal life again. A tremendous sense of accomplishment remained inside of me. The journal written on March 3rd describes the experience of going back to clinical work and slight changes in me.

Working with a group that consisted of 9 children, I definitely gained more confidence in my singing and playing (Subtheme 2-b, Confidence in skills, crafts, and a way of being). It might be because I heard my singing and playing being reflected back so many times during the recording sessions. Getting feedback from producers and musicians might also have been helpful. In terms of confidence, today I felt more confident with my presence in front of children. I was very comfortable being watched by children. I felt their eyes watching me. I grabbed their attention, almost like attracting them through music and my presence in the space. I was not afraid of being there, just for them. My presence in the clinical setting seemed to be similar to what is called "stage presence." It is almost like enthralling them with my presence and my sound. I think that grabbing their attention is the first step in therapy. Otherwise, how can I elicit

their responses? I am also feeling heightened sensibility and agility to tune into the children's pace and timing. I felt that I was able to intentionally control whether or not I matched their music. Since my need to express myself was met in recording, it seemed to help me be fully there for clients. I was grounded, attuning to each child (Theme 5, Performance as an outlet for music therapists' self-expression and well-being).

Through reflecting on my described experiences, I started to capture a certain connection between clinical and nonclinical music making. I felt like it especially supports my growing confidence in my clinical works, which was developed from recordings and its preparation process. This point, growing confidence, became one of the realizations of supporting the second theme, "The advantage of being a performing improviser." In the same line, another description can be found, showing the connected aspect of clinical-nonclinical playing. Its realization is heightened concentration as a direct reflection from the recording experience and it is something to have been developed in my body by doing (Theme 6, Embodiment).

I used to be very self-conscious toward my playing in sessions, being observed by my client's family members in a small session room. I felt their eyes on my back. Usually, this kind of situation used to prevent me meeting a client in music. However, I tried to focus on my playing and listening/meeting my client through music today. This time, I felt heightened concentration. Soon, the world existed just for me and my client. I was not so conscious of observers. It was private space just for us, letting observers be in the space to witness.

Post Interview with Misuzu: Image 1: "Life-Alive"

After the recording sessions, I conducted the first interview with Misuzu on March, 15th. I was curious about her experience of residing in Japan and taking multiple roles of a professional musician, music therapist, and wife/mother. After the interview, I began to draw an image spontaneously.

The first image titled “Life-Alive (Figure 1).” It was very empowering to hear Misuzu’s story because she embraces all of the roles that she plays as a woman, mother, music therapist, and performing musician. Her courage to make a deliberate choice to be able to feel fulfilled and alive became an inspiration for me. The following poem was written as a second response right after drawing.



Figure 1. “Life-Alive,” drawing with watercolor/crayons, made on 03/17/16

*No matter how it is spiky and bumpy at the beginning,
“it” is embracing everything.
Over and over, it embraces as if you hold all the things,
even if you cannot write the perfect circle with one stroke at once.*

It's OK.

"It" is trying to take in everything that is occurring again and again, over and over.

What is the most important thing for you?

What is your priority in your life?

You constantly ask yourself....what to take and what to discard while you are integrating all the things that you choose to take.

"It" is slowly molding a round circle over time.

It is OK even if "it" is not perfectly round

'Cause life is like a pebble in the river.

The pebble is going to run down on its bottom.

It is getting rounder and rounder while taking in what you need, getting rid of things you don't need.

It is bouncing on the bottom of the river, dancing with other pebbles.

The pebble's sharp corners shaved down as it runs through the water.

Your passion is the momentum to get things going.

With open and radiating energy,

I was born a woman, trying to live life fully.

I am a mother, wife, daughter, therapist, musician, and music therapist.

Did I play the roles fully? Am I fulfilling my life?

Am I feeling alive now?

I am becoming one round circle.

Look, "it" is perfect, evolving from the imperfect.

I am a woman.

In the image, the circle was drawn with one calligraphic stroke, radiating sparkles and tremendous lively energy for momentum. Each Chinese character written on the picture means "mother-母," "sex-性," "woman-女," and "To live and life-生," counterclockwise from top left. The black line came to be shaped into a circle over time, connecting all the dots and sharp angles, and being embraced with two arms. The image captures my dream, desire, and passion of what I want to become in my life. The two arms in the picture might be my own, as if held by myself.

This spontaneous creative exploration helped me to clarify Misuzu's interview process. From her interview and my self-artistic responses, I started to get a sense of how clinical and nonclinical music playing connects deeply (Theme 1, Continuous perspectives in music and music therapy worlds). Although there exist challenges to pursue, both careers (Theme 7, Challenges to Pursuing Both Careers), performing and playing music served a vital outlet for her living (Theme 5, Performing as an outlet), including 性=sex and 生=to live and life. The intuitive words, such as “spiky and bumpy” and “evolving from the imperfection,” found in the poem made me realize that if having one has a clear life priority and support systems, it is possible to embrace all the roles and develop/maintain the musician-therapist identity and two different careers even if it seems hard and challenging.

Musical event 2: Charity Concert. I was facing my upcoming charity concert on March, 20th. The quote from my journal reflected a rehearsal with three other male musicians, a vocalist, sax, and bass players. Around this time, in my journal, I found several descriptions of my gender aspects (Theme 8) from my previous experiences of playing in male dominant bands, writing that “I barely heard my sound among other band members,” “how can I develop more powerful and ‘masculine’ sounds and stamina in my playing?” and “What do I want to convey through my music?” I wrote after the rehearsal:

I felt more confident to take a leadership role in this band among other male members. Also, I felt supported from other band members. I felt it is OK to be more directive, suggesting new ideas. This was a new realization for me since I

used to be afraid of raising my voice in a situation that I am the only woman in the band.

Raising my voice by having more confidence in my playing and taking more direct leadership in the band seems to be connected. This realization made me more curious about exploring gender aspects and how other female musician-therapists experienced themselves in male dominant bands, which led to interviews with Laura, Fiona, and Tina and later formulated gender perspectives (Theme 8) as one of the important main themes.

After the concert and going back to clinical work, my journal found the following description:

My agility and responsiveness seemed to be increased. I feel that I became like a hunter, catching a cheetah. This is something learned in my body sensations. This alert state has been gained at the stage and after playing with other musicians.

The heightened agility and responsiveness developed from nonclinical experiences corroborated participants' descriptions under subtheme2-a on Confidence in Skills, Crafts, and a Way of Being.

After the charity concert, I did not have specific musical performances for a while. I engaged in clinical works and piano/vocal practice on a regular base. During this time, I found a concurrent theme of embodiment in playing and developing improvisational skills; for example, developing a sense of time and feeling basic beats with my body (Theme 6, Embodiment). Internalizing chord progressions in a tune was something I was working on at that time, writing, "How can I internalize a tune and chord progression in improvising freely in a band? I get nervous if I do not have music sheets in front of me." I also found some descriptions regarding embodiment in my journal:

Not only in performing, but also in playing clinically, having stable basic beats inside of me was vital. I have to feel my own basic beats, especially if I am trying to help him/her to develop the sense of basic beats.

Image 2: “Growing Branches”

On April, 15th I drew the second image, entitled “Growing Branches,” which was drawn between my interview with Misuzu and one with Laura. At this time, I was feeling a sense of frustration and stagnation in my musical growth as a musician and music therapist and also discrepancy in doing both. Sometimes, I feel pointless in what I am doing in my piano practice by myself, or how much I had developed my improvisational skills that can be applied for clinical and nonclinical music playing. Yet, reflecting back, my efforts and practice time certainly led to my musical growth. The realization and awareness prompted me to draw the image, which was influenced from the interview with Misuzu and led to the one with Laura. It consists of two separated pages. On the first page, the branches start growing as if trying to reach out to the sun. The branches put forth new leaves. It is a gradual process. Sometimes it looks subtle and slow, but underneath, the roots, which were drawn on the back page, are growing strongly to establish a pathway to send up nutrition to the branches. The roots are spreading out under the earth, getting bigger and stronger.



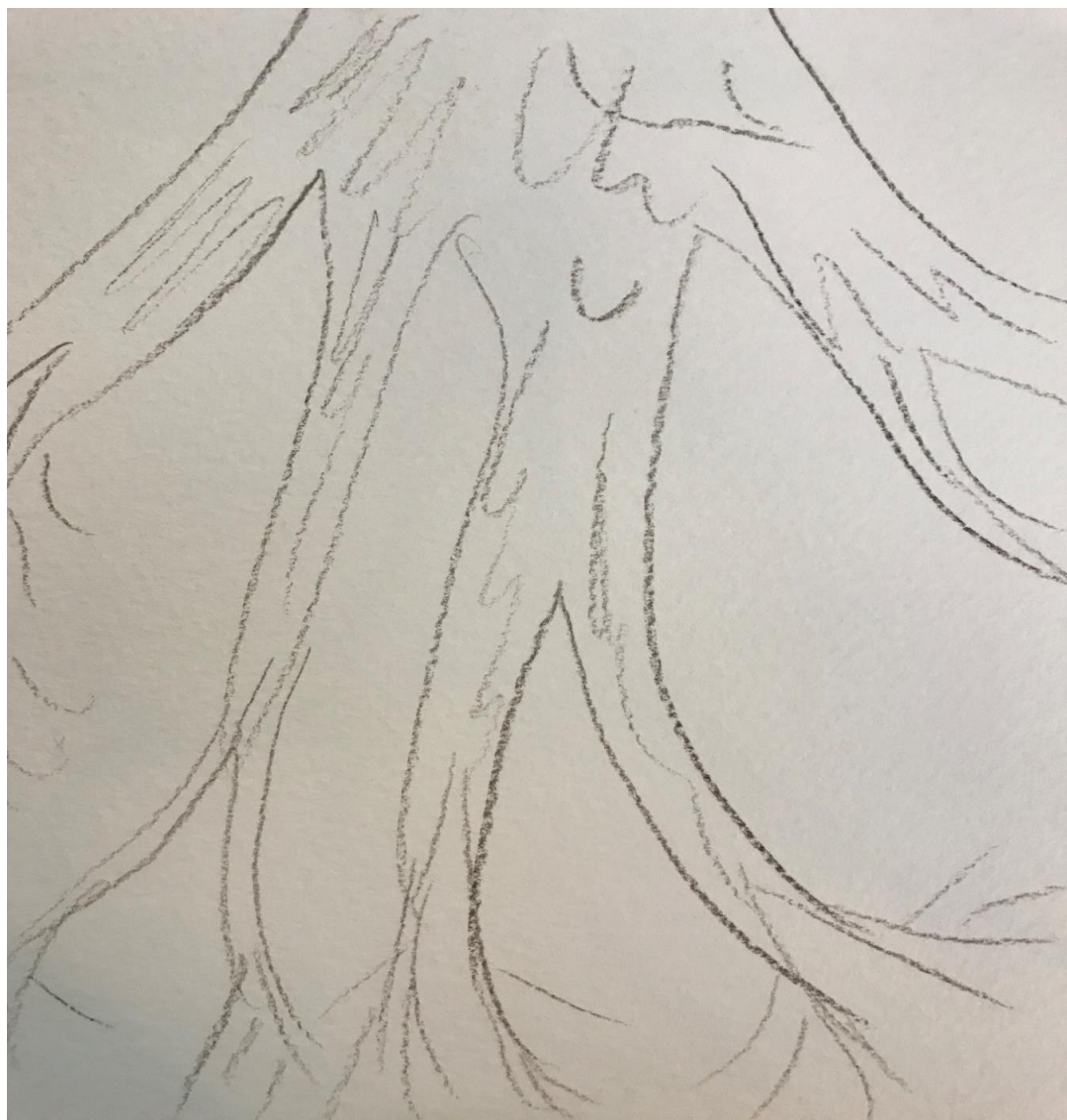


Figure 2. “Growing Branches,” drawing color pencils, made on 04/15/16

*My tree, trunk and roots,
Often you feel as if they grow nothing.
Nothing is happening...yet, nothing in vain....one day you find yourself thinking,
“did I grow a little bit?”*

*What I am doing and everything I do leads to growth.
It is all connected through my trunk.
Everything, I fit in practicing, working, doing home errands...I am not on the
game 100 percent....what if I am immersing myself 100 percent in my performing
career?*

Did I grow my musicality more than now? I could have, but am not sure if I would have.

*Oh my musicality, versatility, skills, and craft,
the branches will conduct a song of a tree in the breeze of harmony.
You are doing music therapy, which makes my musicality grow.
Performing makes me a better music therapist. Being both is feeding each other,
circulating inside of me. Music is my nutrition.*

*You don't have to be in a rush....grow slowly but strongly....
In the dark deep under the earth, you are growing your own roots so that your
branches grow. It is invisible, but you find space to grow in every direction.*

*My tree puts forth new leaves and buds in spring.
Eventually flowers will be in bloom. What color flowers will they be?
In winter, even beneath the snow, let the roots grow as much as branches grow.
Let them grow. I am growing no matter how subtle.
I can grow no matter how old I get.
I allow myself to do what I can do little by little and day by day.*

Through writing a poem, I started to realize that my own musical growth is parallel to the "Growing Branches." The growth is not linear, but organically occurs. Sometimes I feel like what I am doing is nothing compared to what I wanted to do. There seems no apparent and direct connection, as everything I do becomes my own growth and therefore fertile playing field. I play music with clients in sessions and I play outside of work with other musicians. These experiences seem irrelevant, but translate into each other while enhancing common skills required between performing musicians and music therapists (This relates to theme 4, reciprocal growth). Being busy with parenting also translates into my clinical work, enhancing my empathy for children whom I work with and their parents. For me, the growing process seems invisible, but tangible. For me, the image of the trunk of the tree, as a symbol of connecting all my experiences, became something to hold on to while the research moved on.

