Appendix

A - Conditional matrix overview
B - Music and power analysis
C - Strategies chart – ways of being and responding
D - Ethics submission
E - PLS
F - Consent form
G - Interview guide
H - Interview transcripts
### Appendix A

#### Conditional matrix

<table>
<thead>
<tr>
<th>Condition</th>
<th>Phenomena</th>
<th>Context</th>
<th>Strategies</th>
<th>Consequences</th>
<th>Intervening conditions: individual bit</th>
<th>conditional matrix - trigger bit</th>
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<tbody>
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<td>1</td>
<td>Musically intimate experiences</td>
<td>co-creation of musical context, co-presencing, relationship, musical intimacy</td>
<td>Music is powerful</td>
<td>Music’s capacity for the client to tell a story with musical context</td>
<td>Individual private practice, a shared music therapist, a music therapist in the group</td>
<td>Denmark</td>
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<td>Emotional connections through music experiences</td>
<td>Musicians on a pedestool, music as a trigger</td>
<td>Nurturing</td>
<td>Musically intimate experiences</td>
<td>Emotional response, or help or hinder the therapeutic process</td>
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<td>A deeper level of connecting through music</td>
<td>Connecting through music</td>
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<td>Moments when you feel in an altered state. When something magical or transformative happens</td>
<td>Intimate, creative, intimate, personal</td>
<td>Personal practice</td>
<td>Intimacy</td>
<td>Personal practice, a music therapist in the community, a music therapist</td>
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<td>Music making is intimate: Moments of individual</td>
<td>Personal practice, special education</td>
<td>Professional practice, personal practice, a music therapist in the community</td>
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<td>Music making is highly personal</td>
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<td>Easy to create intimacy when using music</td>
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<td>Musical intimacy feels like time stands still (it’s the turning point of connection and you get the feeling that something special has happened.</td>
<td>Intimate, creative, intimate, personal</td>
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<td>Moments like a band disappearing together</td>
<td>Community setting</td>
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</table>
A few patients have a little problem with just singing, playing or start re-singing. You could describe it as an attention seeking that they are feeling endangered with.

10 Bonding community, building the roles and boundaries in relation to clients, 
Working with adolescents and adults with mental illness. 
Try to ensure that the client is comfortable in the room. 
If you can, have a hug.

One client asked for the music therapist to be his drummer and to become a music therapist. He was then able to come come mental healthIs mainly working with the clients, the music therapist, the therapist and the group.

Physical boundaries, rules defined due to wanted to the sound therapy, 
using a music therapist to hold a real role in the sound therapy. 
Being working as an artist, 
Bespoke for 27 years. 
Has been at the facility for 15 years. 
Has worked with music and sound therapy for 20 years. 
Has been a music therapist for over. 
Personal approach is to be more supportive and present to be able to make contact for more improvisation.

Norway.

11 Bonding community, building the roles and boundaries in relation to clients, 
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Norway.

12 Musical intimacy as projective identification. 
Young people aged 20.

Power, death with disabilities is in a home.

Contact with clients that are not comfortable.

With the help of music therapy the client is able to be present.

Challenging working environment, very not comfortable.

Nordoff Robbins United Canada.

13 Where music with children who have 

Power, information from music, 

Music therapy, directing, trigger.

With children with multiple and physical disabilities.

Physical intimacy, and somewhat intense too.

When I'm working with seniors I

To the music, music as a trigger,

I've found there's no problem with

Musical intimacy as projective

Which music therapy is needed to get the music therapist is that you are the same person as the client.

In the school setting the music therapist needs to use goals that are the same as the client.

US.

14 I could describe these moments as

I could describe these moments as musical intimacy. 
There are times when you get taken away. 
It become all of us, and all the things of music therapy are put in the music.

Musical intimacy as projective

Which music therapy is needed to get the music therapist is that you are the same person as the client.

In the school setting the music therapist needs to use goals that are the same as the client.

US.

15 Intimacy is always present in music

Musical intimacy as projective

Which music therapy is needed to get the music therapist is that you are the same person as the client.

In the school setting the music therapist needs to use goals that are the same as the client.

US.

16 It is also important for the music therapist to be able to

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In the school setting the music therapist needs to use goals that are the same as the client.

US.

17 It is also important for the music therapist to be able to

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In the school setting the music therapist needs to use goals that are the same as the client.

US.

18 In the school setting the music therapist needs to use goals that are the same as the client.

In the school setting the music therapist needs to use goals that are the same as the client.

In the school setting the music therapist needs to use goals that are the same as the client.

US.

19 In the school setting the music therapist needs to use goals that are the same as the client.

In the school setting the music therapist needs to use goals that are the same as the client.

In the school setting the music therapist needs to use goals that are the same as the client.

US.

20 In the school setting the music therapist needs to use goals that are the same as the client.

In the school setting the music therapist needs to use goals that are the same as the client.

In the school setting the music therapist needs to use goals that are the same as the client.

US.

Appendix B

Music and power analysis
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Appendix C

Strategies chart – ‘Ways of being and responding’

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Appendix D
Ethics submission

PROJECT REFERENCE DETAILS

Enter the Ethics ID number assigned by Themis Research to this ethics application.

1442372.1

Enter the title of the Project as recorded in Themis Research

Examining the ways that music therapists’ negotiate boundary challenges that can occur in the musically intimate context of contemporary practice

Enter the name of the Responsible Researcher as recorded in Themis Research

Responsible researcher – A/Prof Katrina Skewes McFerran

1. PROJECT DETAILS

EXECUTIVE SUMMARY IN PLAIN ENGLISH: Provide a brief summary of the project outlining the broad aims, background, key questions, research design/approach, the participants in the study and what they will be asked to do, and the importance or relevance of the project. [This description must be in everyday language, free from jargon, technical terms or discipline-specific phrases. (No more than 300 words).

Aim

The aim of this research is to examine how music therapists negotiate boundary challenges that can occur in the musically intimate context of contemporary practice.

Background

Therapeutic boundaries are a complex, multifaceted concept in music therapy. What makes them more elusive,
personal and complicated is the effect of the music itself. Musical intimacy includes emotional responses, stronger connections and powerful moments that happen in and around the music. How music therapists’ negotiate boundary challenges in this musically intimate context is the focus of this research.

**Research question**

How are music therapists negotiating the boundary challenges that can occur in the musically intimate context of contemporary practice?

**Research design**

The interrogative strategies from constructivist grounded theory discourse will be used as the methodological approach for this research. Constructivist grounded theory is an approach that delves into the participants multiple perspectives, interrogates them, aiming to create a theory. The analysis is carried out alongside the data collection. Data will be gathered from interviews with music therapist from Australia, the USA and some parts of Europe.

**Participants**

Participants will include music therapists who have a minimum of five years experience and are currently practicing. They will be interviewed about boundary challenges in the musically intimate context of their everyday practice.

**Importance of this research**

Conventional ideas on boundaries do not fit with the musically intimate context of music therapy practice. There is a significant gap in music therapy literature related to therapeutic boundaries, which is specifically highlighted by music’s effect on therapeutic boundaries and the complexities of musical intimacy. Musical intimacy has the potential to alter, expand and direct the therapeutic process, therefore it is crucial for us the critically examine the negotiation of boundary challenges in the musically intimate context of contemporary practice.

**AIMS OF AND JUSTIFICATION FOR THE RESEARCH:** State the aims and significance of the project. Where relevant, state the specific hypothesis to be tested. Also provide a brief description of current research/literature review, a justification as to why this research should proceed and an explanation of any expected benefits to the community. [No more than 500 words]

**Aims and significance of the project**

Therapeutic boundaries are an under investigated area in music therapy literature. The combination of music and therapy forms intimate musical experiences, which are common in music therapy practice. They are experiences where music elevates, highlights or reveals the underlying and authentic elements of the therapeutic process.
Additionally intimate musical experiences have potential to challenge therapeutic boundary processes in music therapy work. Consequently this ‘musical intimacy’ challenges conventional notions of therapeutic boundaries. There is little insight into how music impacts, changes or challenges therapeutic boundaries or on music therapist’s negotiation of these boundary challenges. Therefore the aim of this research is to examine music therapist’s understandings of musical intimacy and how they negotiate the boundary challenges within that context.

**Research question**

How are music therapists negotiating the boundary challenges that can occur in the musically intimate context of contemporary practice?

**Current literature**

To explore this complex topic we must first define what musical intimacy is. Amir (1992) conducted one of the first and most interesting investigations that highlighted musical intimacy within an examination of ‘moments’ in music therapy. Moments of musical intimacy were when the therapist experienced a powerful musical connection with their client that brought about a feeling of intimacy between the two (p. 8). The idea of a powerful musical connection spurring feelings of intimacy between the client and therapist is a good beginning. Similarly Tyler (2003) elegantly discussed how music offers a medium for expressing unsounded feelings and thoughts. This is a compelling idea, which suggests that music has qualities that can access feelings and thoughts that were otherwise inaccessible, helping to forge strong connections. Additionally Mahns (2003) stated that emotional reactions between therapist and client can pass through the music. The emotional reactions, unsounded feelings and thoughts passing through the music all contributes to the musically intimate context. Furthermore Garred (2001) discussed music therapy as a triangle where the therapist, client and the music are interconnected and a dynamic relation between each is made (p. 40). With this notion music’s influence on the therapeutic boundaries is equal to the client and therapists and consequently requires negotiation on the music therapists part.