Image 3: “Creative Process”

The third image was entitled “Creative Process.” It was drawn on April 30th between the charity concert and my CD pre-release concert. The image was prompted with my recurrent states of feeling release, emptiness inside and letting creative energy refill me between recording sessions and charity concert and between the charity concert and my CD pre-release concert. A strange black-thick-lined shape was placed in the center. It looked like a head and mouth on each side. It might be a creature, digesting, inserting, and excreting something. I can’t live simply outputting and giving. Inputting is nurturing and being inspired is necessary, like nutrition. Outputting is self-expression and validation of my existence. I realized that the ideal cycle of inputting and outputting is vital to my creative process and life.



Figure 3. “Creative Process,” water color/ pencils, made on 04/30/16

In and out....In and out, do you hear a life rhythm? In, in, in, in, there is no way out, or self-expression. Out, out, out, out, you give so much you get exhausted and feel like you are melting...it becomes empty. In and out, out and in, in and out....do you hear an optimal rhythm? It is circulation, like blood circulation. Music is then my blood and breath.

After recording, my creative impulse was fulfilled. As written in my journal, My creative impulse was fulfilled in a sense, and I felt I had expressed everything I had to say at this moment during the recording. I was empty, but new energy and creative impulses started filling up in me.

Similarly, a day after the charity concert on March 20th, I was still on a fantastic high, at the same time, feeling even sadness of finishing the concert. This emotional state was something recurrent and familiar between musical events, reflecting outputting in the image of the creative process. I felt that I expressed everything I had to say at the moment of the recording. Then I felt empty inside. However, the new empty space let in a new energy and creative impulse filling me up. Lack of time in paying for myself or lack of opportunities to play with other musicians made me feel depressive. I felt stagnated energy in me. Playing music with clients at my work was rewarding, but not fulfilling on its own in terms of self-expression. At home, I then improvised freely and started putting together new ideas of future tunes. Soon after, I started organizing a pre-CD release concert as a band leader. The image made me conceptualize that clinical and nonclinical music playing not only connects, but also creates a kind of circulating creative energy. This conceptualization linked for me to participants' statement of such as "reciprocal,"

and “mutual” energy of positivity between clinical and nonclinical contexts (Theme 4, Reciprocal Growth).

Image 4: “Manic Phase”

The fourth image is entitled “Manic Phase.” It is drawn in watercolor with two different brushes.



Figure 4. “Manic Phase,” watercolor painting, made on 05/01/16

Colorful dots such as purple, red, orange, and yellow are spread out all over on the paper and lines are drawn outward randomly. Some dots are overlapped and blurred. This artistic response was made especially around the time when I was busy preparing for my pre-CD release concert as a band leader. This is something that I initiated and was highly

motivated to do. However, different from the previous charity concert, I had more responsibility in organizing and promoting the event, at the same time, taking the risk of turnout of concert, including paying for the venue and hired musicians. In my journal, I wrote, “it was very overwhelming. I feel that organizing an event and playing music are completely two different things, requiring different energies.” My mind was constantly restless. I wanted to focus on practicing and getting ready for the gig, but felt obliged to promote it by sending emails, invitations, and flyers. I was in a dilemma about whether I could maintain this performing side of my life apart from clinical and family responsibilities (Theme 7, Challenges to pursuing both careers).

Reflection before and after my pre-release CD concert. In the pre-concert period, I was working hard to expand my musical ability to be able to communicate more with professional musicians for further growth. Here is something I wrote after a rehearsal.

I have been practicing as much as possible for my pre-CD release concert. This time, I chose to play with professional musicians with whom I recorded. I have been working on playing the piano and keeping up my voice. I go to twice-a-week piano lessons and weekly voice lesson in addition to work and house chores. Organizing and promoting the event overwhelmed me even more. I had been working on how to build up my stamina to play, since in the gig, I will have to play a few sets and over ten tunes for my upcoming concert. I simply wish that my voice and my wrist stay normal without pain. I tried to let my mind stay calm. Today's rehearsal was productive. I feel the more I play with other professional musicians being responded to, the more I learn how to respond to them.

After a week in clinical practice, I wrote down,

In my work with my client, who is an 8-year-old, non-verbal autistic boy, I put aside everything, trying to focus on him. His session told me to be a good listener. It is not about how you play, but how you listen to him that's important. It might be the same in performance, too. It's not about playing a lot of notes. Listening to what other musicians are trying to say matters.

The experience became a supporting foundation of the advantage of being music therapist (Theme 3). While having one-to one connection, meeting and feeling like I am reaching into a client in music therapy helped me feel grounded in focusing on music. Further, reflecting each music therapy session and seeing progress in clients brought me back to realize the therapeutic value of music and the meaning of self-expression, and how this awareness parallels the foundation of the theme 1 (Continuous perspectives in music and music therapy in general). In my journal, I also had a reflection from my clinical work, describing, “What I am trying to do is to facilitate non-judgmental music for the client. I strongly feel this way, especially working with adult clients who are preoccupied with self-judgements.” I was exploring my presence regarding how to be authentic and non-judgmental in playing music no matter in clinical and nonclinical contexts at that time.

Two days before the concert, I interviewed Laura with growing curiosity according to how her experience as a music therapist affected her thoughts and presence in a performance. I quoted her words which stood out for me.

‘Performing is sharing energy with an audience,’ Laura told me about her philosophy in performance, which was derived from being a music therapist. She

thinks it is the same in clinical work by sharing/exchanging energy with clients through music making. It is not about playing 'at' an audience or clients. Playing 'with' them is more important. In her interview, I learned this important thing; I can rely on other musicians more. Drawing from her metaphor of a bird formation, in order to fly far, birds rest their wings in the bird formation and take turns in leading it. Even if I was about to fall apart when playing in the band, I can always rely on other musicians. I am not alone.

The interview with Laura was eye-opening for me in shifting my attitude toward performing in the band. In my journal, I wrote about the pre-CD Release Concert that took place on May, 13th in 2016:

It was a big day for me. I said to myself, "Am I going to get up on that stage and play the piano again in front of people?" The stage stood like the Great Wall before me. It is a big public space and has a high ceiling. I am very excited about this opportunity, but I feel weak in the knees a little bit. People are going to be watching me play. Then, all of sudden, it reminded me of my childhood where I used to be very quiet and withdrawn from others. Music was my comfort (Theme 5, Performance as an outlet).

Then, I was reflecting on when the concert started:

I tried not to fall apart in keeping the groove. Even if I did, I could listen to others and find a way to get back in the flow. In our rehearsal, we talked about how a guitarist takes a solo first in a tune. However, when no one in the band took a solo, I took the initiative to play one without being freaked out. When I was going to fall apart in the rhythm, other members supported the groove. Throughout the

concert, I tried to be honest toward myself as much as possible, trying to connect with my emotions and to be authentic in the darkness. After the concert, I felt great accomplishment. I gave full release to my ability. At the same time, being back home, I felt a bit embarrassed and ashamed of being so exposed by an audience.

Throughout the enquiry and reflection of my clinical and nonclinical improvisational music experiences, I began to realize the importance of how to be open and authentic even under the pressure, listening to others and sharing/exchanging energy with no matter audience or clients through sounds. This realization relates to theme 4 and subtheme 4-a, reciprocal growth as musician-therapist, utilizing the enhanced skills and overlapped positive musicianship developed from me being both clinical and nonclinical musical improvisational interactions.

Image 5: “Rebirth”

After the concert, I wrote in my journal:

A day after the gig, I woke up in the morning and found my face refreshed in the mirror. Looking at the mirror, looking at myself, it whispered, “who are you?” I felt like I was a brand new person with a new skin, as if an eggshell broke and a chicken came out of it. Do I look the same? I must look the same, but something changed inside. I felt that I was a new-born baby, feeling re-born as a new person. I felt a complete person. My feeling is lighter. There was no more pressure. At work, I became able to zoom into children to be there for them and meet them through music. I am much more grounded.

After the concert, I felt that my playing got stronger and increased in power. I felt empowered, expanding myself.



Figure 5. “Rebirth,” watercolor, made on 05/14/16

In the image drawn after the concert, the same figure consisting of two heads and mouths from “Creative Process” is placed in the middle of the image. Red lines energetically sparkle from the upper head and blend into yellow lines which are leading into the bottom head as if they are swallowed into a creature; all of the blended lines draw the shape of a complete circle. The colors are mixed inside of the shape and they start circulating again. This image reflects my feeling that I am complete, by putting me in the circulation of expression and creation.

My journal reflecting on my experience in my clinical practice after the concert:

I was improvising music for mothers and children for their relaxation. I tried to create a mood that changes the restless atmosphere and high energy of kids. I intentionally used the sound of tension and release. I received positive feedback from participants' families. One of them said she felt like bathing in the sound she was getting so relaxed. Surrounded by 20 people, I was able to create the appropriate atmosphere/mood through music. Not just providing supportive music, I was trying to create a story which has a climax and ending as if they are experiencing the whole relaxation musical experience. After the concert, I felt that my playing in general got stronger and more powerful. I feel empowered. I kept practicing every day, keeping it up, and increasing my stamina to play. My friends who came to my concerts gave me feedback that my voice especially improved so much in terms of expression and strength. During the performance, I was able to stay calm on the stage. I really wanted to enjoy the opportunity to play with talented musicians and appreciated their commitment. In performance, I was not so self-conscious; rather I was thinking whether other musicians were enjoying

this gig with me. I wanted to communicate more with them, wanting to have a sophisticated dialogue with them. I was thinking of myself objectively, and was already thinking of the next gigs. This was something different from before. I was not falling into raptures over the past concert. I was moving on. Each concert is a part of my life. With each one, I tried to develop a new relationship to music.

Thus, my arts-based research along with journal entries corroborated the interview results with eight main themes and three subthemes extracted from the interview data. The concurrent and undercurrent themes emerging from ABR had direct links to the interview results. The only theme, “Manic phase,” drawn from image 4, was something that I could not identify or explore within participants’ interviews. It might have to do with a unique experience and phenomenon of being an emergent performer like me who had to organize one’s own concert owing 100 percent responsibility and risk. Those artistic experiences and the journal writing provided me with deeper understandings of those emergent main and subthemes since I was also living with the struggles of becoming a musician-therapist and feeling a sense of growth of being both.

CHAPTER 5

DISCUSSION

Introduction

The results derived from interpretative/reflexive/embodied phenomenological and arts-based research revealed that music therapists' personal engagement in improvisational performance and clinical improvisation has positive effects on each other, bridging the gap between each area of practice. The dissertation research question aimed at examining the effects from both sides. Thus, this study supported the assumption of reciprocal growth with performing musicians and music therapists. In this chapter, some of the important aspects found in the research will be discussed toward further understandings of the phenomena and connections between music therapists' improvising clinical and non-clinical music. I mainly attempted to conceptualize the areas of distinction in a musician-therapist's identity and musicianship, while finding correlations to the existing research and the related body of literature. The implications of the study, considerations and recommendation for future research will also be addressed.

Conceptualization of Musician-Therapists

This study provided insights into how music therapists' personal engagement in improvisational performance affected their improvisational clinical practice and vice versa.

This topic originally emerged from my own struggles of becoming a performer and music therapist, reflecting on unmet desires in becoming a performer from my own family history. As recommended in the pilot study, exploring how individual gender roles and culture have a place in the participants' struggles to become performers and music therapists was an important aspect of this research. In addition to the main interview

questions, the following additional ones were asked: “How do gender and cultural roles affect you in terms of being a performer musician and music therapist?” In order to be able to reach out and interview diverse participants in terms of gender, cultural background and ethnicity, interviewing through Skype was utilized this time.

The deep, vital connection between music therapists’ personal and professional musical lives, which had not been fully researched before due to the scarcity of related literature, was examined. By engaging in both contexts of improvisational performance and clinical improvisation, the participants’ musical growth as musician-therapists was promoted in a reciprocal way. The results point to the experience of each professional identity feeding into each other, enhancing musicianship and improvisational musicality. Although nonclinical performing or just becoming a performer is not mandatory for music therapists, the participants were aware of their human need to play (Aigen, 2005), express, and be exposed to the world. For each participant, a personal engagement in improvisational performance was reported as being fulfilling, grounding, nurturing, and sustaining to their well-being. The lack of time for playing, creating, and performing music were the main factors causing participants to feel distressed and depressed, as playing music was such an important part of their lives. The participants, as musician-therapists, were people who have deep understandings of music as a means of therapy for their clients and themselves.

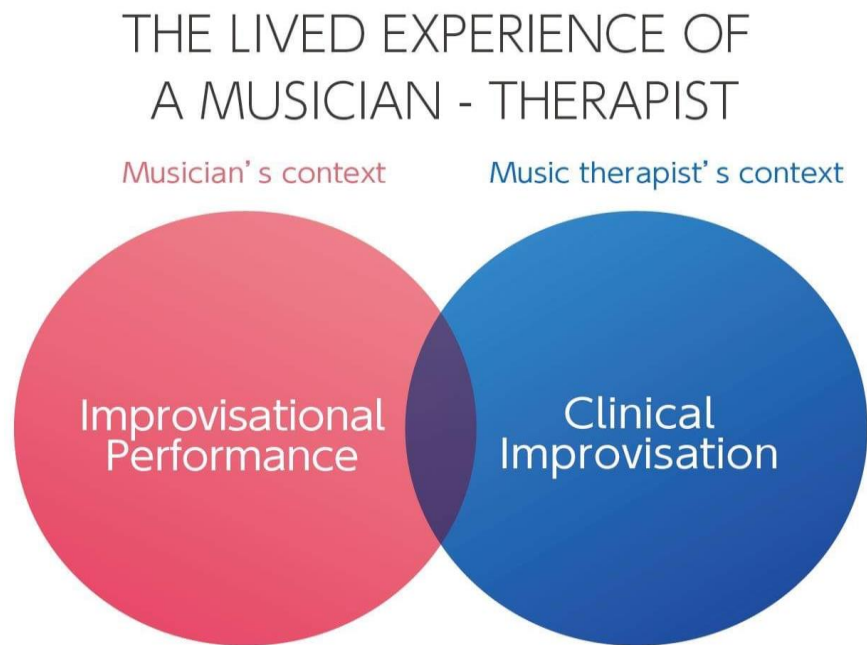


Figure 6. The Lived Experience of a Musician-Therapist

Insights from ABR

My arts-based reflections, consisting of five images, three poems, and its narratives/journal descriptions, supported the above mentioned reciprocal positive effects as musician-therapist. Arts-based reflections revealed my integral process to be a developing performing musician while integrating my clinical identity, including challenges and struggles to balance both. At the same time, this reflection provided unique perspectives in being a musician-therapist as a parallel process to the interviews.