**The importance of this study and the benefits to the music therapy community**

Conventional theories on boundaries do not fit with the musically intimate context of music therapy practice. Therefore there is a significant gap in the literature related to therapeutic boundaries in music therapy practice. Musical intimacy in therapy has the potential to expand, alter and direct therapeutic boundary processes. Therefore it is vital for us to examine and critically analyse the negotiation of boundary challenges in the musically intimate
context of contemporary music therapy practice. This research will make an important contribution to the music therapy community, as it will explore an area that is crucial for the continued development of an ethical and professional practice.

**METHOD**

(a) What data collection technique(s) will be used? [Tick as many as apply]

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<th>Questionnaire (attach a copy)</th>
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<td>Interviews (attach a copy)</td>
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<td>Observation of participants without their knowledge</td>
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<td>Covert observation</td>
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<td>Audio- or video-taping interviewees or events (with consent)</td>
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<td>Other (Please give details. Use no more than 50 words):</td>
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(b) What tasks will participants be asked to do? What is the estimated time commitment involved? How will data be analysed?

Participants will be asked to participate in an individual in-depth interview with the student researcher. This interview will be conducted in a place convenient for the participant, which may include a place of work, university or home of the participant. The interview will be audio recorded and later transcribed for the analysis process. As the participants will be gathered from international locations a combination of ‘Skype’ and face-to-face interviews will take place. Initially some interviews will take place in Australia. This will be the first step and allow for close supervision and guidance of the analysis by the responsible researcher. A travel scholarship (ORES) will be applied for to undertake the interviews in the USA and Europe. During this time the researchers will meet through ‘skype’ for continued supervision.

The initial interview will last between 60 – 90 minutes. After the initial interview is completed, participants may be contacted to further explain certain parts of their interview. This is in keeping with the constructivist grounded theory methodology where data collection and analysis is conducted concurrently. As the themes emerge from the analysis participants may be contacted to further explain and help to clarify some of the emergent themes. The process of selecting participants will also occur alongside the analysis process. This is called theoretical sampling, which is where participants are selected according to the emerging themes.

Data will be analysed using Charmaz’s (2014) approach to data analysis. It’s important to clarify that data collection and analysis are conducted concurrently. As Charmaz (2014) states grounded theory coding is the pivotal link between collecting data and developing an emergent theory to explain these data (p. 239). The analysis process includes two stages, initial coding and focussed coding. Initial coding is where data is examined for potential themes to emerge from the data. Focussed coding involves a more rigours analysis, which includes interrogating and questioning the data. The more focused coding allows for a much deeper exploration into the
emergent codes, to begin to form categories and direct the researcher to gather more data or look deeper into the existing data.

**USE OF INDEPENDENT CONTRACTORS** Will parts of this project be carried out by independent contractors? (e.g. interviewing, questionnaire design and analysis, sample testing, etc).

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If YES, confirm that the independent contractor will be engaged on the basis of relevant qualifications and experience and will receive from the first named Principal Researcher, a copy of the approved ethics protocol and be made aware of their responsibilities arising from it. [The responsibility for effective oversight and proper conduct of the project remains with the Principal Researcher(s)].

1.5 **MONITORING**

*How will researchers monitor the conduct of the project to ensure that it complies with the protocols set out in this application, the University’s human ethics guidelines and the national Statement on Ethical Conduct in Human Research?* [Address, in particular, cases where several people are involved in recruiting, interviewing or administering procedures, or when the research is being carried out at some distance from the Principal Researcher (i.e. interstate or overseas)].

The student research will have frequent meetings with the responsible researcher/supervisor throughout the research process. This research involves the student researcher and the responsible researcher who will together monitor the conduct and ensure that it complies with the protocols set out in this application. The protocols set out in this application will be constantly referred to, to ensure that the research remains true to them.

*For student research projects how will the student be supervised to ensure they comply with the protocols? If the student is working overseas, provide additional details of any local supervision arrangements.*

The student researcher will have regular meeting with the responsible researcher. When gathering data overseas the student researcher and responsible researcher will have meetings over ‘skype’ and be in regular contact via email to monitor the interview and analysis process.
2. PARTICIPANT DETAILS

TARGET PARTICIPANT GROUP
Please indicate the targeted participant group by ticking all boxes that apply. Expand any responses necessary in the space provided at “Other”.

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<th>Students or staff of this University</th>
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<th>Adults (over 18 years old and competent to give consent)</th>
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<td>Children/legal minors (under 18 years old) (with parental consent)</td>
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<td>People from non-English speaking backgrounds</td>
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NUMBER, AGE RANGE AND SOURCE OF PARTICIPANTS

Participants will include music therapists who have been practicing music therapy for at least five years. As this is a complex topic it was felt that music therapists’ with more experience would have reflected on this topic more than music therapists’ with less experience. They will be currently practicing, to ensure that they can reflect on their practice. They will vary in age (18 upwards) and will be sourced from a variety of cultural settings. The cultural settings will include Australia, the USA and different parts of Europe. This is to gather rich and varying responses about musical intimacy and boundaries.

Recruitment will be carried out by the student researcher and will be conducted alongside the analysis process, which is in keeping with the constructivist grounded theory approach. Potential participants will be contacted initially by email through private sources and by using ‘snowballing’. In Australia this will be through the Australian Music Therapy association. Overseas this will be through private contacts and other known networks. It is anticipated that the number of participants may reach 30, this will be explained further below.

JUSTIFICATION OF PARTICIPANT NUMBERS
[The quality and validity of research is an essential condition of its ethical acceptability (refer national Statement)]. Where applicable, provide a justification of sample size (including details of statistical power of the sample, where appropriate), explaining how this sample size will allow the aims of the study to be achieved.

For this type of qualitative research, participant numbers are not set at the beginning of the research. Participants will be recruited until a process called theoretical saturation has occurred. Theoretical saturation occurs when new data reveals no new themes or ideas, but repeats themes and ideas that have already emerged from previous data. A constructivist grounded theory approach commonly includes around 30 participants, but this will be determined as the study proceeds.

2.4 PARTICIPANT RECRUITMENT
(a) Please indicate the method of recruitment by ticking the appropriate boxes. Tick all that apply.

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<td>Recruitment carried out by third party (eg. employer, doctor) – see below</td>
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<td>Recruitment carried out by researcher/s</td>
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<td>Contact details obtained from private sources (eg. employee list, membership database) – see below</td>
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<td>Personal contacts</td>
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<td>Snowball (participants suggest other potential participants)</td>
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<td>Other (Please explain in no more than 50 words): FORMTEXT</td>
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**If using a mail out or email who will be distributing it?**

The student researcher will be emailing the potential participants. In Australia they be found through the Australian music therapy associations website. Permission has been obtained for this and attached to this application. Over seas potential participants will be sought through personal contacts and professional networks of the student researcher and the responsible researcher. A template email has been attached to this application.

**If using an advertisement:**
explain where will it be placed?[e.g. on waiting room wall, in newspaper, in newsletter] FORMTEXT

have you attached a copy?

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**If recruitment is to be conducted by a third party, (eg employer, doctor) have you attached an approval letter?**

- requesting their assistance?[yes, no or not applicable]

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- confirming their willingness to assist?

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- that has been drafted for the third party to send to potential participants?

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If contact details are to be obtained from private sources, have you attached an approval letter?

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If “No” please explain (no more than 50 words):

(b) Describe how, by whom, where potential participants are to be identified or selected for this research.

In Australia the student researcher will find music therapy contacts through the Australian music therapy associations website. A number of potential participants will be emailed from this list to begin the recruitment process. For the international interviews potential participants will be found through personal contacts and professional networks of the student and responsible researcher. This will include ‘snowballing’ where participants may also indicate someone who may be interested to take part in this research.

Describe how, by whom, where potential participants are to be approached or invited to take part in this research.

The student researcher will contact potential participants, initially by email. This email will include the PLS to explain what the participants would be required to do if they chose to participate in the research. The PLS will detail what is required of them, what will happen to the information that they provide and how the information will be made public. If the potential participants do not respond to this email this will be interpreted as their response and they will not be contacted again.

DEPENDENT RELATIONSHIPS

[The issue of research involving persons in dependent or unequal relationships (e.g. teacher/student, doctor/patient, student/lecturer, client/counsellor, warder/prisoner, and employer/employee) is discussed in Sections 2 and 4.3 of the national Statement. Such a relationship may compromise a participant’s ability to give consent which is free from any form of pressure (real or implied)]. Are any of the participants in a dependent relationship with any of the researchers, particularly those involved in recruiting for or conducting the project? This question is self-explanatory

2.6 PAYMENT OR INCENTIVES OFFERED TO PARTICIPANTS

Do you propose to pay, reimburse or reward participants?

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(If YES, how, how much and for what purpose? Please justify the
3. INFORMATION FOR PARTICIPANTS AND INFORMED CONSENT

Before research is undertaken, the informed and voluntary consent of participants (and other properly interested parties) is generally required (refer Section 2 of the national Statement for more details). Information needs to be provided to participants at their level of comprehension about the purpose, methods, demands, risks, inconveniences, discomforts and possible outcomes of the research. Such information is often provided in a written Plain Language Statement. Each participant’s consent needs to be clearly established (e.g. by using a signed Consent Form, returning an anonymous survey or recording an agreement for interview).

3.1 PROVIDING INFORMATION FOR PARTICIPANTS

(a) Will you be providing participants with information in a written Plain Language Statement?

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(If NO, provide details of the protocol you will use to explain the research project to participants and invite their participation?)

(b) Will arrangements be made to ensure that participants who have difficulty understanding English can comprehend the information provided about the research project?

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Participants will need to have a good understanding of English to be included in this study; therefore they should be able to comprehend the information provided in the PLS.

3.2 PLAIN LANGUAGE STATEMENT (IF APPLICABLE).

CONFIRM THAT THE PLAIN LANGUAGE STATEMENT WILL:

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be printed on University of Melbourne letterhead
include clear identification of the University, the Department(s) involved, the project title, the Principal and Other Researchers (including contact details), and the study level if it is a student research project.
provide details of the purpose of the research project
provide details of what involvement in the project will require (e.g., involvement in interviews, completion of questionnaire, audio/video-taping of events), and estimated time commitment
provide details of any risks involved and the procedures in place to minimise these.
advise that the project has received clearance by the HREC (if the sample size is small), confirm that this may have implications for protecting the identity of the participants include a clear statement that if participants are in a dependent relationship with any of the researchers that involvement in the project will not affect ongoing assessment/grades/management or treatment of health (if relevant) state that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied provide advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations (see ** below) provide advice as to whether or not data is to be destroyed after a minimum period (if relevant) provide in the footer, the project HREC number, date and version of the PLS provide advice that if participants have any concerns about the conduct of this research project that they can contact the Executive Officer, Human Research Ethics, The University of Melbourne, ph: 8344 2073; fax 9347 6739

[**Re 10 – it is possible for data to be subject to subpoena, freedom of information request or mandated reporting by some professions. Depending on the research proposal you may need to specifically state these limitations]

PLEASE ATTACH A COPY OF THE PLAIN LANGUAGE STATEMENT TO YOUR APPLICATION

3.3 OBTAINING CONSENT

(a) How will each participant’s consent be established?

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<th>By returning an anonymous survey</th>
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<tr>
<td>Via a verbal agreement</td>
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<td>Via a person with lawful authority to consent (eg. parent, doctor) – see 3.3(b) below</td>
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<tr>
<td>Via a recorded agreement for interview</td>
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<td>Other (Please describe in no more than 50 words): FORMTEXT</td>
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(b) If participants are unable to give informed consent, explain who will consent on their behalf and how such consent will be obtained.

FORMTEXT

3.4 CONSENT FORM (IF APPLICABLE)

CONFIRM THAT THE CONSENT FORM WILL:

| YES | NOT APPLICABLE |
be printed on University of Melbourne letterhead
include the title of the project and names of researchers
state that the project is for research purposes
state that involvement in the project is voluntary and that participants are free to withdraw at any time, and free to withdraw any unprocessed identifiable data previously supplied
outline particular requirements of participants including, for example, whether interviews are to be audio and/or video-taped
include arrangements to protect the confidentiality of data
include advice that there are legal limitations to data confidentiality (see below)**
(if the sample size is small) confirm that this may have implications for protecting the identity of the participants
(once signed and returned) be retained by the researcher

[**Re 7 – it is possible for data to be subject to subpoena, freedom of information request or mandated reporting by some professions. Depending on the research proposal you may need to specifically state and explain these limitations]

PLEASE ATTACH A COPY OF THE CONSENT FORM TO YOUR APPLICATION

4. PRIVACY AND CONFIDENTIALITY

Privacy can be described as “…a complex concept that stems from a core idea that individuals have a sphere of life from which they should be able to exclude any intrusion.” A major application of the concept of privacy is information privacy: the interest of a person in controlling access to and use of any information personal to that person. ‘Confidentiality’, a narrower more specific term than ‘privacy’ refers to the legal and ethical obligation that arises from a relationship in which a person receives information from or about another.

At the Commonwealth level, the collection, storage, use and disclosure of personal information by Commonwealth agencies is regulated by the Privacy Act 1988. Sections 95 and 95A of the Act are of particular relevance to researchers. There is regulation at State and Territory level in the form of legislation related to privacy generally or the administration of agencies, or administrative codes of practice. In Victoria, the Health Records Act 2001 regulates health information handled by the Victorian public sector and private sector, while the Information Privacy Act 2000 regulates the collection and handling of non-health-related personal information. The national Statement states that an HREC must be satisfied that a research proposal conforms to all relevant Commonwealth, State or Territory privacy legislation or codes of practice

4.1 ACCESSING PERSONAL INFORMATION

[Personal Information’ includes names, addresses, or information/opinion about an individual whose identity is apparent, or can reasonably be ascertained, from the information/opinion. It also includes Health Information (e.g. health opinions, organ donation or genetic information) and Sensitive Information (e.g. political views, sexual preferences, criminal records)]

_Is there a requirement for the researchers to obtain Personal Information (either identifiable or potentially identifiable) about individuals without their consent?_ The answers are normally “no” on this question.

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If you answered YES to (a), (b) or (c), you will need to complete [HYPERLINK "http://www.research.unimelb.edu.au/__data/assets/word_doc/0019/137260/privacyquestions.doc" MODULE_P] and attach it to this application.

4.2 REPORTING PROJECT OUTCOMES

Will the project outcomes be made public at the end of the project?

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(If YES, give details of how the results will be made public (e.g., in journal articles, book, conference paper, the media, working paper or other). If NO, explain why not. It is anticipated that the results form this study will be published in journal articles, presented at conferences and used for teaching purposes.

(b) Will a report of the project outcomes be made available to participants at the end of the project?

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(If YES, give details of the type of report and how it will be made available. If NO, explain why not. The student researcher will write a short report to capture what was found in the research. This will be sent out to the participants if they have indicated on their consent form that they would like a copy.

4.3 WILL THE RESEARCH INVOLVE: When answering this question, be very sure it is consistent with the PLS and Consent form checklist, and the PLS and Consent form documents. If participants are to be named, explain that under “any other method of protecting the privacy” – e.g., that participants will be named.

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(Complete anonymity of participants (i.e., researchers will not know the identity of participants as participants are part of a random sample and are required to return responses with no form of personal identification)?

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De-identified samples or data (i.e., an irreversible process whereby identifiers are removed from data and replaced by a code, with no record retained of how the code relates to the identifiers. It is then impossible to identify the individual to whom the sample of information relates)?

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Potentially identifiable samples or data (i.e., a reversible process in which the identifiers are removed and replaced by a code. Those handling the data subsequently do so using the code. If necessary, it is possible to link the code to the original identity of the participant)?

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identifiers and identify the individual to whom the sample or information relates?)

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Note that where the sample size is very small, it may be impossible to guarantee anonymity/confidentiality of participant identity. Participants involved in such projects need to be clearly advised of this limitation in the Plain Language Statement.

5 DATA STORAGE, SECURITY AND DISPOSAL

DATA STORAGE

Does data storage comply with the University policy? [University of Melbourne Policy on the Management of Research Data and Records is available at: HYPERLINK "http://www.unimelb.edu.au/records/research.html"

| FORMCHECKBOX | YES | FORMCHECKBOX | NO |
| FORMCHECKBOX | X   | FORMCHECKBOX | X   |

DATA SECURITY

(a) Will the Principal Researcher be responsible for security of data collected?

| FORMCHECKBOX | YES | FORMCHECKBOX | NO |
| FORMCHECKBOX | X   | FORMCHECKBOX | X   |

(b) Will data be kept in locked facilities in the Department through which the project is being conducted?

| FORMCHECKBOX | YES | FORMCHECKBOX | NO |
| FORMCHECKBOX | X   | FORMCHECKBOX | X   |

(c) Which of the following methods will be used to ensure confidentiality of data? (select all options that are relevant)

- FORMCHECKBOX
- FORMCHECKBOX
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- FORMCHECKBOX

(If NO, please explain.)

Password protected, files computer.

(If NO, please provide further details. You may also use this space to explain any differences between arrangements in the field, and on return to campus.)

Password protected, files computer.

(If NO, please explain how and where data will be held, including any arrangements for data security during fieldwork.)

FORMTEXT
(d) Will others besides the named researchers have access to the raw data?

FORMCHECKBOX YES FORMCHECKBOX NO

(If YES, please explain who and for what purpose?)
What is their connection to the project?)
FORMTEXT

5.3 DATA RETENTION AND DISPOSAL

Research data and records should be maintained for as long as they are of continuing value to the researcher and as long as recordkeeping requirements such as patent requirements, legislative and other regulatory requirements exist. The minimum retention period for research data and records is five years after publication, or public release, of the work of the research as stated in the University of Melbourne Code of Conduct for Research. If the project involves clinical trial(s), the data should be kept for a minimum of 15 years (refer to Section 3.3 of the national Statement for further details)

Specify how long materials (e.g. files, audiotapes, questionnaires, videotapes, photographs) collected during the study will be retained after the study and how they will ultimately be disposed of.
FORMTEXT

Depending on the nature of the material collected, material may be retained and destroyed in line with the above Code of Conduct. For some projects, applicants may wish to note here that materials will be retained indefinitely as they are of artistic value or value to the field, and in some cases, that materials may be offered to an appropriate archive or music library indicated by the applicant due to their ongoing value.