Allen (1995), who is an artist and art therapist, claims that making art means giving form to images that arise from within, unconsciously and collectively, leading to self-knowledge, discovery, and healing. My first image, called “Life-Alive” (Figure 1), reflected the holistic aspect of playing music and feeling alive while embracing all of my

life roles. For me, nonclinical performing was my outlet for self-expression and the only time to be/feel/express myself, away from my other roles as clinician, performer and house chores. However, at the same time, when I perform, my whole self is out there, embracing all aspects of myself. Performing on stage made me realize that I was embracing all of my roles as a woman, wife, daughter, mother, music therapist, and performing musician; all being part of me as the black circle shape in the first image was embraced by arms (Figure 1).

Allen (1995) continuously stresses the importance of the universal aspects of images by examining archetypes within emerging ones, saying that “images have an autonomous existence, a message to convey not only to you but to others as well” (p. 103). Creating my own music, playing/improvising with other musicians, and improvising with clients fed each other as the third drawing, called “Creative Process” (Figure 3) showed. In the image, there are two head-shaped outlets with sparks of energy evaporating from each. The image later transformed to the fifth image, “Rebirth” (Figure 5), which symbolically showed the infinite cycle of energy circulation, the creative flow, or renewal. The emerged image suggests a certain archetype, “ouroboros,” or “uroboros,” “a circular symbol depicting a snake, or less commonly a dragon, swallowing its tail, as an emblem of wholeness or infinity” (Oxford dictionary, 2019). It is known as an ancient symbol originating in Greek literature, and also found in Egypt. Later, it was considered an archetype or mandala of alchemy by Carl Jung. In Jungian psychology, the uroboros is considered “a dramatic symbol for the integration and assimilation of the opposite,” metaphorically meaning immortality, turning oneself into a circulatory process while one “fertilizes himself and gives birth to himself” (Jung, 1970, p.365). Creation out of

destruction, life out of death, integrating opposites and giving life to it is the infinite cycle of the creative process; this links to what I have experienced by being both, musician-therapist feeding upon each other as a serpent eats its own tail. By doing both as an emerging performing musician and music therapist, I was revitalized, finding good circulation of my creative energy just like “the improvisational experience is the source of inspiration, creative renewal, and musical understanding” (Arnason, 2003, p.133). Whether I was playing clinically or nonclinically, it served both ends as I never stopped professional development in both, learning and deepening my understanding of music, which resonated with the participants’ statement as well as the quotes from participants. It is hard to maintain both, yet it was worthwhile doing it because I knew that making music was the vital source of being alive, cultivating musical growth like breathing in and out, or like the circulation of blood.

The second image, “Growing Branches” (Figure 2), implies that growth through learning is embodied and often occurs invisibly. Developing improvisational musicality might not occur in a straightforward fashion. However, for me, engaging in both clinical and nonclinical musical contexts eventually helped me to develop it. Changes in growth might be subtle and multifaceted, yet you can trace them back like the roots of a tree. Allen (1995) describes this process of learning and growth through a self-exploratory art-making practice, “the process of multifaceted, [is] sometimes straightforward, sometimes not, and that it can only be learned by doing” (p. x).

The Mobility of Musician-Therapists

The participants’ fluidity, being in both nonclinical and clinical improvisational contexts with reciprocal growth cycles, is derived from their continual perspectives in

music and music therapy. Thus, the first theme, “continual perspectives in music and music therapy in general,” was the basis of the fourth theme, “reciprocal growth of being performing musicians and music therapists.” As it was discussed in interviews, participants held the idea that music therapy works as music works and that there exist universal therapeutic values in music. This result validates Petersson and Nystrom’s (2011) research on musicians studying music therapy. They conducted the study with the underlying assumption that there is a distinct notion of music as artistic performance and as a therapeutic tool. However, besides the distinction of music as artistic performance and as a therapeutic tool, they found that overlapping qualities existed in professional competency. Furthermore, they found a sub-category where artistic performance and therapy share the same phenomenon. They quoted one of the participants in their study.

It doesn’t matter if you are working with music in entertainment or in highbrow culture or as a tool for therapy. All those areas are about understanding the inherent power and energy in music, to design the right music for that special occasion and to search for flow. (p. 236)

Petersson and Nystrom’s study resonates with the results in this study in terms of finding overlapped qualities. It is a music-centered conception, belief, and philosophy that help the participants transport flexibly in both contexts and attain growth through all of the musical experiences.

Distinct Features in Clinical and Nonclinical Contexts.

The results in this study showed not only the commonalities, but also the significant differences found in both contexts. The participants engaged in two different contexts with the use of music improvisation; one being “improvisational performance”

and the other being “clinical improvisation.” These results supported Petersson and Nystrom’s (2011) study that differences between those contexts lie in their purpose and intention. Clinical improvisation is made for a client’s therapeutic purpose that occurs in therapist-client relationships, thus the use of music is geared toward the therapeutic intention. On the other hand, improvisational performance is geared toward individual and collective expression and entertainment. Players are not trying to deal with emotional issues among musicians, although performance can be affected by the dynamics of the members.

One of the major differences confirmed by participants was that improvisational performance involved not only tremendous pleasure but also pressure. By performing improvisational music in public, the participants were dealing with a performing responsibility that other non-performing music therapists do not usually experience. They were under the pressure of being judged by an audience, other musicians, and critics. They are constantly put in the situation of being expected to convey optimal improvisational performance in playing music on the spot. Performance anxiety, which was often shown in my journals, occurs under an environment of being judged (Montello, 1990, 1992, 2010). Musician-therapists have unique ways of coping with enormous pressures and being authentic while finding one’s own voice. Being aware of others, musician-therapists have naturally developed a sense of playing music while responding to their surroundings, such as being aware of the purposes of music events, venues, and audiences. Nevertheless, the participants have experienced performing improvisational music with other musicians and know it could be satisfying, fulfilling their needs to play, express, communicate, be in public, and promote self-validation.

The participants elaborated on the uniqueness of the music therapy context in which music was used, and stated that they played with therapeutic purpose and intention. Petersson and Nystrom (2011) also found that the major difference between artistic and therapeutic uses of music was intuition and reflection. Although the dichotomy may not be so simple, clinical work involves reflective activities such as supervision and listening in order to plan for therapy sessions and targeting/assessing goals, which then leads to clinical responsibility. The field of music therapy developed its own brand of clinical musicianship; the ability to be attuned into the client's moods and needs. Participants suggested in their responses that playing as music therapists attempts to bring out latent musicality in a client and guide her/him musically, by picking up both visual and audio cues from her/him. It is mentioned in the interviews that participants were aware that playing music in a music therapy context is not about their self-expression. They would rather let their own ego go, meeting the client musically, assessing her/his needs, dealing with emotional content through music, and supporting the client's musical self-expression. As is pointed out in Nordoff Robbins' clinical practice that principles ideal to clinical musicianship are drawn from and balanced with spontaneous creative intuition, intention, and clinical responsibilities, including reflection and supervision (Guerrero, Marcus, & Turry, 2016). Thus, the result from this study revealed a unique sensibility in playing that regular performing musicians would not possess.

Music therapists' abilities to be attuned to the client's inner states and to communicate emotionally through music were described by Amir, Bodner, and Gilboa (2006) as Emotional Communicability (EC), one of the important professional competencies in a study. The purpose of the study was to examine whether abilities can

be derived from music therapists' musicianship or therapeutic abilities/experiences. The results of this study suggest that music therapists demonstrate higher emotional communicability (EC) than non-music therapists. The researchers discussed one of the possible reasons, stating that "in many improvisational instances, the therapist is required to convey emotional content, either as a response to the client's musical expression or as a catalyst to the client's subsequent emotional expression" (p. 199). However, among music therapists, the experiences and musical technicalities were not the variable factors for determining higher EC. Rather, being open and accessible to emotion was the key for EC. Though there could be cases where professional musicians conceal personal emotions with their technicalities, musicians in general communicate and convey emotions better than novice and non-musicians. This study suggested the importance of music therapists' emotional training in which they explore and develop emotional openness and accessibilities to all kinds of emotions and self-awareness.

The above finding affirmed Petersson and Nyström's claim (2011) that musicians have to acquire new skills when becoming music therapists: clinical musicianship. However, the current dissertation study takes Petersson and Nyström further supporting the fact that it was these acquired abilities that made them feel they were becoming better musicians in a reciprocal way. Along these lines, Brown and Pavlicevic's (1997) research found that clinical improvisation contains more emotional and interpersonal qualities. By engaging in music therapy, the participants in this study became more aware of emotional, relational, and communicational aspects of music in performance situations. This translation from music therapy to better music performance provides Petersson and

Nyström's study with new perspectives regarding reciprocal benefits/growth in being musicians and becoming music therapists.

The Advantages of Musician-Therapists

One of the findings in this dissertation study showed several advantages of being a performing improviser as a music therapist in terms of musical competency and confidence. The participants asserted in the interviews that they already developed their ability in spontaneity, attunement, agility, and interactivity by performing improvisational music with other musicians. They already achieved mastery on their main instruments and acquired improvisational skills, making music spontaneously and interactively, and already knowing how to get in synch more quickly with other musicians in the band. This resulted in increasing music therapists' professional competency and confidence using an improvisational music therapy approach in meeting with clients through music. Beaty et al., (2013) study on cognitive and creative abilities among jazz students showed not only mastery of instrument, but also improvisation, heightened working memory, maintaining focused attention, and proactive interference from earlier improvisation, all while learning a new tune in the moment and improvising on it. In learning and improvising unfamiliar music, students learned the melody and chord progressions of the tune. In order to improvise and interplay in the band setting, they had to "recall, retain, and develop" the music, while incorporating previously improvised melodies and interplay. This process of "recall, retain, and develop" can apply to music therapists engaging in clinical improvisation as well. Thus, by being an improviser, musician-therapists already attain the foundation of those abilities required for musical improvisation performance,

which can be directly applied to clinical improvisation skills, and this was corroborated in this dissertation study including my artistic exploration.

The results on the advantages of being a music therapist were newly discovered in this research study. In the pilot study, the advantage of being a performing improviser and how it informs clinical practice were only examined. Contrary to my assumption, the benefits of being a music therapist as performer unfolded in the pilot. In this expanded study, the designated interview questions were explored and all of the participants stated the advantages of being a music therapist and how it informed their performance. For example, throughout their clinical work meeting all kinds of clients' needs and music preferences, participants have developed tremendous musicality and stated that a non-judgmental mind, empathetic listening, and an open and authentic way to connect with others in music are major ingredients in it. My journal also described one of the advantages that having one-to-one musical interaction with a boy with autism made me realize the importance of listening and helped me to refocus when I was nervous about the upcoming performance. Clinical work actually helped me to stay grounded and to have faith that music can have an impact and effect no matter how big the audience or just playing with one person.

It was also mentioned in interviews that participants encountered musical styles they had never explored before. Furthermore, they had built new relationships to music over time, being more open to vulnerability in playing. As a result, all of this cultivates long-lasting healthy relationships to music and a way of being a musician.

Regardless of differences between "improvisational performance" and "clinical improvisation," the participants found more overlapped qualities in terms of

improvisational musicality in both contexts. “*Performative* components” (Ansdell & Verney, 2010) in clinical improvisation were confirmed by participants, and at the same time, they found therapeutic aspects in making music and in improvisational performance. Performing improvisationally made participants feel like better music therapists and doing music therapy made them feel like they were better musicians, rejuvenating their creativity.

Musician-Therapist’s Musicianship

The research findings also showed that both clinical and nonclinical music improvisation shared underlying commonalities in terms of deep listening, balancing supportive and expressive musicianship, and finding sharper attunement in playing with others. These skills are something that the musician-therapists had already been doing by engaging in both contexts. These experiences helped them heighten and enhance those skills and crafts that lead to their overall musicianship and growth.