6. POTENTIAL CONFLICT OF INTEREST

6.1 POTENTIAL CONFLICT OF INTEREST

Is there any affiliation or financial interest for researchers in this research or its outcomes or any circumstances which might represent a perceived, potential or actual conflict of interest? This needs to be answered
FORMCHECKBOX YES FORMCHECKBOX NO

(If YES, give brief details?)
FORMTEXT

[If you have declared a potential conflict of interest, you should include an appropriate comment on the Plain Language Statement and Consent Form]

6.2 COMPLIANCE WITH THE CODE OF CONDUCT FOR RESEARCH

[University researchers must disclose and manage Conflict of Interest in accord with the provisions of the University’s Code of Conduct for Research. See Code of Conduct for Research.]

Is the Conflict of Interest noted above in section 6.1 being managed in accordance with the Code of Conduct? This needs to be answered
FORMCHECKBOX YES FORMCHECKBOX NO FORMCHECKBOX NO

Not Applicable

7. DECLARATION BY RESEARCHERS

The information contained herein is, to the best of our knowledge and belief, accurate.

We have read the University’s current human ethics guidelines, and accept responsibility for the conduct of the procedures set out in the attached application in accordance with the guidelines, the University’s Code of
Conduct for Research and any other condition laid down by the University of Melbourne’s Human Research Ethics Committee or its Sub-Committees. We have attempted to identify all risks related to the research that may arise in conducting this research and acknowledge our obligations and the rights of the participants. We have the appropriate qualifications, experience and facilities to conduct the research set out in the attached application and to deal with any emergencies and contingencies related to the research that may arise.

If approval is granted, the project will be undertaken in strict accordance with the approved protocol and relevant laws, regulations and guidelines.

We, the researcher(s) agree:
To only start this research project after obtaining final approval from the Human Research Ethics Committee (HREC);
To only carry out this research project where adequate funding is available to enable the project to be carried out according to good research practice and in an ethical manner;
To provide additional information as requested by the HREC;
To provide progress reports to the HREC as requested, including annual and final reports;
To maintain confidentiality of all data collected from or about project participants, and maintain security procedures for the protection of privacy;
To notify the HREC in writing immediately if any change to the project is proposed and await approval before proceeding with the proposed change;
To notify the HREC in writing immediately if any adverse event occurs after the approval of the HREC has been obtained;
To agree to an audit if requested by the HREC;
To only use data and any tissue samples collected for the study for which approval has been given;

We have read the national Statement on Ethical Conduct in Human Research and agree to comply with its provisions.

All researchers associated with this project must sign
All named researchers on the project must sign below and a hardcopy must be submitted in person or via email to Katy Greenland or Jessye Wdowin-McGregor.

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8. DECLARATION BY DEPARTMENTAL HUMAN ETHICS ADVISORY GROUP (HEAG)

The HEAG has reviewed this project and considers the methodological/technical and ethical aspects of the proposal to be appropriate to the tasks proposed and recommends approval of the project. The HEAG considers that the researcher(s) has/have the necessary qualifications, experience and facilities to conduct the research set out in the attached application, and to deal with any emergencies and contingencies that may arise. [Note: If the HEAG Chair is also a principal researcher for this project, the declaration should be signed by another authorised member of the HEAG]

Comments/Provisos: FORMTEXT

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<th>Name of HEAG Chair (in BLOCK LETTERS)</th>
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9. DECLARATION BY HEAD OF DEPARTMENT

DATE APPLICATION FORMTEXT / HEAG NO: FORMTEXT
RECEIVED: FORMTEXT / FORMTEXT

TECHNICAL REVIEW FORMCHECKBOX COMPLETED
ETHICAL REVIEW FORMCHECKBOX COMPLETED

I have reviewed this project and consider the methodological, technical and ethical aspects of the proposal to be appropriate to the tasks proposed and recommend approval of the project. I consider that the researcher(s) has/have the necessary qualifications, experience and facilities to conduct the research set out in the attached application, and to deal with any emergencies and contingencies that may arise. [If the Head of Department is also a principal researcher for this project, the declaration should be signed by another authorised member of the Department]

This project has the approval and support of this Department/School/Centre.

Name of Head (in BLOCK LETTERS)
Signature
Date

10 WHEN COMPLETE

When this form has been completed and finalised it should be attached to the coversheet section of the application completed in Themis Research and then submitted to the nominated Human Ethics Advisory Group for review.
Appendix E
Plain language statement

Plain Language Statement for
Music therapists

Exploring music therapists’ negotiation of boundary challenges in the musically intimate context of practice

Researcher details:
Name: A/Prof Katrina Skewers Mcferran, Music therapy Melbourne Conservatorium of Music – Responsible Researcher
Email: k.mcferran@unimelb.edu.au and University phone number: + 61 3 83447382

Name: Laura Medcalf Music therapy dept Melbourne conservatorium of music – Student Researcher
Email: l.medcalf@student.unimelb.edu.au

Project details:
This research project is part of a PhD investigation project in the music therapy department of the Melbourne Conservatorium of Music.

You are invited to participate in this project, which is being conducted by A/Prof Katrina Skewers Mcferran and Miss Laura Medcalf of the Faculty of the VCA & MCM at The University of Melbourne. This project has been approved by the Human Research Ethics Committee at the University of Melbourne.

The aim of this study is to enhance our understanding of how music therapists negotiate the boundary challenges that can occur in the musically intimate context of music therapy practice. Therapeutic boundaries are a complex, multifaceted concept in music therapy. What makes them more elusive, personal and complicated is the effect of the music itself. The combination of music and therapy forms intimate musical experiences, which are common in music therapy practice. The aim of this research is to examine actions and processes of music therapists’ when negotiating boundary challenges in the musically intimate context of practice.

What will I be asked to do?
Should you agree to participate, you would be asked to contribute in the following ways:

1. First, we will ask you to participate in an interview that will take approximately an hour.
2. Second, we may ask you to clarify further any thoughts and ideas obtained from the interview analysis, through email or further ‘skype’ conversations.

With your permission, the interview would be tape-recorded so that we can ensure that we make an accurate record of what you say. When the interview has been transcribed, analysis will be undertaken of this data. Clarification from you may be in the form of emails or further conversations via telephone or ‘skype’. Your involvement in the project is completely
voluntary and you are free to withdraw your contributions at any time.

**How long is my contribution expected to take?**
We estimate that the time commitment required of you would be approximately one hour for the interview. Any additional time may include short interviews (less than half an hour) or email correspondence. These will be minimal and only undertaken if the analysis requires further clarification of the emerging ideas.

**How will any potential risks be minimised?**
The risks involved in this project are envisaged to be fairly minimal. Reflecting on everyday practice, of using music with people…

**Will I be able to be identified as a participant in this project?**
You have been selected to participate in this project due to your professional experience. We will refer to you by a pseudonym, and remove any contextual details that might reveal your identity. We will protect your anonymity to the fullest possible extent within the limits of the law and any records of your contribution will be kept on the Student Researcher’s password protected computer. You should note, however, that since the number of potential participants is small and given the Participanture of the relatively small music therapy profession, it might still be possible for someone to identify you.

**What about confidentiality?**
All identifying information will be kept on computer files that are only accessible to the named researchers, in order to protect the confidentiality of data that you provide. There are legal limits to data confidentiality. It is possible for data to be subject to subpoena, freedom of information request or mandated reporting by some professions.

**What happens to my contributions after the project has finished?**
Materials collected during this study will be retained for a minimum of five years in accordance with the University’s Code of Conduct for Research. The information gathered from this research will be used in publication, presentation at conferences and for teaching purposes.

**What if I have concerns?**
If you have any questions or concerns, or would like further information about the research project, please contact the researchers. Contact details are listed at the start of this Plain Language Statement.
If you are concerned about the conduct of the project, please contact the Executive Officer, Human Research Ethics, The University of Melbourne, ph: 8344 2073.

**What happens next?**
Thank you for considering this invitation to participate in our research project. If you do decide to participate, one of the researchers will provide you with a consent form. Please indicate that you have read and understood this information by signing the accompanying consent form and returning it to one of the researchers. Whether or not you decide to participate, this Plain Language Statement is yours to keep.
Appendix F

Consent form

Consent Form for music therapists
Exploring music therapists’ negotiation of boundary challenges in the musically intimate context of practice

Researcher’s names: A/Prof Katrina Skewes McFerran and Laura Medcalf PhD candidate

3. 1. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written plain language statement to keep;

• 2. I understand that after I sign and return this consent form it will be retained by the student researcher;

• 3. I understand that my participation in this research project will involve:
  • a. Being interviewed about my actions and process around boundary challenges that can occur in musically intimate context of practice
  • b. Possible further communication via email or telephone

• 4. I agree that the researchers may use my contributions as described in the plain language statement.