MUSICIAN - THERAPIST'S MUSICIANSHIP

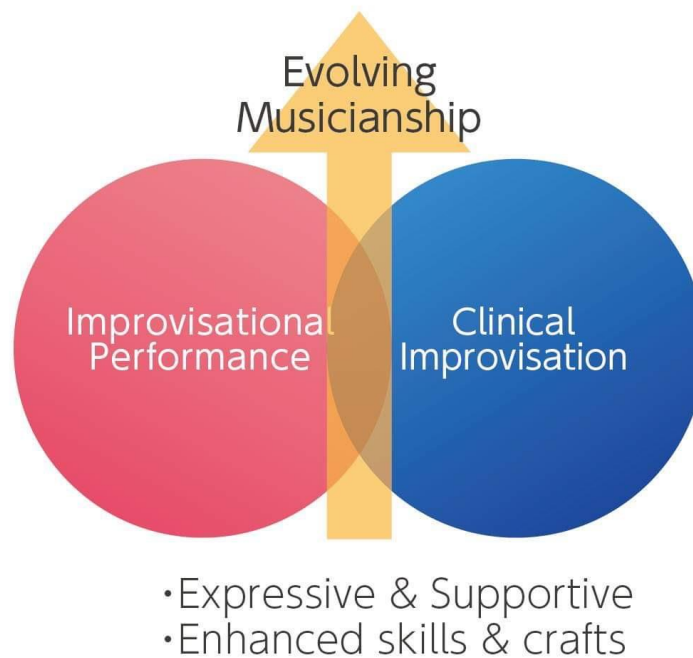


Figure 7. Musician-Therapist's Musicianship

Drawing from the results, there are three mutually enhancing areas of skills/crafts for the musician-therapist. Each area is followed with: 1) deep and empathic listening, 2) agility and responsiveness, and 3) execution of their skills and crafts. These three skills are supported by developed confidence, attentiveness, and authenticity throughout their careers. First, by engaging in both contexts, deep and empathic listening is enhanced naturally and simultaneously. Second, agility and responsiveness are developed by “readiness” based on daily warm-up and hours of practice for upcoming performances as well as attuning experiences when playing with others. Third, execution of their skills is supported by mastery of their instruments and trust in their musicality. Those three areas enhance each other in a spiral direction.

ENHANCED SKILLS AND CRAFTS

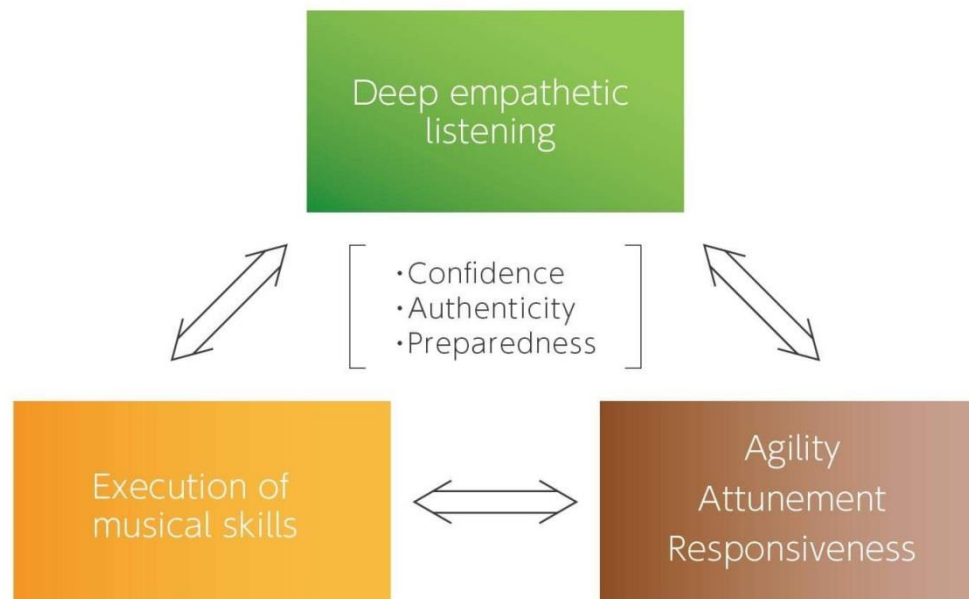


Figure 8. Enhanced Skills and Crafts

It was also confirmed by participants that empathic attunement plays a vital role for both creative improvisational performance and clinical improvisation. Seddon (2005) distinguishes two types of musical attunement that can be achieved in musical improvisation: “sympathetic attunement” and “empathetic attunement” (p. 58). “Sympathetic attunement” is the state of maintaining musical cohesion within an ensemble, which is characterized by sharing “stocks of musical knowledge” and “conscious response to syntactical elements of musical knowledge.” On the other hand, “empathetic attunement” is the state of “unconscious collaborative aesthetic judgement stemming from ensemble accordance” (Seddon, 2005, p.?), and characterized by trust and risk-taking (cited in Wesolowski, 2013, p. 58). Empathetic attunement ultimately leads to collaborative creativity and “spontaneous musical utterance” (Biasutti & Seddon, 2009, p.

412). That means, in other words, “unpredictable musical variation and interpretation” (Biasutti & Seddon, 2009, p. 407) in which unpracticed novel phrases occur. It can be said that the theoretical concept, collaborative creativity, offered by music education research, resonates the ultimate state that therapists try to induce from clients’ spontaneous playing in “mutual tuning-in relationships” (Schutz, 1964, cited in Biasutti & Seddon, 2009, p. 397).

In order to achieve “spontaneous musical utterance” in an ensemble, Seddon and Biasutti (2009) conceptualized three stages of learning and developing improvisational musicality: 1) instruction in which musicians learn and stick to the musical forms/structures, 2) cooperation in which they try to be musically cohesive and cooperative, and 3) collaborative/joint creativity in which they internalize the forms, then achieve freedom in expression as a joint entity. This decentering process is parallel to the learning process of a Japanese Zen way of mastery of the arts/martial arts and craftsmanship (Ikuta, 2007), which is characterized by three stages of creative endeavor: 1) 守 (Syu), “following the form,” 2) 破 (Ha), “breaking the original form,” and 3) 離 (Ri), “departing from the original form” (p. 85). This learning process can be applied to learning improvisation by internalizing and embodying the musical forms/structures while developing musical pallets for self-expression or therapeutic usages, then breaking them, and freeing oneself from the forms, etc., that she/he acquired. In performance, a musician-therapist finds her/his own voice or style as if one becomes the art itself; in clinical settings, one develops her/his own clinical improvisational style to elicit clients’ authentic and “spontaneous musical utterance.” Based on the results from this study, this framework — experiential, holistic, and embodied with learning maturation and

acquisition of art/music crafts — could be found in the process of developing improvisational proficiency in both Jazz and music therapy to some degree.

This study also confirmed that listening plays an important role for both improvisational performance and clinical improvisation. Listening implies external/internal and passive/active acts (Amir, 1992; Berliner, 1994). Berliner (1994) asserts that what a Jazz musician plays and how much he plays are informed by what she/he hears and with whom she/he plays, in order to bring in each musician's personalities as “performers continually adopt different perspectives on the surrounding patterns” (Berliner, 1994, p. 362). The above-mentioned attunement state cannot be achieved without listening in relation to herself/himself and others, which was corroborated in the dissertation study. Connecting to this concept, Okazaki-Sakaue (2010) talks about music therapist's external and internal listening, stating that “we music therapists listen to our clients and at the same time we are listening within ourselves” (p. 134) in order to gain intuitive knowledge through herself/himself. Ansdell (1995) points out that “listening-in-playing” is the important factor in co-creative music improvisation. He talks about listening holding four important aspects for music therapists: listening, 1) to the music played as a musician, 2) to the person-in-the music, 3) to the relationship, and 4) reflectively. Arnason (2003) found five clinical listening levels required in music-centered in-depth improvisational music therapy: listening, 1) to the music itself and musical responses, 2) from memory, transparency, composure, and musical history, 3) by observing, feeling, and thinking clinically, 4) for significance, imagery, and the intangible, and 5) with musical focus, contextual sensitivity, and an improvisational attitude. These levels of listening address the music therapist's art of listening skills, such as intuitive

and reflexive listening, and non-judgmental and memory/visionary listening. In particular, the fifth level reflects music therapist's belief/philosophy and attitude. This means listening to the client musically while considering the influence of the client's external factors on her/his music and her/his sense of self with an improvisational attitude, or the "ability to enter into the improvisational experience with its inherent qualities of immediacy, ambiguity, and unpredictability" (p. 134). Clinical listening indeed involves multi-sensory and multi-faceted skillsets. In relation to the dissertation study, it came out that what they listen to and how they listen as musician-therapists can contribute to and influence how they listen to each other interactively.

The Dynamic Identity of a Musician-Therapist

Concluded from the dissertation study, bridging two different musical contexts was the dynamic identity of a musician-therapist, musicianship being the core identity of a music therapist. Dynamic musicianship combines both expressive and supportive abilities that bridge both contexts. Thus, the continuance of playing music, and musicianship as their core identity, was key to maintaining musical creative abundance to help them strive in their careers as both musicians and therapists; in other words, "musician-therapists" (Ansdell & Verney, 2010). The current study validated that being music therapists made participants unique musicians among their peers, expanding their empathic musicianship and openness to vulnerability, and enjoying unique musical pallets/ideas in the creation of music. In turn, this came to imply unique perspectives of musician-therapists among other music therapists and musicians. Participants in the dissertation study affirmed that engaging in both helps this identity to keep dynamically evolving, enhancing the musicianship and the identity formation is not static.

DYNAMIC MUSICIAN - THERAPIST IDENTITY

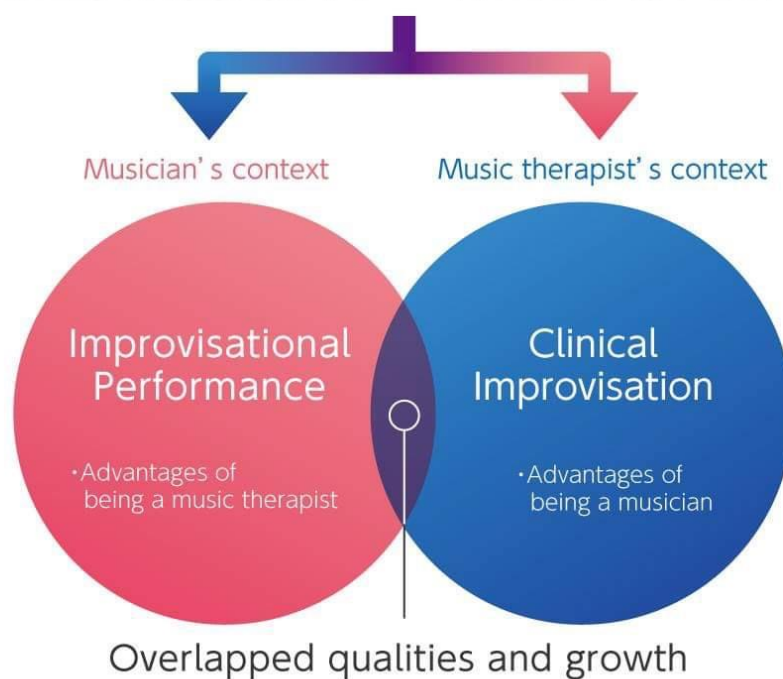


Figure 9. Dynamic Musician-Therapist Identity

Although participants identified themselves as musician-therapists in this study, the emphasis that participants put on either the musician dimension or the music therapist dimension varied. Because the participants exist in both contexts, challenges and conflicts arise, and to be both, the participants had to make certain choices while coping with balancing both identities. As participants relayed the struggles and difficulties to pursue both careers as music therapists and performing musicians, I was also in the midst of experiencing challenges and struggles. I too was struggling with balancing those identities, feeling two opposite energies of supportive and expressive musicianship; the former more geared toward music therapy, and the latter more for performance. However, Nick's perspectives that supportive and expressive musicianship are both required when the situation calls in music therapy and performance helped me integrate and blend both

traits. This 'struggling' phenomenon might be unique to musician-therapists because if music therapists work solely in clinical settings and musicians just play in performance, these challenges and identity conflicts would probably not emerge.

Whether actual lengths of musical engagement in both contexts could directly influence the formation of their musician-therapist identities and its effects was also within the scope of this research. In the pilot study, among four participants, two of them had more than 10 years of experience and two of them had less than 5 years of experience. The results showed that participants who had more than 10 years of experience in being music therapists had a more integrated identity as musician-therapists. On the other hand, new professionals with under 5 years of experience seemed to have more struggles in integrating both aspects of their identities; they felt as if they were in two different worlds and were trying to find the right coexisting balance, simultaneously engaged in two worlds. The results in the pilot study suggested that difference and variety in the participants' identity formation might have originated from the length of participant working experience as music therapists.

This research attained more information in exploring whether the length of working experience as musical therapists affects the integrity of their sense of being a musician-therapist. In this research, a wider range of participants who have working experience was recruited; among five participants, there was one new professional with less than 5 years of experience and three of them had 15 years of experience, with one having more than 15 years of experience in being a music therapist. Although all of them had a musician identity at their core, the degree of how they see themselves as more musicians than therapists or vice versa varied and their identity formation is evolving,

depending on how much they place themselves in either performance or therapy contexts. In fact, regardless of the length of working experience, they had been struggling to integrate those identities in their life-career paths (For example, Tina, Nick). The longer they engaged in performance and in the music therapy field, they came to find their priorities and what was important in their lives and way of living. As a result, they made better decisions on whether they would maintain both careers or choose solely one. Laura, who engaged the longest working experience as a music therapist, was the only one who wasn't currently doing clinical music therapy work. I had no previous knowledge about this, but as Laura described, it is a life path and there is a possibility that she might come back to work, never losing her identity as a music therapist. Thus, the results point to identity, and being part of a life path with participants' emphasis on identity varying over their lifespan.

Gender Perspectives

The new dimension that was explored in this dissertation research was how gender influences participants' career and life choice, which are mainly derived from socially and historically predisposed perceptions on female musicians and family responsibilities. All of the female participants were aware of the male dominant culture in jazz education and performance to some degree. Wehr-Flowers (2006) points to the male dominant population in improvisational performance such as jazz and free Jazz and mentions that there is even talk about an inability of female musicians to improvise due to their insecurity. The male demography of participants in my pilot study might also have reflected the male dominated musician population, contrasted with female dominance in music therapy.