I acknowledge that I have been informed that:

• 5. This project is for the purposes of research;

• 6. The possible effects of participating in the research project have been explained to my satisfaction;

• 7. I am free to withdraw any of my contributions to the project at any time;

1. 8. The confidentiality of any personal information I provide will be safeguarded subject to any legal requirements;

Please tick:
I understand that my contributions to this project will appear in the Student Researcher’s dissertation □ yes □ no

In any work arising from this research project such as the Student Researcher’s dissertation, I would like to:
Be referred to by a pseudonym □ yes □ no

I understand that as the sample size is small, anonymity cannot be guaranteed □ yes

I wish to receive a copy of the summary of the research project □ yes □ no

I consent to my contribution to the project being audio-taped □ yes □ no
I consent to the outcomes of this research being published in other forms such as articles or websites □ yes □ no

Name of participant: ________________________________________________________________

Participant signature: __________________________________ Date: _______________________
Appendix G
Interview guide

Interview guide and explanation

This document will be used as the guide for the intensive interviews. As they are qualitative interviews the questions and their order will vary for each interview. The interviews will have certain areas of musical intimacy and boundary challenges that will be covered. The interviews will be semi-structured but will follow this interview guide. Questions around musical intimacy, the music and the participants’ negotiation of boundaries will be explored. This will focus on the actions and processes happening in the music where music therapists are negotiating boundary challenges. Moreover participants will be asked to provide examples and asked to explain in detail their responses.

Main research question
How do music therapists negotiate the boundary challenges that can occur in the musically intimate context of practice?

Interview guide for intensive interviews

Musical intimacy and boundaries

Introduction and explanation of the interview. PLS
Where do you work? How long have you been a music therapist?
Was there anything in particular that drew you to participate in this research? Or is there something that interests you in the topic of musical intimacy?

How would you describe musical intimacy in your work? Can you give some examples?
How do you think your clients experience musical intimacy? What is the experience like for you?
Have you ever thought about boundaries around this musical intimacy? Can you explain? Can you think of any examples of boundary issues that have/may come up?
Can you think of a situation where the musical intimacy or the musical interactions contributed to a challenging situation in your work?
   What was this like for you?
   Can you recall what you were thinking?
   What actions did you take?
   How do you think your client felt about it?

Can you explain some of the potentially challenging aspects with musical intimacy?
Coming from psychodynamic literature, how do you think the theories or understandings of boundaries fit with these experiences of musical intimacy?
How do you approach boundaries in your work?
What kinds of things do you do?
What do you think has contributed to, or how have you learnt to negotiate boundary issues?
How do you negotiate them through and around musical intimacy?
Can you think of a challenging boundary situation and can you describe it too me?
   What actions did you take?
   What was it like for you?
   How do you think your client experienced it?
   What did you learn from this experience?

What actions or processes have you found to be most helpful in negotiating boundaries, in the musically intimate context of your work?
What advice would you give to other music therapists in negotiating musical intimacy and boundaries?
Is there anything else that you would like to add about your experience of musical intimacy and boundaries in your work?
Interview one

Well maybe I’d just like to start with umm… if you could just explain what kind of area you work in. So with which population, umm…

Oh, I do a lot of different work. I work a lot with the children in special kindergartens and special school. A wide range of focus could be learning disability, could be about concentration or focusing, or even just contact with children with autism. Yeah. Some sort of communication, maybe not verbal. Sometime, ah… what can we call that – pre-verbal learning or training, or just playing around with the sound we make before it becomes a language.

Yeah, the pre-intentional, is that what they call it?

Pre-intentional, yeah, yeah.

I think, something like that.

Yeah. And then I worked in this clinic. I have mainly grown-ups here, but with different, again with different focuses. How can I describe the people I work with here? It’s really very… very different things they bring. Could be attention again, and umm… child molestation but now grown-up, what do you call that – sexual abuse, and neglect and can also be psychiatric people, out-patients, or not related to the hospital before or after. I also have the students here, from the music therapy education training program. For several reasons, one is that it is very difficult to get rooms at the university. Everything is so booked. Another reason is that it's nice for them to see “oh, this is a private practice, this is how it could be”.

Yep.

And also they get away from maybe getting out of a session straight into “oh yes, I need to do, and I need to…”’. So it gives them some extra space around their sessions. And then I also have a part-time… an older part-time position at a psychiatric hospital where I’m a clinician. I do the clinical work for Unicorpuslus and Delasodublo, so as a special arrangement when you become… what do you call that… when you get a certain age you can actually do more research and write more books, and the university will pay for somebody else to do your clinical work. Yeah, so that’s what I’m doing there. And that’s a mainly outpatient. People with schizophrenia, people with… oh, again a huge variety. And we also do research projects there. We’ve recently done one with people with borderline personality disorder and mentalisation and one… we’re preparing one with people with schizophrenia. And other research projects as well. So it’s very exciting – a lot of different types of work that I do.

Yeah, it seems to be the way for music therapists.

It does, yeah.

All the ones I’ve met work in a variety of different areas, so yeah, it’s great.

And I’ve been this year we have a 15 year jubilee or a celebration of this clinic, and the hospital’s clinic has 20 years. So we’re going to celebrate next week… week after next.

Yeah, sounds good. And how long have you been a music therapist?
Ah… since ’97.

’97, yep.

But then they’ve changed the education so we did our follow-up was, I don’t know what you call it, it went from the old system to bachelor and candidate, and then we did took some extra courses, all four of us.

Cause now it’s a masters qualification…

Yeah, master. Yeah, right, master, that’s it.

Yeah, great. Good.

And as you can hear we have a…

Music store.

Music store right next to us, yeah.

Yep, that’s good.

So that’s a little about my background. I’m also a professional musician from time to time.

Yeah. What kind of music do you play?

I love to play Bosa-nova and jazz, but mostly I play pop and rock music – yeah, that’s where the money is.

Yeah, it is. I tried to be a jazz saxophonist for a while, so you know…

You know the drill.

Yeah, more gigs at wedding and things.

Yeah, yeah exactly.

Same all over, but yeah. Well great, it’s good to get a sense for where people work and that kind of thing. Yeah, so my topic is looking at this idea of musical intimacy in practice, and then also boundaries – how music therapists use boundaries around that.

And I’m a little uncertain about what you mean, could you elaborate a little bit. Is it certain boundaries that you’re looking at, or just protecting your private self-opposed to the music therapy identity.

Yeah, so there are lots of things that are coming up in the interviews. Umm, I guess for me, what led me into this was looking at the theories that we use for boundaries were all usually from other disciplines. And I was sort of thinking how does this fit with this… you know, with music. It’s quite an intimate sort of thing. So I wanted to sort of look at it from what happens in the musical experiences, and get descriptions about what happens in practice and that kind of thing. And then discussions around what kind of boundary issues might come up in that, or how they’re negotiated within that sort of context.

But mainly out of the music connection, or…

Yeah, but in discussions in the other interviews it actually… for other music therapists it affects a lot of things. So, umm… even things like the time and the time boundary of a session. You can talk about that in sort of the musical part of it and how long that goes
for and that sort of thing.

Mmm.

But yeah, so maybe what we’ll just start with will be, if you can just think about what musical intimacy might mean for you and your work. And if you have any examples, any clients that come to mind or anything like that. And yeah, I’ll just get you to talk about your kind of practice a bit.

Yeah, but just for clarification I’d like… maybe I’ll just talk and then you can use whatever you find.

Yeah, you talk. Yep.

Because when you meet someone verbally like we do now, we have one sort of contact, one sort of intimacy or not. The boundaries are different from when you play music together. It’s sort of inter… I’m looking for a word… inter… The boundaries are much more narrow I think, or you’re closer to that person because you play music together. And so when you ask me that question I think, other times when I sort of withdraw from the music, or pull my own music back. And there are. A lot of times where… also where I’m more confronting. Is that the kind of boundaries you’re talking about?

Yep, that kind of stuff.

Yeah, and so I would follow my intuition. And depending on how well I know the client, if it’s maybe the first sessions I’d be very… lean backwards or I’ll maybe tend more to withdraw. And if I know the client well I might think… my intuition tells me that even though the client might want me to back off I think we have some work to do. So I might confront or explore, or… yeah. But I work a lot from my gut feeling or my intuition.

Yep.

And of course in Australia I guess you work the same way, that you try to verbalise afterwards, having played. That is if they have language. But yeah, children and people with stroke or whatever. But for instance the students that I have here, a lot of them I’ve only had them… some I’ve had only two times, or one time actually. And some I’ve just had 3 times. So there’s a… quickly the sessions, or the contact that we make in music quickly evolves. From maybe being a little… they can be shy or a little anxious about who’s this guy I’m going to meet and this place we’re going. And then they settle down and the music gets more free and we go further into exploring the different corners of the music and even the contact with itself. And they get braver. It’s common for all the clients, but they get… The music gets richer and richer and they contact us too.

Yep.

And so of course when you talk about boundaries I also think about music… music’s capacity for seduction. You can actually… or manipulate. You can actually manipulate or seduct people musically, and you have to be aware of that power that the music holds. And you can use that if you know what’s going on. And sometime you use that without knowing that’s happening, but then you have to look at it afterwards or even get supervision. But that’s one of the great powers of music, that even though you decide as a client “oh no, I’m not going to go there, it’s going to make me sad, or going to make me angry, or I don’t want to touch on that.” It just happens in music, and that’s why it’s so great.

Yeah.
But it… you can have… I’m sorry about my… I’m looking for words that aren’t coming to me. But you can have vicious fights in music without getting bruises and marks from it. And then you can afterwards breathe and relax and then put words to it. So it’s a great way to work I think. Yeah. And also you have to… I’m just thinking boundaries… You also have to respect certain boundaries. Again, I work with my intuition and my gut feeling. You can always tell when it’s enough, I think. And just simply by saying to your client “should we leave it there, or do you want to go further, or I have the feeling that… is that the way you feel?” And they can just say “nah, that’s ok. Just hit me.” Or you can say “yeah, let’s leave it there”. So you can actually confirm in verbal dialog. Yeah.

**Great. Yep, there are a couple of things in there that I’d like to follow up.**

Yeah, great.

**So umm… maybe we’ll start with one where you said that it’s intuition based, that your decisions… And I was just wondering how you got to that place. Is it from experience that you’ve learnt to sort of trust your instinct with these issues, or what do you think it is?**

Well it’s also experience, but I remember studying music therapy that was a big topic. Because I wouldn’t want my therapist, my own therapist to be just good at techniques, different techniques or strategies, or… I mean you have to be there, as a therapist you have to be authentic in the room together with your client or clients. And in order to do so, I believe that you have to be… you have to be not only in contact with them but also in contact with yourself. But sometimes things just happen and you’re not… even though we analyse at the same time as we play we also have to be in the moment, we also have to do a ton of things at the same time. So one of the most important guidelines or markers that I have is my intuition. So sometimes it’s just “hmm, maybe. Yeah, I’ll do that” without knowing why. And then afterwards I can see “oh, that was a good thing to do” or I can say “I’m not going to do that again”. But mostly it works. Because, you just, you know, more than you know, you know.

**Yeah. You know.**

You know.

**Yep. Yeah, yeah.**

So you just have to be in contact with that as well.

**And do you think that that’s something, I guess yeah, you said you sort of learnt it in training, is that where it first came?**

Yeah.

**And then you’ve… has it been there the whole way through your career so far do you think?**

I’d have to think… for a second. I think I’ve been… Maybe I’m just relying more and more and more upon that. I think it’s always been there. It’s always been a part of it. But I mean as a young therapist, or only just finished training you tend to think “oh, yeah that’s right I’ll have this and I’ll have that” and just think of techniques as well. But it just became more and more obvious. You need to know your stuff and your skills, but then you also need to let go of it.

**Yep.**

Yeah. So my feeling is that it’s become increasingly more and more important and integrated.
I don’t think so much about it. But when people talk about it - “yeah, I work a lot with my intuition” “huh?” How do you know what to do? “Yeah, just…” I also… I don’t know if it differs from Australia and to the Danish training program but we work a lot with psychodynamics and with making headlines or putting in images or feelings to play or improvise from. And even there when choosing those lines or those images I use my intuition as well and always invite the client and use the client’s words for it, or wording. But sometimes they would suggest something and I’d just feel “hmm, that’s not it”. And then I could suggest “well I’ve got the feeling that maybe, how does that feel?” “Not at all” “OK, go easy on this one.” It’s like lasted defence, as you get so many information’s from the responses that you get, also the music of course. Or “yeah, didn’t think of that, let’s go there”.

Yeah, hmm.

So maybe that’s why we’re so tired when we get back from work.

Yeah, maybe.

Where you have so many different levels.

Cause a lot of things happening, yeah that’s right, yeah. That’s good. I mean it’s… I guess the intuition thing it’s come up in a lot of other interviews. That, and for people… I guess why I asked when it came in was other people it sort of came in when they’ve had more experience. And gone that way, so it’s… yeah but it’s interesting that it’s more part of the training here.

It was actually, yeah.

Which is different to, I’d say the interviews in the US and probably the UK as well, so…Yeah, I would expect that actually.

Yeah.

And also I studied the first year that the training program started. So we were… everything was very much “anyone know a good book on…” Everything was new, so there was a lot of intuition as well studying. Even from the teachers – “hmm, I think we’ll go that way”. Everything was new. But there was a part of the training program that we had to really… “what do you feel right now? When you play? Or is transference or counter-transference, what informations do we get?”

Yeah. And so do you think you’re… I mean maybe I should ask what kind of approach… what kind of approach would you call… like are you… Umm, it’s a tough one.

Ah… I think a lot of words. Actually as I grow older or more experienced, actually I think I’m more eclectic than I used to be. Certainly psychodynamic and certainly humanistic and existentialist approach. And obviously the research studies that we make, if we decide to research on metallisation we have to work with that. And there… ah what more could that be? It’s quite broad, isn’t it? Humanistic, existentialistic and also eclectic. I can be anything.

I mean it narrows it a little bit. You know, it’s not behavioural. So that’s, you know…

No, no. Definitely not.

So that puts it to one side.

Yeah.
Yeah. Do you think your approach or style affects the way you approach boundaries?
Do you think it…

Well, I’m sure it does. I’m just thinking “well, what would a behavioural music therapist do? What would…” I mean, I wouldn’t know for sure what the difference would be, but I think that maybe… maybe what… ah… I’m assuming, because I don’t know.

That’s ok, yeah.

But I believe that psychodynamic and existentialistic approach is very much into the process. And how does the client feel, and how can we create a certain space where they can thrive and… I’m getting all the words and things, I’m trying to find the translations.

That’s OK.

Where they can grow, or… So maybe we’re more into “yeah it hurts, let’s go there”, or “yeah, you’re crying I can see that, that’s OK”. Or even joy or anger, not very afraid of those feelings because that’s what we’re going to research or going to elaborate on. “Why is this so hard for you, or why do you skip so easily away and can’t take” or “why do you…” And I would assume that maybe a behaviouristic approach would be very different to that. But I haven’t experienced it, so I’m just assuming. It’s very much into the psychodynamics. Yeah, so it must be different.

Yeah.

I’m just thinking that the metallisation project that we did, or research study that we did, was very verbal. Even though we did play music as well, a big part of it was verbal. And a lot of it was techniques in conversation. And that’s a different space to be in as a client. Umm… from what I’m doing here. In here I very much rely on the music to tell me what I need to know. Even though sometimes we can just talk for the whole session if that is what is called for or needed. But I really feel that I get a lot of information in the music that I can rely on. A lot of things in verbal therapy… I mean you and I could talk for a week without really getting to the… yeah. But in music you can tell instantly “uh, I don’t believe you. That’s not it. Let’s go somewhere else”. Yeah. So maybe that’s also special for music therapists, other therapists could work in that as well. But you get a second opinion, or a second set of information about what… how does the client experience this? How do… What does he or she feel? Is it comfortable or uncomfortable? Is this challenging? But you can say in words “ummm, I’m fine. This is great. I’m having a ball.” “no you’re not”.

Play something that’s not… yeah.

Yeah. Does that answer your question?

Yeah. Yeah, I mean it goes into the other part of what I was going to follow before, which is you mentioned the power of music. In that it’s quite a powerful thing. Maybe you could just talk a bit about that, in what ways do you see it?

Just hold onto that because you’re talking about the power. I’m just remembering that one of the boundaries in music therapy I experience is the user voice, because it’s as intimate as it gets. Your own instrument, the sound – your own body vibrating. And my experience is that one, we have to be trained to do it. A lot of people don’t sing. It’s hard for music therapists to sing as well. It’s much easier to play the piano – it is for myself. So when I use my voice it has to be called for. I really, that’s a decision I have to make. It could be a feeling, it could be intuition, but it doesn’t happen that often. And sometimes I experience a lot of brave clients in citation, what do you call it? Quote?
Quote marks.

Quote marks, yeah. That sing, but they really sing a façade or something else – a shell. But when it gets naked it gets very powerful and very vulnerable. It’s so… you really have to be very careful when people sing. That’s my experience. That’s sort of the last, what do you say, not a wall, but the last filter, or… yeah. Just wanted to remember to say that. So you have to be very careful when people try to sing, or you use your voice because it has a lot of power even though it’s just very subtle. That it has a whole different quality of music to it. So even just humming to a client can be very obtrusive. Coming back to the power of music, because this also… for me just humming to a client can be very powerful. And then it just builds from there to loud music or powerful music or… And it can also empower the client. And as I said before you can seduce one another or manipulate one another. And you can get manipulated or seduced in the music by the client if you’re not realising what’s going on. But the music also offers a special place to explore these feelings. That you can have. Without anybody being hurt, as I said before, or anybody being really seduced. Of course there can be transference and counter-transference as well and you can eventually have to end the therapy or make another focus for the therapy – “OK, so now we have this special situation, let’s talk about that” or “let’s work on that”. And the music can… as a music therapist you can actually provide a special place for the client to go without them knowing it. And you have to be very much aware of that. Umm, not really sure where I’m going just now.