The results showed that the majority of female participants held a perception of a lack of job opportunities for female jazz instrumentalists, pushing the female participants in this study toward becoming vocalists, which influenced participants' choices and opportunities. Female instrumentalists are also still fewer than male instrumentalists in education. It was even less back in the 80's as Laura recalled when she was a music college student. A few participants admit that there is a culture where they would be asked to become a singer if they were female. Laura used to be an instrument major and later became a vocalist. Her anecdote is poignant; she was told that if you were a man, you had more gigs, which reflected the gender factor. Since it is already very competitive to survive and succeed as an instrumentalist, if you are surviving as a female instrumentalist, they had to make your challenges even harder. However, Laura also found uniqueness at being a minority, trying to transcend the male-female differences and even appearance regardless of the inequivalent situation. Similarly, a movie, called "The Girls in the Band," which was directed by Judy Chaikin (2011), described that women were expected to be singers and female instrumentalists and strived hard to rise in the jazz world. Mandura Ward-Steinman (2008) bring up major criticisms of vocal jazz improvisers, whose majority is female, in terms of inability to improvise with understandings of rhythmic/melodic jazz languages and harmonic changes. As Tina described, "Not all jazz musicians like to play with singers, unless you have a really good interplay." There exists a certain hierarchy of instrumental players that are male that dominate over female singers. Reason (2002) points out the absence of female improvisers in the research and community of improvised music culture itself and its dangers of the exclusion of female improvisers in the discourse of improvisation.

However, the change in the trend can also be found as numerous jazz festivals featuring female jazz musicians, including instrumentalists, have been hosted as manifestation of their empowerment. Also, Monson et al. (2004) addresses Jazz as social change among people of marginalized races, genders, sexualities, and ethnicities. It can be said that as the nature of jazz is about taking a risk and being open to new possibilities, the borderline of jazz tradition has been expanding.

The results also revealed that some of the participants feel heavy family responsibilities, relating to the female caring role and maternal burdens. Particularly Misuzu and Tina, who are mothers, found the difficulties hard in maintaining full time music therapy jobs and performing at the same time. Going out for night gigs and being on their game 100 percent of the time has been challenging. Tina tries to fit her practicing in at home. For her, it is not enough, but there is no energy left other than that. Misuzu used to feel the conflict, but quit her full-time job to be able to play more and found a support system. Her husband also understands her needs and fully supports her performing life, which is not the common case of Japanese working mothers. The New York Times article, written by Motoko Rich, sensationally revealed the inequalities that in Japan's working households, husbands only do one fifth of total house chores and childcare compared to working wives, which is the fewest in any of the World's richest countries (2019, Feb. 2). It seems that having a support system and consideration from family members and the community is a key to maintaining life as a performer and music therapist.

The Merits of Maintaining Creative Musical Abundance

Noteworthy, the findings also revealed that engaging in improvisational performance would not only bring music therapists expanded creative musical abundance for self-expression, but would also help them be with clients in their full capacity. According to the participants in this study, having their own time to play/express/perform actually prevents music therapists from projecting their unmet performing desires onto clients in their clinical work. Turry (1999) talks about essential human needs and desires to express, the “healthy narcissistic impulse in all of us” (p. 254). He states that because of engaging as caring professionals, music therapists are not often aware of their own needs when caring for others. Rather, it is often the case for music therapists to prioritize clients’ needs over their own. Meeting others’ needs, we often tend to deprioritize/dismiss our needs to play for ourselves. In my pilot study, one of the participants shared that doing musical therapy clinical work is not by itself fulfilling, and the absence of playing outside of work is depressing. This statement implies that personal engagement in making music might enable the participants to connect with their inner musical resource and utilize it as a creative resource in their clinical work. Thus, musical abundance might help to reduce music therapists’ distress with clinical burdens or clinical burnout. Participants in the study validated that a continuity of personally engaging in both clinical and nonclinical music-making is an important factor to nourishing their own musical life, promoting their professional competency, and sustaining their overall identity as musician-therapists.

Disadvantage of Being a Performer as Music Therapist

Besides all the advantages of being performers and music therapists, the results also showed the disadvantages of being both. Although it was not derived from the

majority of participants, one of their insights seemed equally important in relation to music therapists' unmet desires and the inherent risk. As described in the result, Nick shared about the challenge of being a performer and music therapist, of being aware of ego and countertransference as a performer in music therapy. At times, he feels an impulse to be a performer and express for himself, instead of providing space for clients to be expressive. He said,

They (musicians) spend years and years working on music craft. So, when you get musicians who work on this craft you appreciate it. When you see people who might not work on their craft or not care about their craft so much and you want them to, "maybe you can become a musician!" There are times when you see as much as I have this empathic thing in me where I listen, there is a certain countertransference (in clinical work) I think from being a musician and also being a musician in the jazz world in particular, where sometimes that comes out in me, this sort of judgmental side, 'you could do better than that.'

He spoke of being very aware of the countertransference as a musician-music therapist and it took for him a few years to let go of it. He also points out his impulse to develop his own musical ideas, recalling "there have been times where I start to develop my idea and I find myself being a performer and then everyone (clients) claps for me, and I'm like 'oops... I got lost!'" He continues talking about another countertransference:

When a client might come up with a song, and the performer in me wants to bring that song out into the world. I start to bring my own self into the creation of it, and then sometimes I find that, oh my God, this song is no longer about them, it's about me.

The performer self in Nick used to inhibit him from being fully supportive for his clients. As he emphasizes from his experiences, it is really important for musician-therapists to be reminded of this perspective and mindful of this possible risk in music therapy.

The qualitative study of Petersson and Nyström (2011) also confirms the similar challenge of performers. In their results, they found that one of the participants warned, “A therapist who is very interested in music must be able to bracket his/her own preferences in order to be pliable with the patient. You have to understand which kind of music has therapeutic effects in that special session” (p. 234). Thus, the patient-oriented attitude is a real challenge for musicians. It was noteworthy to mention this challenging countertransference as being the only risk of the musician-therapist, implying the importance of reflection and supervision of one’s own work.

Summary

Overall conclusions from this study were drawn from what was said in the interviews, observations, ABR, and direct links to the reviewed literature. The results found that being a musician as a core identity was key to maintaining musical creative abundance in their careers as both musicians and therapists; in other words, musician-therapists. Another finding showed that there is mutual growth through being a music therapist and improvisational performing musician.

Engaging in music therapy made participants feel like better musicians, rejuvenating their creativity, and on the other hand, engaging in improvisational music as performing musicians enhanced their competencies and confidence as music therapists. Thus, by engaging in both contexts, improvisational performance and clinical

improvisation, it promoted the participants' musical growth as musicians and music therapists in reciprocal ways.

Furthermore, a preliminary understanding of the phenomenon of both improvisational performance and clinical improvisation was obtained. It revealed that both contexts were different but shared overlapping qualities that are essential to improvising music in general. However, due to the aforementioned limitations and considerations, more research is recommended to confirm these findings.

Implications

One of the most significant implications of this study is that the findings of the lived experience of the musician-therapist has reciprocal implications for both improvisational music performance and music therapy education in order to educate thriving performing musicians and music therapists. The result of playing improvisational music with others cultivated music therapists' professional competency and creative resources, especially in improvisational music therapy. This implies the necessity to include improvisational experiences with others as a core curriculum in music therapy education, perhaps pointing to the goal of incorporating a wider range of improvisational music styles in the curriculum and developing clinical musicianship with clinical intentions. The candidates/students for music therapy are supposed to have their own musical backgrounds, yet it is a fact that they might not have interactive playing experiences through improvisation, especially those who have had a classical music background or are solo players. Through the interactive improvisational music playing with other students, music therapists in training will be able to deepen their awareness of interplay and empathy for the clients' experiences, such as what it is like to be supported

and to self-express through music. They will then enjoy opportunities to cultivate both supportive and expressive musicianship that way. They will then learn to improvise with more clinical intentions through role playing.

The findings also suggest that the benefits for emerging music therapists and even professional musicians and students in performance, is to have positive performing experiences as “reparative” (Ansdell, 2005, 2010) while developing new, healthy, and authentic relationships to music, the performative-self, and performing music in general. Playing music in clinical settings is not performance for music therapists, but playing songs or tunes can be used as a therapeutic intervention for the sake of the clients.

It was also mentioned in the interviews that playing in music therapy sessions can resemble performance by being seen by others, and can give music therapists a kind of pressure. How to be authentic in the moment, even for therapeutic purposes, matters in order to meet clients where they are in the music. Enjoying a healthy relationship with their own music can serve as an outlet and long-lasting resource to thrive as a music therapist without losing the identity of being a musician. Performing opportunities for music therapists as a part of the music therapy curriculum could be beneficial for increasing self-esteem and fulfilling music therapists’ need to play.

The results also suggest that music therapy education can actively include music making or performing music with peers as a coping strategy during the course of study, and build a new relationship to student’s musicianship and self-growth. This will contribute to utilizing their own musicianship to maintain/develop their careers. Performance opportunities might also help music therapists to deepen their understanding of the therapeutic values of clients’ performing in music therapy.

The findings also provided important implications for the performing musician as well. Performing musicians could learn music therapists' clinical ways of playing music, which values emotional, communicational, and relational aspects, as well as deep listening, attunement, and surrendering of the self. For professional musicians or students in performance, it can be beneficial to learn a new way of listening and playing, with the therapeutic values in music of openness/ non-judgmental playing that musician-therapists come to realize. Wesolowski (2013), researching assessments of interaction episodes in jazz improvisation, addresses some criticisms of jazz education, citing Prouty (2002) and Louth (2012), who point out that the current syntactical technique-driven curriculum and evaluations in jazz education, contrast with the development of creative improvisational thinking. He suspects that the reason derives from the difficulties of evaluation in an objective manner due to the subjective nature of addressing creative elements, such as communication and interactions in jazz improvisation. Responding to his criticism, along with the current trend of technically-driven curriculum and evaluation, this result implicates the importance of bringing jazz education into the creative and therapeutic values of music.

Additionally, performing musicians could learn how musician-therapists develop healthy musical lives. For example, over time, the participants had made efforts to develop a healthy relationship to performance, overcoming its pressure and developing a personal relationship to music in their own way. Finding one's true voice through creating music and forming an authentic relationship to music was in fact a life-long journey for the musician-therapists interviewed for this study. Thus, the lived experiences

of musician-therapists could provide valuable implications for both music therapists and performing musicians.

The findings were greatly influenced by the participants' education and musical backgrounds. The targeted participants in this study were musician-therapists who engage in improvisation in both clinical and nonclinical contexts. However, this is not prevalent for all music therapists. In fact, not every music therapist uses an improvisational approach as it is in accordance with the education they received and the nature of clinical practice and population that they're working with. It was also expressed that their approach and own music/music therapy education were also key. This all leads to their own personal level of comfort in the use of improvisation in music therapy practice as well as musical performance. The participants are, then, music therapists who actively employ the improvisational approach as a way for a client to engage in the relational and creative process.

Not every musician is comfortable using improvisation. If you perform pre-composed music as it is, there is no need to improvise on the spot, yet it does require interpretation. It depends on what style of music he/she plays. The participants engage in the styles of music in which improvisation is involved to a greater or lesser degree. As an additional finding, the study validated that embodiment learning is fundamental for the learning processes of both musicians and therapists. Acquiring improvisational musicality in clinical and nonclinical music is not something that is solely learned conceptually, rather it is learned physically, something that can be accrued through experience.

Participants addressed the importance of being open to improvisational experiences, internalizing what they learned. Some of the participants incorporated different modalities of improvisation in singing, dancing, and drumming to explore their own improvisational musicality. Embodied learning, as a way of developing improvisational musicianship, could be beneficial, employed in both music and music therapy education. Thus, the implications of the results will influence the curriculum, courses, and supervisions for students and learners to utilize. It is my hope that this study will translate how the elements of embodiment influence the way of being as a musician-therapist-researcher, in which one can incorporate more embodied experiences into research, practice, and knowledge, serving as the totality of their lived experience.

Considerations

There are a few important limitations in this study to consider. First, although the study attempted to explore the voice of female performing improviser-music therapists, there is still room to include diverse participants for a future study, such as exploring gender identification, and socio-economic and racial diversities. One of the limitations in my previous pilot study was the lack of cultural diversity in participants. In the pilot, three participants were male and Caucasian who only worked in New York City. It was discussed that the selection might have come from the researcher's own unconscious choice, but the demography might have been reflective of the male dominant population in NYC in improvisational performance such as Jazz and Free Jazz (Wehr-Flowers, 2006), contrasted with the female dominance in music therapy (Membership in AMTA, n.d., 2017). Responding to that, in this study, female participants were actively recruited; four out of five were female and one Asian who works outside of the metro area. This

was reflected in the findings of gender perspectives and challenges that stem from gender-oriented responsibilities.

Another limitation is the lack of diversity that participants received in their music therapy education. The way I recruited the participants was to recruit someone I already knew and with snowball sampling. As a result, four out of five participants were educated from the same graduate school and one was from a different graduate school with both schools located along the east coast of America. These schools employ music-centered and improvisational approaches in their curriculums. The education might have a greater influence on participants' views and choices of employing improvisational approaches and remaining musicians. Thus, the findings were also reflective of the views developed by those of similar educational backgrounds.

Because of the above limitations, I recruited three of the participants whom I have known on different levels. Each dynamic of relationship might have affected how the interview was conducted. Because of previous knowledge of each participant's musical and professional background, there might be areas that the researcher didn't fully explore. I also did not have previous knowledge that Laura was not actively engaging in music therapy practice until I met and interviewed her. Another limitation might have been the delay in responding to participants for follow-up six months after the initial interview. I might have attained more active input and new insights from them earlier, as was the original intention.

The other important point for consideration is my predisposition. As stated before as a researcher's stance, I am a performing musician-therapist myself. It cannot be stressed enough that my predisposition might have greatly influenced the results of the

research. Although I found identity conflicts and struggles in pursuing both careers, I might have sought for and looked at the positive aspects of a being a musician-therapist.