It’s ok…

But you know sometimes it happens, that you’re just “mmm, this is so nice” – yeah, but do you need nice now? We can have nice as well, it’s cool. And also you can turn that around. You don’t always have to challenge people, sometimes they need just to “yeah, I needed that” “oh, I’m getting goose bumps” “yeah, that’s what I needed”. So you have to make a choice ah… looking for a word… a conscious choice. You have to be aware of… When you choose you have to be aware of ‘why’. Or at least think about it when you did. “Why did I just do this?” “Mmm, ok that makes sense” or “no, maybe I’m going to try something different.” Yeah. So you can have the fierce fights in music and you can shout and yell and almost throw things without really getting hurt. I mean, and just “oh, I needed that! I’ve been needing that for 10 years! Finally.” What you can’t do in verbal therapy or… yeah.

So with all those things it’s umm… I guess with using music I guess what I’m really talking about in some ways is what are the dangers for the client, or for yourself? And you sort of touched on a few of them I guess. And I guess boundaries is a way, in a sense, to protect you and the client.

Yes, both.

So thinking about it in that context of the music and how it can be very vulnerable for the client, or it can be other things. How would you think about boundaries in that space – that music space – and keeping it safe and…

The first thing that strikes me is my intuition or gut feeling. I really have to be… I really have to have a feeling. You can never plan things. You can even… you can need those headlines or the image that you improvise from, but then the music goes where it needs to go, or where the client needs to go. So you have to be… a lot… or you have to be… you have to think about that. You have to have a focus on “where are we going?” “what’s happening now?” And I think I said before that it’s OK to seduce or manipulate as long as you know this is what’s going on. And you can even use it for people to overcome barriers ormaybe intimacy. If they’re very shy, or very timid, or very anxious about this therapy thing, the music can just seduce them into “oh, it’s not that bad at all” or “I could get used to this” and “this is nice”.

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And I could do that on purpose. Just say “OK, this client just needs to find her or his own place in this special room that we’re building just for the client”. But sometimes I also have experiences with clients having this transference – countertransference things where you actually feel “oh, something more is at stake here, something more is happening”. Maybe we don’t even verbalise on it. So depending on the client I would say “I also get the feeling that there’s a certain warmth in our connection just now, or something is happening. I can tell by the look in your eyes or the way you smile. Is it just me or have you got the same feeling?” So you have to address it. And then maybe the client would back off and say “no, that’s your own thing”, play with that. Or you can put it into music, or you can put it into verbal, or you can end the therapy and say “well, maybe you should go somewhere else”. Preferably I’d just bring it into the therapy as well, because it’s a very strong power. The music has a strong power also, for the client to – quotation mark – “fall in love with the therapist”. It’s bound to happen because of that very special relationship you have, both verbally and in music. And you’re creating this special room just for the client. And you’re trying to make it fit exactly the needs of the client. So of course the client would feel “finally someone understands me. Finally somebody is really there for me. I like that” – what’s not to like? Yeah.

**So how do you manage that, if that comes up?**

If it comes up I would address it, as I just said. And then I would invite to elaborate, either musically or verbally, or encourage them to write. Or how… any method that they would find fit. But I would prefer for the therapy to go on, not to end. I’ve had… Over the years I’ve had one or two that ended their sessions, and said “well, I can hear you say that you can work with this but I’m not able to” – the client would say. So I’ve made arrangements with another therapist, or I’m going to try something else, or… But it’s… One client, it was sort of in the air, but it was not really that much in the air, so we didn’t address it directly. And I was a bit surprised when I got a red rose – the last session when she said goodbye I didn’t see the rose coming at all. And we knew this was our last session, so it could also just be a token of “I’m so grateful for what we had together, it really helped me”. But there was something a little… something else. Or in my interpretation there was. But there was not the… we didn’t have the chance to elaborate on that, or to verbalise on it. Because just “thank you for the therapy, I really enjoyed it and ah… I’ll always…” whatever you say. And you say goodbye and then – red rose. Wow! So I really needed some supervision on that. Yeah. And another one just said “well, I’m not able to think… what you say… think through… think behind my wanting to be with you”.

**Yep.**

Does it make sense? How would you say that in proper English?

**Umm… I guess not able to analyse, would you say? Or look at the reason behind?**

Yeah. So she would stop as well. Or she did stop. But I think it’s a great power – the music itself and also the seduction or the thing that you as the therapist create exactly the space that the client needs. So of course those kind of feelings will come up. And for a lot of people, actually just that, is a boundary that we break. Sometimes people just cry the first session because “I need this so much, this special room that you’re… and just listening to me and posing all the right questions. And I can really feel you see me”. And that can just start the tears rolling, 20 minutes of therapy of first session. So it’s really, really… it has a huge effect on us as human beings or persons. Just to get the feeling that somebody really sees you, really listens to you, really understands how you feel or what your problems are. And then on top of that we have the music and then it all goes from there.

**Yeah, that’s right. And we…**
So you have to make that room the size they need, if you can sense that quickly.

And it goes back to your intuition thing, the gut, and you picking up on the cues from them and then in the music as well.

Yes. So the cues can also be non-verbal, non-musical, could just be body language or eye contact or what happens. Yeah.

Yup. And so how would you... how do you approach or how do you think about boundaries in your practice?

You’re asking about something that I’m not really sure about, because I thought I was talking about boundaries all the time.

Well we are, and you have touched on in a bit.

Yeah, so you want to go somewhere and I’m not getting it.

Yeah, sure, sure. Well I guess...

But you have to stick to your questions, I know.

Oh, I mean they can... I guess that’s the beauty of these types of interviews, they go where the interview goes. I guess the reason I ask about sort of a general approach to boundaries is some people seem to think of it in umm... little compartmental ways. So like, things like they know how much they’re going to share of themselves, they know they...

As a therapist?

Yeah, they know they won’t accept gifts or something. Or they try not to have dual relationship with people, something like that. Other people have described it as, similar to you, like an intuition thing. So they just... that’s how they see boundaries, and it’s that thing of where you end and I begin. They think of in more of a holistic sort of way. Yeah, so you’ve sort of talked about it in little ways, but I guess if you have a sort of general approach or an idea of what you think boundaries cover? If that sort of makes sense?

Yeah... I think you’re just going to help me. Also with the language.

Yeah.

Well actually I think today, I wouldn’t... maybe not have accepted the rose. If I’d... because I’d been caught off guard. So I might not have accepted the rose. And one way of dealing with that was, one of my colleagues said “well, I can appreciate you want to give me a rose” – they had another gift and sometimes it’s ok with a gift, but especially a rose because it means something in a symbolic form. And one way to come about it could be to say “well, I can appreciate that you want to give me a rose. I can see it’s a beautiful red rose and that sometimes a red rose has another meaning to it. So what I would like to prefer is that, I know you’d want to give it to me but I think it’s... maybe you can make someone else happy because you already gave it to me now I know you wanted to give me a red rose. But I’m... I think it would be more appropriate that you find somebody else that you know and wanted... and give them the red rose”. That’s the problem with intuition – sometimes it’s not fast enough and sometimes it’s even much faster than you can think. So, what else... I’m off track... I’ll be back. Boundaries.

Yeah.
You said something about more in general, that was your question?

Yeah. So, yeah it's kind of hard to ask a question without putting the ideas into you.

Yeah, yeah, yeah. I know.

Yeah, I mean I guess you have sort of described it really in your approach.

But in theory I would have boundaries. Non-negotiable. And of course the frames of the therapy, the time schedule. I’m responsible for the time schedule, I’m responsible for what is allowed in the room. And I’m responsible for the client’s… for providing space for the client to grow, but also not make the container bigger than the client needs, and not smaller. This make sense?

Yeah, it makes sense. Yep.

And also, the clients come for different reasons. That also has to be taken into consideration when you create that special place. And I never create the same place. Even though I have 7 clients in a row, or 5 clients, it’s not the same that I offer. And you talk about how much can they know about me as a private person, differs as well. And what I tell them about therapy is different from time to time. So for some types of clients I would not tell about my private life, and for others they can know almost anything. But it depends very much on the connection we have. What I feel is at stake. What are we working with. So it’s not like I have a firm set of rules that “this is what we do first, and this is going to make… 10 minutes for this and then we do this and…” it’s not like that at all. Like I said earlier that if a client comes and I have a plan oiled – last time we spoke a lot so now we play some music. But if they still have the need to talk so I’ll have to allow that to happen and also think “is there a reason why we’re not playing, is this some sort of a defence, or is this really what the client needs. And is it good? Are we doing a good… is the work good just now? Is she or he in process… important stuff.” And I can offer it and they can say no. Or I can say “well I don’t think I’m going to offer it today, maybe just stick with this”. Yeah. So, more about… I’m not really answering the question…

No, you are. You are.

I am.

Yep, yep. So I think it's... boundaries are multi-layered so it's hard to sort of get it... to describe it I think. A lot of people seem to intuitively know what it is, but talking about it is a bit harder.

Yes, it’s true.

Yeah.

Anything I didn’t touch on, you want?

Umm... maybe, it’s been good getting just some examples of when I say musical intimacy, what that might look like in your practise. So if you can think of any clients or situations?

Yeah. Uh, just a thought that just pops up is like, for instance you can sometimes feel just before a client would let a tear roll. You can sometimes feel that special moment “oh, I’m getting touched, I get the feeling that the client is very touched.” And even though I’m sitting with closed eyes I’m seeing “mmm, yeah. Just rest there. Let it happen.” Allow them... allow for it to happen, or be extra aware that maybe you need to be there even more for the client. That would be a boundary, because I could… that’s a… if they’re that vulnerable, it’s very
important information about “this is something we need to look at”. But the way we look at it has to be carefully assessed. I really carefully have to assess also how much time have got left.