Due to my husband's work, the sudden move to countryside in Japan where no previous connections existed greatly impacted me in my own experience of the currently researched phenomenon and my identity. The absence of practicing music therapy and performing music with other peer musicians weakened my built sense of musician-therapist and even my existence. I had a strong fear to be forgotten, trying hard to build my career in music therapy and finding/sustaining my voice as a performing artist. I resisted not repeating my own generational patterns, in that my grandfather and my mother had to give up their dreams of continuing to be performers due to family responsibilities and conservative social pressure.

In fact, I felt that performing my own music was the only way of expressing who I am in a new place. Initially, I was introduced as a performing musician in the community. I sang and played the piano and gave talks about music therapy at several community concerts; that is how local people started acknowledging me as a music therapist and performer and led me to obtain music therapy jobs and perform at several music concerts. Either in the countryside or city, where I live no longer mattered if my core identity as a musician, musician-therapist is present, which in turn allowed my musical creativity to thrive: I found that I was able to feel who I am no matter where I live and where I am going to live.

Recommendations for Future Research

Due to the aforementioned limitations and considerations, more research is recommended to confirm the findings and add more data and information.

First, any future study could include more diverse participants in terms of age, gender, culture, music backgrounds, and ethnicity to explore diverse perspectives on the research topic. Second, any future study could include participants who have more diverse music therapy educational backgrounds; recurring participants educated in music therapy programs, located not only on the east coast but also throughout the U.S., South America, Europe, Africa, and Asia. This information will provide insights on whether and how much their perspectives and clinical practice/approaches will be influenced by their educational backgrounds. This information would be a great contribution for future music therapy education in terms of how education can support the formation of a professional identity of music therapists, keeping ‘being a musician’ as the core identity. Third, any future study would need more information on how length of work experience would affect perspectives and paths, and what factors might influence their choice. It might be helpful to draw on factors contributing to an integrated sense of musician-therapist identity. Additionally, finding music therapist candidates who are becoming performers, similar to my situation, would be encouraged for exploring the research topic.

In the future, the qualitative research could employ multiple points and mediums of data gatherings and triangulation. For example, gathering video data of my own clinical and nonclinical improvisational performance and analyzing it for comparison purposes would be one idea. Participants could also be asked to bring their own videos of clinical and nonclinical performance and talk about them during the interviews.

Future research may employ peer debriefing and more reciprocal communication styles with participants to increase mutuality in research ethics, since this study could not go beyond the conventional one-way research. Recommended future research would

employ more mutual and interactive communication with participants throughout the research process as much as possible. That would contribute to creating more mutual and meaningful discourse in the field.

Reflecting on the limitation of subjects, future studies could include a survey method. In order to reach a more general sense of the percentage of registered music therapists who identify themselves as musician-therapists, surveying through Survey Monkey, the American Music Therapy Association list serve could be utilized.

Future studies of interest could be to interview solo performers and music therapists playing non-improvisational music (classical and pop, etc.) for comparison. Another idea is to follow up with interviewed participants in my pilot and dissertation studies for a longitudinal study focused on their paths, how their perspectives and life-paths have changed afterwards, and what influenced them.

Another area to explore in future research is perspectives on ethics of performing musician-therapists. During an interview with Laura, I briefly touched upon this issue but did not fully explore with her or with other participants to think about questions such as how they deal with being exposed as musicians in public while keeping a boundary with their clients and what possible risks emerge in doing both. This might be something that I had yet fully experienced as an emerging performing musician-therapist. Considering musician-therapists' two different contexts, in which one is public and the other private, ethical boundaries of musician-therapists would be an important area to explore in the future.

Lastly, considering the importance of embodiment in the research, future research may include more embodied arts-based aspects, asking participants to reflect on an

artistic medium as a parallel process along with the researcher's own artistic reflection process.

This will promote interactive creative projects such as creating music/songs on the emergent themes from ABR and hosting its performance by musician-therapists. This will lead to collaborative and creative projects by musician-therapists hosting reparative and rejuvenating performance experiences, or workshops for the purpose of professional development and thriving professional lives. Utilizing creative arts therapists' dilemmas and challenges, it is hoped that the future research will keep integrating the human needs/desires of creative expressions, exploring the importance of personal music/artistic engagements in clinical practice and research.

APPENDIX A**Institutional Review Board**

29 Everett Street
Cambridge, MA 02138
Tel 617 349 8234
Fax 617 349 8190
irb@lesley.edu

DATE: February 16, 2016

To: Kotoe Suzuki

From: Robyn Cruz and Terrence Keeney, Co-chairs, Lesley IRB

RE: **IRB Number: 16-06**

The application for the research project, *"Lived Experiences of Music Therapists as 'Musicians-Therapists': The Connection between Music Therapists' Non-Clinical Improvisational Performance and Clinical Practice"* provides a detailed description of the recruitment of participants, the method of the proposed research, the protection of participants' identities and the confidentiality of the data collected. The consent form is sufficient to ensure voluntary participation in the study and contains the appropriate contact information for the researcher and the IRB.

This application is approved for one calendar from the date of approval.

You may conduct this project.

Date of approval of application: February 16, 2016

APPENDIX B

RESEARCH INFORMED CONSENT

**Study of “Lived Experience of Music Therapists as ‘Musicians-Therapists’:
The Connection between Music Therapists’ Nonclinical Improvisational Performance
and
Clinical Practice”**

Principal Investigator: Kotoe Suzuki, Ph.D. student in Expressive Therapies, Lesley University
Faculty Advisor: Mitchell Kossak, Professor in Expressive Therapies, Lesley University

You are invited to participate in the research project titled “Lived Experiences of Music Therapists as ‘Musicians-Therapists’: The Connection between Music Therapists’ Nonclinical Improvisational Performance and Improvisational Clinical Practice.” You are being asked to volunteer in this study to assist in my doctoral research in order to gain deeper understandings of lived experiences of music therapists’ perspectives as improvisational performers. The intent of this research study is to explore whether or not music therapists’ performing experience of nonclinical music improvisation for an audience and their clinical practice in improvising with clients inter-relate with each other and if so, how those experiences are inter-connected personally and professionally.

The eligible participants targeted in this study will be music therapists who are a) engaged in performing improvisational music at least once a month by either playing in open jam sessions, rehearsals, or gigs with other musicians, b) going to have at least a performance (an open jam, concert, or gig) over the 4-12 week period, and c) engaged in clinical work at least weekly with the use of improvisation as a professional music therapist.

Your participation will entail two interviews; one 60 minute-initial interview through face-to-face or via video-conferencing (ex. Skype) and one 30 minute follow-up interview during a 12-16 week period.

The following is the sequence of events pertaining to the participant portion of the study.

- 1) The researcher will contact you for scheduling and conduct a 60 minute-semi-structured in-depth interview. The interview will be audio-recorded. It will be transcribed and shared with you. (The initial interview will take place within the first 4-6 weeks, so that there is time left for a follow-up interview.)
- 2) You will be asked to be reflexive and think about how nonclinical improvisational performance experiences affect your clinical work and vice versa during the 6-12 week period. (The researcher will go to one of your gigs if it takes place in NYC. Otherwise I will suggest that you share a video or audio-tape of at least one performance.)
- 3) I will contact you again to have a 30 minute-follow-up interview during the 12-16 week period to find out if there is any new information and/or gained insights for you to

share. (If there is any live audio/video recording available, I will watch or listen to them in advance.)

4) All the interview data will be analyzed by the researcher with thematic interpretation. The emerging themes are to be shared with all the participants for the purpose of member-checking. I will e-mail you to share the themes in order to find out if you have any feedback on the themes, and the results will be modified according to them to create shared-knowledge.

You will be personally interacting with only myself as the researcher. This research project is anticipated to be finished by approximately June, 2016.

I, _____, consent to participate in Kotoe Suzuki's research study.

I understand that:

- I am volunteering for two interviews. The first is approximately 60 minute in length. The second is a 30-minute interview discussing reflections of your experiences and responses to the first interview.
- The interviews will be audio-recorded.
- Former knowledge about the research topic is not necessary.
- You are free to choose not to participate in the research and to discontinue your participation in the research at any time.
- Identifying details will be kept confidential by the researcher. Data collected will be coded with a pseudonym, the participant's identity will never be revealed by the researcher, and only the researcher will have access to the data collected.
- Any and all of your questions will be answered at any time and you are free to consult with anyone (i.e., friend, family) about your decision to participate in the research and/or to discontinue your participation.
- Participation in this research poses minimal risk to the participants. The probability and magnitude of harm or discomfort anticipated in the research are no greater in and of themselves than those ordinarily encountered in daily life.
- This study will not necessarily provide any benefits to me. However, I may gain increased self-knowledge and other personal insights that I may be able to use in my daily life and/or professional practice.
- If any problem in connection to the research arises, you can contact the researcher Kotoe Suzuki at 646-520-9928 and by email at kotoesuzuki@gmail.com, my advisor, professor, Mitchell Kossak by email at mkossak@lesley.edu, or Lesley University sponsoring faculty Michele Forinash by email at forinasm@lesley.edu.
- The researcher may present the outcomes of this study for academic purposes (i.e., articles, teaching, conference presentations, supervision etc.)

Confidentiality, Privacy and Anonymity:

You have the right to remain anonymous. If you elect to remain anonymous, we will keep your records private and confidential to the extent allowed by law. We will use pseudonym identifiers

rather than your name on study records. Your name and other facts that might identify you will not appear when we present this study or publish its results.

If for some reason you do not wish to remain anonymous, you may specifically authorize the use of material that would identify you as a subject in the experiment. You can contact my advisor Professor Mitchell Kossak by email: mkossak@lesley.edu. You may also contact the Lesley University Human Subjects Committee Co-Chairs (see below)

My agreement to participate has been given of my own free will and that I understand all of the stated above. You will be given a copy of this consent form to keep.

a) Investigator's Signature:

Date _____ Investigator's Signature _____
 Print Name _____

b) Subject's Signature:

I am 18 years of age or older. The nature and purpose of this research have been satisfactorily explained to me and I agree to become a participant in the study as described above. I understand that I am free to discontinue participation at any time if I so choose, and that the investigator will gladly answer any questions that arise during the course of the research.

Date Subject's Signature Print Name

There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Committee Co-Chairs Drs. Terry Keeney

(tkeeney@lesley.edu.) and Robyn Cruz (rcruz@lesley.edu) at Lesley University, 29 Everett Street, Cambridge Massachusetts, 02138.

APPENDIX C

INTERVIEW GUIDELINES

The main open research question is:

“How do the experiences of performing improvisational music with other musicians and improvising music with clients in clinical work interrelate with each other?”

The sub-research questions follow:

- 1) How does being a performer in general affect one’s clinical music?
- 2) How does being an improvising performer affect clinical improvisation?
- 3) How does the genre of nonclinical improvisation that one engages in (e.g., traditional jazz, free jazz, new music in the classical tradition, jam band music, etc.) affect clinical work?
- 4) How does being an improvising music therapist affect one’s nonclinical music?
- 5) How does being an improvising music therapist affect one’s social interaction and relationships with other musicians in nonclinical situations?

The following interview questions will serve as a basis for understanding the nature of the research question and sub-questions. While these questions will guide the participant interviews, additional questions may be asked and further explored in an organic way.

- 1) How do you identify yourself in terms of gender and cultural background?
- 2) How do you work with clients through music in your music therapy practice?
- 3) How do you engage in nonclinical improvisational music making as a performing musician?
- 4) Do you identify yourself more as a musician than a therapist or vice versa?

- 5) What is it like to be a professional musician and music therapist?
- 6) How do gender and cultural roles affect you in terms of being a performer and music therapist?
- 7) How does the identity of being a performer influence your clinical practice?
How does the identity of being a music therapist influence your nonclinical musician life?
- 8) How does engaging in nonclinical improvisational performance affect the way you play with clients and your level of musical attunement to clients?
- 9) How does engaging in clinical improvisation affect the way you play with other musicians?
- 10) What does “performance” mean to you? What role does it serve in your life?
- 11) How do you develop your improvisational musicianship?
- 12) How does embodiment, such as bodily awareness and sensation, get involved with improvising music with others and acquiring improvisational musicianship?

APPENDIX D
TIMELINE FOR CONDUCTING RESEARCH

Event	Date
Music 1: CD Recording	2/25/16~2/27/16
Interview 1: Misuzu	3/15/16
ABR: Image 1	3/17/16
Music 2: Concert	3/20/16
ABR: Image 2	4/15/16
ABR: Image 3	4/30/16
ABR: Image 4	5/1/16
Interview 2: Laura	5/11/16
Music 3: CD Pre-release concert	5/13/16
ABR: Image 5	5/14/16
Interview 3: Nick	5/23/16
Interview 4: Fiona	6/13/16
Interview 5: Tina	6/20/16

Note: The researcher engaged in weekly clinical works throughout the period. Each musical performance involves proceeding rehearsals.

APPENDIX E-1

DATA ANALYZING PROCESS 1: SAMPLE INTERVIEW SCRIPT WITH HIGHLIGHTS AND COMMENTS

K: How does the improvisation take a role in your band?

N: Well, in the jazz band that I do, it's very, it's all improvisation.

K: Is it free improvisation?

N: It's some tunes but then a lot of improv, and that's been a great experience for me, it's just so great to be held by other music therapists, it's been great... (sips tea) And then, you know, so in the jazz, it's a lot of sort of free improvisation. With E (the name of another musician-therapist)... it's more structured, it's more songs. But both her and I are very sort of, a little flowy and open to things, we're not tight... so we have a lot of improv in the show, we do things... But not, we don't really, she sticks to usually the song, but sometimes I'll do things a little differently, yeah.

K: I'm curious, what it's like, to perform with other music therapists, outside of the work in different context?

N: Yeah no I mean, it's wonderful to... to play with music therapists is a wonderful thing, like everyone should have the opportunity to...

K: Is it different from playing with non-music therapists?

N: I think if you're a really good jazz musician, and you're not just a good soloist, but a good rhythm jazz musician player, I think it's like playing with a music therapist, because they're using very similar skills that a music therapist. (⇒ *The good qualities of musicians share ones with music therapists.*) Before I became a music therapist, when I was a jazz musician, I noticed that the skills I had, they were very similar. I would listen, I would respond. Um, and, you know there is a very big... you know there's sort of these unspoken rules in the jazz, you know you don't play over somebody, you don't overplay when you're comping, you try to support them, you try to... so it's very similar ideas to what we have as a music therapist. So when I play with really good jazz musicians I often feel like it's a music therapist. (⇒ similarities in both contexts) However, the difference I think of playing with music

therapists is that a lot of times with jazz musicians there's an impatience... like if you don't play really

well, or if your chops are not perfect, they get a little impatient, they want things to be tight and good, (⇒The difference in professional jazz musicians' context) and I feel like with music therapists because we're used to playing maybe with non-musicians, we are much more open to things going wrong or to people struggling or to people, you know, to people's yearning in the music, and instead of blowing them off you actually support them.(⇒*The advantages of being music therapists*) And so, in subtle ways I feel that, like when I'm playing with jazz musicians I feel a lot more stressed out, I feel like I have to play right, I feel like I have to be tight, I have a responsibility.(⇒This relates to my experience. Is it about professional responsibility, or performing anxiety?) With music therapists I feel like, it's okay if I get lost or if I'm... that's fine because they're going to be there for me, and there's more support in the way they, you know, and I think it's mellowed all these other musicians out where we've all become a little more open, open to the things not being perfect, to things being a little messy, to things, you know, to people's vulnerabilities. (⇒ Interesting! *Sensibility that music therapists bring in playing*)

APPENDIX E-2

DATA ANALYZING PROCESS 2: CATEGORIZATION

Tentative Emerging Themes

Main themes relating to the research question: Categories, explanations, and sample quotes.

1. Continual perspectives in music and music therapy worlds in general; All the participants have continual and music-centered perspectives in music and music therapy, embracing universal values in music. Whether they play in a non-clinical setting or music therapy setting, it is just a different context for them to play and interact in music.

Ex.) The idea is that, as music therapists we take a lot of our knowledge from the music world, so it's a way of giving back to the music world to be part of the dialogue about what music is about and how people relate to music. Because we have a unique perspective as music therapists on how we relate to music. (N, p.1)

Ex.) No matter what genre and what level of complication, no matter what level the music is, in terms of its complexity, it doesn't matter to me because my entryway is always the same. When I discovered that, it really opened my whole lens, to how to, number one, be in music; be in all musical situations, but also in life. (L, p.1)

2. Empathy for clients' experiences of playing; Participants as performing improvisers have deep understandings of the power of performing and challenges in playing in front of people. Thus, when clients try to take a risk in playing and reaching out to a new realm, therapists have empathy for their experiences, for, they know what it is like when they take a risk in improvising music in a band and the joy of getting into a new realm and transformation, as well. Because of that, participants feel they can fully support clients' endeavors/challenges and their transformation.

Ex.) I feel like first of all, as someone who performs and I know what it can feel like when you truly connect. (F, p.7)

Ex.) As a performer, I have more empathy or understanding when the client did that kind of challenges. This is something that I do understand deeply because of my experiences of playing/performing improvisational music professionally. (M, p.9)

To be continued

This was shared with participants and reconstructed for the finalized categorization.

APPENDIX F-1

DATA ANALYZING PROCESS 3: SAMPLE JOURNAL SCRIPT WITH

HIGHLIGHTS

Journal entry starts from 1/20/16 to 05/19/16

Memo/journal of my engagement in clinical and nonclinical music during the research period

01-20-16

I have kept thinking about personal and public space in musicing these days.

Unique to performance, performing on the stage takes place in public space and in front of audience, thus it seems to have to do with something public. Yet, it is also has to do with something personal. For, in performance, being exposed, I share my personal self-expression with the audience, bringing out my uncovered self.

In contrast to performing, my friend, N, who helps me produce my CD, once told me that preparing for a recording and producing a CD is somewhat similar to Bonsai, the Japanese art of shaping a pine tree planted in a pot. The process that the recorded products are reshaped over time by after-recording/editing/mixing is similar to the way cutting/raising a pine tree to make it in a better shape over time, achieving its aesthetics.

01-21-16

How can I convey/deliver my sound effectively to either audience or a client? What type of sound can be conveyed to them? I am good at playing warm/soft/gentle sound. I would call it more feminine sound... It is true that I tended to play those kinds of "feminine" sounds to clients. I wish I could have more masculine sounds in my playing. I want more power in my playing. There must be sound that is not overpowering others, but that can have power within and can be reached to people.

In preparation for a recording and performance, I had been working on improving my basic and advance piano/vocal skills very hard. I have been trying to listen to my music objectively. Having others' perspectives in me is a big shift in my playing music. How does it sound to audience or clients? How can my music be heard from others? How can it be reached to others? That is what is called the clinical and professional responsibility as a musician and music therapist, I think.

1/22/16

My desire to communicate better with other musicians has been greatly growing. How can I develop my musical vocabularies? How can I talk more fluently to have a dialogue in

music? The use of block chords is definitely adding colors and stronger and thicker voice to my playing lately in both MT and non-MT settings. I feel I am expanding my playing.

APPENDIX F-2

DATA ANALYZING PROCESS 3: SAMPLE UNDERCURRENT THEMES IN

ABR

Data analysis on my ABR

Developing improvisational skills: Embodiment learning

- How can I internalize tunes to play? I often get nervous if I don't have a music sheet in front of me.
- It became meditative and effortless. (p.3)
- Not only in performing, but also in playing clinically, having stable basic beats inside of me was vital. I have to feel my own basic beats, especially if I am trying to help him/her to develop the sense of basic beats. (p.8)
- I was not be able to support /sustain myself. (p.8)
- It is caused from my tendency to play on the beat, so I started practicing to be able to start phrase on any beat such as 1&2&3&4&. (p.8)
- This is something bodily learned (p.9)
- I had expanded my musical pallets. (p.9)
- to keep playing without stopping the flow and connecting themselves to their creative impulse.(p.10)
- The more I play with other musicians, the more I learn how to respond to them.(p.10)
- How can I develop my musical vocabularies? How can I talk more fluently
- How can I stay with it and stick to it, and develop it, "play" with it? (p.4)
- Keep the flow of improvisational playing (p.10)

Advantages: Playing/performing in non-clinical settings helps me become a better musician and better music therapist

-Increasing confidence in my musical crafts and skills, and presence which leads to enhancement in my clinical skills

- I felt a different person after recording. I definitely gained more confidence in my singing and playing. It might be because I heard my singing and playing being reflected and played back many times during the recording. (p.6)
- Today, I felt more confident with my presence. (p.6)
- My presence in clinical setting seemed to be similar to what is called "stage presence."(p.6)
- It is almost like enthraling them with my presence and with my sound. (p.6)
- I am also feeling heightened sensibility and agility to tune into children's pace and timing. I also felt that I was able to intentional control weather or not I match their music or not. (p.6)

- I have been trying to listen to my music objectively. (p.3)
- Having others' perspectives in me is a big shift in my playing music. How does it sound to audience or clients?
- My agility and responsiveness seemed to be increased. (p.9)
- I really need to listen to others more. (p.8)
- I felt more confident to take a leadership role in the band among other male members.
- I feel it's OK to be more directive, suggesting new ideas. This was a new realization for me since

*****To be continued*****

REFERENCES

- Adams, K. A. (2013). Family in Japan: Spouses and children. *The Journal of Psychohistory*, 40(4), 262-273.
- Aigen, K. (2002). *Playin' in the band: A qualitative study of popular music styles as clinical improvisation*. Nordoff-Robbins Center for Music Therapy.
- Aigen, K. (2004). Conversations on creating community: Performance as music therapy in New York City. In *Community music therapy* (pp. 186-213). Jessica Kingsley.
- Aigen, K. (2005). *Music-centered music therapy*. Gilsum, N.H.: Barcelona Publishers.
- Aigen, K. (2013). Social interaction in jazz: Implications for music therapy. *Nordic Journal of Music Therapy*, 22(3). 180-209
- Aigen, K. (2014). *The study of music therapy: Current issues and concepts*. New York, NY: Routledge.
- Allen, P. B. (1992). Artist-in-residence: An alternative to "clinification" for art therapists. *Art Therapy*, 9(1), 22-29.
- Allen, P. B. (1995). *Art is a way of knowing: A guide to self-knowledge and spiritual fulfillment through creativity*. Boulder, Co: Shambhala Publications.
- Alvin, J. (1975). *Music therapy*. New York: Basic Books.
- Arnason, C. (2003). Music therapists' listening perspectives in improvisational music therapy: A qualitative interview study. *Nordic Journal of Music Therapy*, 12(2), 124 -138.
- American Music Therapy Association. (2017). AMTA member survey and workforce analysis. Retrieved from <https://www.musictherapy.org/assets/1/7/17WorkforceAnalysis.pdf>

- Amir, D., Bodner, E., & Gilboa, A. (2006). Emotional communicability in improvised music: The case of music therapists. *Journal of Music Therapy*, 43(3), 198-225.
- Ansdell, G. (1995). *Music for life: Aspects of creative music therapy*. London; Bristol, PA: J. Kingsley Publishers.
- Ansdell, G. (2005). Being who you aren't; Doing what you can't: Community music therapy & the paradoxes of performance. In *Voices: A world forum for music therapy*, 5(3). Retrieved from <https://normt.uib.no/index.php/voices/article/viewArticle/229>
- Ansdell, G. (2010). Where performing helps: Processes and affordances of performance in community music therapy. In B. Stige, G. Ansdell, C. Elefant, & M. Pavlicevic (Eds.), *Where music helps: Community music therapy in action and reflection*, 161 -188.
- Ansdell, G., & Verney, R. (2010). *Conversations on Nordoff- Robbins Music Therapy*. Gilsum, NH: Barcelona Publishers.
- Austin, D. (2009). *The theory and practice of vocal psychotherapy: Songs of the self*. Jessica Kingsley Publishers.
- Bailey, D. (1992). *Improvisation: Its nature and practice in music*. New York: Da Capo Press.
- Barone, T., & Eisner, E. W. (2012). What is and what is not arts based research. *Arts based Research* (pp.1-12).
- Bauer, M. W., & Gaskell, G. (1999). Towards a paradigm for research on social representations. *Journal for the Theory of Social Behaviour*, 29(2), 163-186.
- Beaty, R. E., Smeekens, B. A., Silvia, P. J., Hodges, D. A., & Kane, M. J. (2013). A first

- look at the role of domain-general cognitive and creative abilities in jazz improvisation. *Psychomusicology: Music, Mind, and Brain*, 23(4), 262-268.
- Behar, R. (2014). *The vulnerable observer: Anthropology that breaks your heart*. Beacon Press.
- Berliner, P. F. (1994). *Thinking in jazz: The infinite art of improvisation*. Chicago, IL: University of Chicago.
- Berliner, P. F. (1997). Give and take: The collaborative conversation of jazz performance. In R. K. Sawyer (Ed.), *Creativity in performance* (pp. 9-41.) Greenwich, CT: Ablex.
- Biasutti, M., & Seddon, F. (2009). A comparison of modes of communication between members of a string quartet and a jazz sextet. *Psychology of Music*, 37(4), 395-415.
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: a tool to enhance trustworthiness or merely a nod to validation?. *Qualitative health research*, 26(13), 1802-1811.
- Bonny, H. L. (1975). Music and consciousness. *Journal of music therapy*, 12(3), 121-135.
- Bonny, H. L. (2002). Body Listening: A New Way to Review the GIM Tapes1. *Nordic Journal of Music Therapy*, 11(2), 173-177.
- Borovoy, A. (2005). *The too-good wife: Alcohol, codependency, and the politics of nurturance in postwar Japan* (Vol. 6). University of California Press.
- Boxill, E. H. (1985). *Music therapy for the developmentally disabled*. Maryland: Aspen Systems Corporation.
- Brown, C. (2008). The importance of making art for the creative arts therapist: An artistic

- inquiry. *The Arts in Psychotherapy*, 35(3), 201-208.
- Brown, S., & Pavlicevic, M. (1997). Clinical improvisation in creative music therapy: Musical aesthetic and interpersonal dimension. *The Arts in Psychotherapy*, 23(5), 397-405.
- Bruscia, K. E. (1987). *Improvisational models of music therapy*. Springfield, IL: C. C. Thomas.
- Bruscia, K. E. (1991). *Case studies in music therapy*. Gilsum, NH: Barcelona Publishers.
- Bruscia, K. E. (1998a). *Defining music therapy* (2nd ed.). Gilsum, NH: Barcelona Publishers.
- Bruscia, K. E. (1998b). *The dynamics of music psychotherapy*. Gilsum, NH: Barcelona Publishers.
- Bruscia, K. E., Hesser, B., & Boxill, E. H. (1981). Essential competencies for the practice of music therapy. *Music Therapy*, 1(1), 43-49.
- Buber, M. (1971). *I-Thou*. New York: Touchstone.
- Bunt, L., & Stige, B. (1994). *Music therapy. An art beyond words*. London; New York: Routledge.
- Chaikin, J. (2011). *The girls in the band*. Houston, TX: One Step Production.
- Clements-Cortes, A. (2013). Burnout in music therapists: Work, individual, and social factors. *Music Therapy Perspectives*, 31(2), 166 -174.
- Cooper, M. (2010). *Qualitative inquiries in music therapy*, (Vol. 5, pp. 86 -115). Gilsum, NH: Barcelona Publishers.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five*

- approaches*. Thousand Oaks, CA: Sage Publishing.
- Denzin, N. K. (1989). *Interpretive biography* (Vol. 17). Sage.
- Fish, B. (2013). Painting research: Challenges and opportunities of intimacy and depth. *Journal of Applied Arts and Health*, 4(1), 105-115.
- Forinash, M. (1992). A phenomenological analysis of Nordoff-Robbins approach to music therapy: The lived experience of clinical improvisation. *Music Therapy*, 11(1), 120-141.
- Forinash, M. (2012). Qualitative research methods, data collection, and analysis: Interview, observations, and content analysis. In Cruz, R. F., & Berrol, C. F., *Dance/movement therapists in action: A working guide to research options* (2nd ed.). Springfield, Ill.: Charles C. Thomas Publishing.
- Gibbs, G. R. (2007). *Analyzing qualitative data*. London: Sage.
- Giorgi, A. (1985). *Phenomenology and psychological research*. Pittsburgh, PA: Duquesne University Press.
- Giorgi, A. (1987). Problems in self-descriptive research as exemplified in a phenomenological analysis of imaginative experiences. In F. Van Zuuren, F. Wertz, & B. Mook (Eds.), *Advances in qualitative research: Theme and variation* (pp.41-51). Amsterdam: Swets & Zeitlinger.
- Glesne, C. (2011). *Becoming qualitative researchers: An introduction* (3rd ed.). Boston: Pearson/Allyn & Bacon.
- Golden-Biddle, K., & Locke, K. (1993). Appealing work: An investigation of how ethnographic texts convince. *Organization Science*, 4(4), 595-616.
- Gonzalez, P. J. (2011). The impact of music therapists' music cultures on the

- development of their professional frameworks. *Qualitative inquiries in music therapy*, Vol.6. 1-33
- Guba, E. G., Lincoln, Y. S., & Denzin, N. K. (1994). Handbook of qualitative research. *Califónia: Sage*, 105-117.
- Guerrero, N., Marcus, D., & Turry, A. (2016). Poised in the creative now. In *The Oxford handbook of music therapy*.
- Hadley, S. (Ed.). (2012). *Therapeutic uses of rap and hip hop*. London; New York: Routledge.
- Hamatani, N. (2011). *The study of Japanese music therapists' growth*, Vol. 28, Do-shisha University.
- Hibben, J. (Ed.). (1999). *Inside music therapy: Client experiences*. NH: Barcelona Publishers.
- Ikuta, K. (2007). *Learning from "Waza": Inquiry into the new form of human knowledge*. Tokyo, Japan: Tokyo University Press.
- Iliya, Y. A. (2014). The purpose and importance of personal creativity for creative arts therapists: A brief literature review. *Journal of Applied Arts & Health*, 5(1), 109-115.
- Improvisation. (n.d.) In *Merriam-Webster's collegiate dictionary*. Retrieved from <https://www.merriam-webster.com/dictionary/improvisation>
- Jung, C. G. (1970). Mysterium conjunctions, *Collected works*, Vol. 14. Trans. by RFC Hull.
- Kenny, D. (2011). *The psychology of music performance anxiety*. OUP Oxford.
- Kim, D. M. (2010). Towards musical individuation: Korean female music therapists'

- experiences in the Nordoff-Robbins music therapy certification training. *The Arts in Psychotherapy*, 37(5), 353-362.
- Kim, Y. (2012). Music therapists' job satisfaction, collective self-esteem, and burnout. *The Arts in Psychotherapy*, 39(1), 66 -71.
- Kossak, M. (2007). *Attunement: Embodied transcendent experience explored through sound and rhythmic improvisation*. (Unpublished doctoral dissertation). Union Institute & University.
- Lee, C. (2003). *The architecture of aesthetic music therapy*. Gilsum, NH: Barcelona Publishers.
- Leavy, P. (2009). *Method meets art: Arts-based research practice*. New York: The Guilford Press.
- Logis, M. (2011). Facing the dread and desolation of cancer through music therapy: A client's perspective. *Music and Medicine*, 3(1), 27-30.
- Louth, J. P. (2012). An approach to improvisation pedagogy in post-secondary jazz programs based on negative dialectics. *Music Education Research*, 14(1), 9 -24.
- Maisel, E. (2005). *Coaching the artist within: Advice for writers, actors, visual artists, and musicians from America's foremost creativity coach*. New World Library.
- Malloch, S., & Trevarthen, C. (2009). *Communicative musicality: Exploring the basis of human companionship*. New York: Oxford University Press.
- Madura Ward-Steinman, P. (2008). Vocal Improvisation and Creative Thinking by Australian and American University Jazz Singers A Factor Analytic Study. *Journal of Research in Music Education*, 56(1), 5-17.
- Martin, R. (2007). Salarymen, their wives and overseas transfer. In *The Japanese housewife overseas* (pp. 9 -19). Global Oriental.

- McCaffrey, T. (2013). Music therapists' experience of self in clinical improvisation in music therapy: A phenomenological investigation. *The Arts in Psychotherapy*, 40(3), 306-311.
- McNiff, S. (1998). *Art-based research*. UK: Jessica Kingsley.
- McNiff, S. (2011). Artistic expression as primary modes of inquiry. *British Journal of Guidance and Counseling*, 39(5), 385-96.
- Miller, J. L. (2005). *Sounds of silence breaking: Women, autobiography, curriculum*, Vol. 1, Peter Lang.
- Miller, M. (2014, Oct.). *Improvisation can be taught*. Retrieved from http://www.youtube.com/watch?v=EyRGB_x7VSg
- Monson, I. (2004). *The other side of nowhere: Jazz, improvisation, and communities in dialogue* (Fischlin, D., & Heble, A. (Eds.)). CT: Wesleyan University Press.
- Montello, L., Coons, E. E., & Kantor, J. (1990). The use of music therapy as a treatment for musical performance stress. *Medical Problems of Performing Artists*, 5(1), 49-57.
- Montello, L. (1992). Exploring the causes and treatment of music performance stress: A Process-oriented group music therapy approach. *Music Medicine*, 284-297.
- Montello, L. (2010). The performance wellness seminar: An integrative music therapy approach to preventing performance-related disorders in college-age musicians. *Music and Medicine*, 2(2), 109-116. St. Louis, MO: MMB Music.
- Moreno, J. (1988). Multicultural music therapy: The world music connection. *Journal of Music Therapy*, 25(1), 17-27.
- Moustakas, C. (1990). *Heuristic research: Design, methodology, and applications*. Sage

Publications.

- Nachmanovitch, S. (1990). *Free play: Improvisation in life and art*. New York: Penguin.
- Nordoff, P., & Robbins, C. (1971). *Music therapy in special education*. New York: John Day Co.
- Nordoff, P., & Robbins, C. (1977). *Creative music therapy: Individualized treatment for the handicapped child*. New York: John Day Co.
- Nordoff, P., & Robbins, C. (1998). *Healing heritage: Paul Nordoff exploring the tonal language of music* (1st ed.). Gilsum, NH: Barcelona Publishers.
- Nordoff, P., Robbins, C., & Marcus, D. (2007). *Creative music therapy: A guide to fostering clinical musicianship* (2nd ed.). Gilsum, NH: Barcelona Publishers.
- Nunn, T. (1998). *Wisdom of the impulse on the nature of musical free improvisation*, Part 1. Pdf julkaisu International Improvised Music Archive.
- Okazaki-Sakaue. (2010). *The clinical use of musical components and their impact in improvisational music therapy*. (Unpublished doctoral dissertation). NY: New York University Press.
- Oppenheim, L. (1987). Factors related to occupational stress or burnout among music therapists. *Journal of Music Therapy*, 24, 97-106.
- Panish, J. S. (1997). *The color of jazz: Race and representation in postwar American culture*. MS: University Press of Mississippi.
- Pavlicevic, M. (1990). Dynamic interplay in clinical improvisation. *Journal of British Music Therapy*, 4 (2).
- Pavlicevic, M. (2000). Improvisation in music therapy: Human communication in sound. *Journal of Music Therapy*, 37 (4), 269 -285.

- Petersson, G., & Nyström, M. (2011). Music therapy as a caring intervention: Swedish musicians learning a new professional field. *International Journal of Music Education*, 29(1), 3 -14.
- Priestley, M. (1975). *Music therapy in action*. London: Constable Publishers.
- Prior, R. (Ed). (2018) *Using Art as Research in Learning & Teaching: Multidisciplinary approaches across the arts*. London: Intellect.
- Prouty, K. E. (2002). *From Storyville to state university: The intersection of academic and non-academic learning cultures in post secondary jazz education*. (Unpublished doctoral dissertation). PN: Pennsylvania State University Press.
- Reason, D. (2002). *The myth of absence: Representation, reception and the music of experimental women improvisors*. (Unpublished doctoral dissertation). San Diego, CA: University of California Press.
- Reason, D. (2004). 'Navigable structures and transforming mirrors': Improvisation and interactivity. In D. Fischlin & H. Ajay (Eds.), *The other side of nowhere: Jazz, improvisation, and communities in dialogue* (pp. 71 - 83). Middletown, PA: Wesleyan University Press.
- Rich, M. (2019, Feb. 2). Japan's working mothers: Record responsibilities, little help from dads. *New York Times*, pp. 1. Retrieved from <https://www.nytimes.com/2019/02/02/world/asia/japan-working-mothers.html>
- Richardson, L., & Pierre, A. S. (2005). Writing: A method of inquiry. *Handbook of qualitative research* (pp. 959-978).
- Rowlands, M. (2010). *The new science of the mind: From extended mind to embodied phenomenology*. Mit Press.

- Rolling, J. (2013). *Arts-Based research: Primer*. New York, NY: Peter Lang.
- Rosenthal, G. (2018). *Interpretive Social Research-An Introduction*.
Universitätsverlag Göttingen.
- Ruud, E. (1998). *Music therapy: Improvisation, communication, and culture*. Gilsum,
NH: Barcelona Publishing.
- Sajnani, N. (2012). Improvisation and arts-based research. *Journal of Applied Arts & Health*, 3(1). 79-86
- Sajnani, N. (2012). Response/ability: Imagining a critical race feminist paradigm for the creative arts therapies. *The Arts in Psychotherapy*, 39(3), 186 -191.
- Sawyer, R. K. (1999). Improvised conversation: Music collaboration and development. *Psychology of Music*, 27(2), 192 - 204.
- Sawyer, R. K. (2000). Improvisation and the creative process: Dewey, Collingwood, and the aesthetics of spontaneity. *Journal of Aesthetics and Art Criticism*, 149 -161.
- Schütz, A. (1964). Making music together. Popular music. *Critical concepts in media and cultural studies*, 1, 197 - 212.
- Seddon, F. (2005). Modes of communication during jazz improvisation. *British Journal of Music Education*, 22(1), 47 - 61.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis*.
American Psychological Association.
- Smith, L. T. (2012). *Decolonizing methodologies: Research and indigenous peoples* (2nd ed.). London: Zed Books.
- Stern, D. N. (2010). *Forms of vitality: Exploring dynamic experience in psychology, the arts, psychotherapy, and development*. New York: Oxford University Press.
- Suzuki, K. (2018). KOTOE. CD. Japan: Hamilton Heights.

- Taylor, B. (2014, Oct.). *How jazz musicians improvise*. Retrieved from <http://www.youtube.com/watch?v=oVvF7S2hW5U>
- Todres, L. (2007). *Embodied enquiry: Phenomenological touchstones for research, psychotherapy and spirituality*. Springer.
- Turry, A. (1998). Transference and countertransference in Nordoff-Robbins music therapy. *The Dynamics of Music Psychotherapy*, 161 -212.
- Turry, A. (1999). Performance and product: Clinical implications for the music therapist. *E-Book of Articles*, 246. Retrieved from:http://www.musiktherapiewelt.com/WFMT/2011_World_Congress_files/Proceedings%20Washington%20D.C_1999.pdf#page=246
- Turry, A., & Marcus, D. (2003). Using the Nordoff-Robbins approach to music therapy with adults diagnosed with autism. In D. J. Wiener & L. K. Oxford (Eds.), *Action therapy with families and groups: Using creative arts improvisation in clinical practice* (pp. 197 - 228). American Psychological Association.
- Uroboros. (n.d.). In *Oxford Dictionary*. Retrieved from <https://www.lexico.com/en/definition/uroboros>
- Vaillancourt, G. (2009). Mentoring apprentice music therapists for peace and social justice through community music therapy: An arts-based study. Unpublished Dissertation. <http://aura.antioch.edu/cgi/viewcontent.cgi?article=1007&context=etds>
- Van Manen, M. (1997). *Researching lived experience*. London, Ontario: The Althouse Press.
- Viega, M. (2013). " *Loving me and my butterfly wings:*" *A study of hip-hop songs written*

by adolescents in music therapy. Temple University.

- Viega, M. (2016). Science as art: Axiology as a central component in methodology and evaluation of arts-based research (ABR). *Music Therapy Perspectives*, 34(1), 4-13.
- Wehr-Flowers, E. (2006). Differences between male and female students' confidence, anxiety, and attitude toward learning jazz improvisation. *Journal of Research in Music Education*, 54(4), 337- 349.
- Wesolowski, B. C. (2013). Cognition and the assessment of interaction episodes in jazz improvisation. *Psychomusicology: Music, Mind, and Brain*, 23(4), 236-242.
- West, C., & Sealey, K. S. (1997). *Restoring hope: Conversations on the future of black America*. Boston, MA: Beacon Press.
- Wigram, T. (2004). *Improvisation: Methods and techniques for music therapy clinicians, educators and students*. London; New York: J. Kingsley Publishers.
- Wooten, L. V. (2006). *The music lesson: Spiritual search for growth through music*. New York, NY: The Berkley Publishers.
- Zeami. (1958). *Flowering Spirit*. Tokyo, Japan: Iwanami bunko.