Oh...

No, no, no. I mean in the session.

Oh, sorry. In the session.

In the session. If this happens like 5 minutes before the session closes, we’ll just have to remember this special moment. Save it for later, and then… or just maybe let a word… before leading the client out. Sort of “I noticed that… we’ll talk on that more next time”. Or else if you have plenty of time you can just either… depends again on my intuition. You can either let the client be with that or you can, if you have the feel “mmm, there’s more” then you can check “is he or she going to play with me or is this already enough?” But you have to be very much… be very careful at that point because that’s where you can really hurt somebody, I think.

Yep.

Ah, yeah I don’t know the word. When you step over somebody’s limits, what’s the word for that?

Umm… I guess it would be overstepping their boundaries, but…

That’s just it.

I can’t think of a specified word.

No, it’s not abuse. It’s something… it’s in… it’s intrusive. Not abusive, it’s like ah…

Oh. Umm, intrude into their word? Is that what you mean, or?

Mmm… it’s like going further that they really want you to do. And you can easily do that because they’re so fragile at that point, they’re not keeping their guard. So you have to sense where would their guard have been if they weren’t all in tears. And sometimes it could be very helpful to just go a little further. And that could just ease up… ahh… let’s speak in German. No. But sometimes going a little further could just do them very good, and sometimes it could do them bad. So you have to kind of sense where might their border have been if they weren’t all in tears, or all in anger, or all in… Because the easiest thing to do with anger actually is to just make it even more powerful. But then sometimes you cross that thin line, and you have to be really aware of that. If you're just mirroring or just giving more power to it then you can also overstep the line. And I’m not sure what the word is, but there’s a line that you don’t step. Yeah, because in Danish… I know the word in Danish but umm…

Well you can say it in Danish and then I’ll translate it.

‘Overgreb’ – I can even spell it for you. O-V-E-R-G-E-B. It’s like hurting somebody without ah…

So ‘O’…

V-E-R-G-E-B. Yeah.

Alright, I’ll look it up.

Yeah. And it’s probably a quite common used word.
Yeah, there’s probably a word. Yeah, I just can’t find it…

Just can’t find it right now. But it’s like… it’s intrusive and really going further than the client would want you to go. And you can do so because they don’t have their guard. But it could also do them good.

Yeah. Yeah, so it’s not quite abusing because it can…

It’s not quite… but it’s somewhat similar but a little, ah… yeah.

Yeah, I’ll look it up.

Well you use this word actually in sexual abuse. That would be, ah… so maybe abuse is the best word we can find. Yeah.

Yeah, that’s good.

So it’s not just when the music is very quiet and very intimate, it could also be there are boundaries at the other end of the spectrum as well. That you have to be aware of. You have to be a lot aware, don’t you? All the time.

You do, don’t you. Lots of things really.

Yeah, yeah. Lots of things going wrong. Could go wrong, potentially.

Yeah, definitely. And I think that’s why I’m really interested in how the music, those experiences umm… what you’re doing in the moment in those experiences in managing that and keeping it safe, and…

Actually a lot of the times I find that the clients are keeping itself themselves… are keeping it safe themselves.

Keeping it safe. Yeah.

Because they would maybe without even thinking about it, maybe without even knowing they would do something in the music to say “oh, don’t feel right. Can you just ah… do something around over here and…” or some evasive measures that would alter their playing. So it… but they wouldn’t do that if you seduce them into it or manipulate them into that place. But sometimes… very different from client to client, but some clients feel “mm… not comfortable, no”. Just… Or even sometimes you get people in to your clinic where they’re very good musicians, but they have a hard time improvising in this special way that we do in music therapy. Then you can… then maybe they learn that… you teach them or you train a little bit with them “oh you can just… doesn’t matter. Doesn’t have to sound good, just follow how you feel. Try to play that. Close your eyes.” All that stuff. And then sometimes you can hear them go back to playing the safe things and the 2-5-1 chord progressions, and “OK, don’t go there, don’t push”. It’s like a sign “this far, no further”. Or a “give me a little time, I just need to think this through… or come to terms”.

Yeah. Like you say, the music provides another way for them to tell you.

Yes, a lot of information in the music or them playing. But sometimes you can get so absorbed in the music that you don’t know “has this really been 30 minutes? What happened? Where did we go? Are we still alive?” It could be a very profound experience and of course you would lose your guards and your sense of what is going on. So that’s the therapist’s job to do that.

Yeah.
But how do we do that? That’s what you want to know – how do we do that? Well it’s… again it’s gut feeling and intuition. When to push and when to withdraw, and when to challenge and when to nurse, and when to provide a safe environment or a blanket or a… I mean you could probably analyse 10,000 session and say “this is what’s going on”, but I can’t tell you when I choose one over the other. It’s really a lot of intuition, a lot of gut feeling. And some experience as the years go by.

Yeah. Definitely.

Yeah. So as the years go by you’d come to… maybe you’d… “I can get this feeling ‘oh, I’ve been there before, what was it all about? Oh, yeah now I know’”. So that’s where the experience would help me. But most of the time I just try to feel what is going on, and listen to the music and also the transference and counter-transference gives me a lot of information about what’s going on. And is it safe to move on or should we take one step back and… or should we just leave it here and contain it and say “mm… nice work today, let’s stop it here”.

Yeah. So it’s like you’re super-aware, isn’t it?

Yeah, yeah. You have to be. But then again you have also other types of sessions. I have… sometimes I have people just want to play music, as in music. And that’s how far they’re going to go that day. So then you work with them maybe playing a piece or a song, or… and even though it could be a Beatles song or whatever… it still tells you a lot about the client, how does he or she feels, what’s at stake here. So you still have to be super aware of that, but also accept that today this is… this is what I want to work… you know, the way I want to work today, and this is how far I can go. I had a student at one point said “well why don’t you teach me some guitar things because I need that” “yeah, ok, let’s do that. So let’s play some guitar.” So sometimes it’s just another way of saying “don’t really feel that safe today, so could we just…” And sometimes you need to put the finger into… what do you say… to like… if you have a knife and put it into a wound. Or…

Oh, add salt to the wound?

Add salt to the wound. Sometimes you… if you get that feeling, is it “no, not going to let you go and slip a… get away with this. No, not going to happen.” Or you say “certainly. I was actually thinking the same thing. I had that feeling too. Maybe we should play a little beat today”, or whatever. Yeah, but most of the times you improvise and it’s so rich with information. And also the images that come… because I’m also trained as a JM therapist… feelings, transference, counter-transference, images that might come to me. Might… I’ll ask the client afterwards “I had this image of this beautiful….” whatever. “How does that fit with your feeling or your ah… the way you experience the music?” “Oh, actually it was foggy.” “It was foggy? OK.” So that adds another dimension to the music. Or “I don’t get pictures or images, I never get images, I never even dream.” OK, back off.

Yep. They let you know don’t they.

Mm, yeah.

Yeah, that’s really good. That’s definitely gone into the areas that I wanted to go into, so…

Good, I’m glad.

Yeah, if it sort of makes sense for you, I mean I’ll try and summarise a bit just to see if I’ve got it kind of how you were saying.

Yep.
Umm... So I guess looking at the musical intimacy idea you’ve said music is very powerful and it can also... so it can be quite vulnerable for the client, especially when using the voice as well. You kind of... the... not manipulative, but it can sort of be that inviting them in, or something...

Both ways.

Both ways, yes. Which can lead to some boundary issues if not... if you’re not aware of what’s going on and you don’t address it. I think I get the sense if a... sort of a boundary issue or something comes up from the music or around in a session you bring it up and you would address it. And that’s umm... work through it that way.

Yep. Except after we’ve said our goodbyes... like they pop a rose on you.

Yeah, except when you’re surprised. Yeah, that’s right. But then maybe in that sense then you would use supervision to help you work through something like that. Yep, umm... which is a strategy which I think all participants have said they use to manage boundaries, so umm, it’s definitely come up.

That, or the church.

Yeah, whatever works. Umm... but I guess probably the main thing is that it’s your work, and I mean your work is sort of tied up in how you approach boundaries, but it’s intuition based. And that it’s different every time. And you are looking for cues and assessing all the time in the moment, but also checking in with how you’re going with it and what you think maybe the client’s feeling and if they need more. And if you get to a moment where it’s... you feel they’re really vulnerable or they’re at that place then it’s... it seems like you tread very carefully there and think about whether you’ll go a little bit further or perhaps you need to pull back...

Or just stay there.

Or just stay there, yep. Yeah, so I think that really kind of covered a lot of the things that I’m looking into... is how we manage some of these boundary issues that can come up in the music. Yeah, I mean is there anything else you wanted to add? Is it... Do you think I... Does that sound like what you were trying to say?

Yeah, yeah. Exactly. All of the language is much better when you say it.

Is it?

It’s more fluent. Yeah, no. I think it covers it. Yeah. I think so.

Good. I think... well that’s been an hour, exactly.

It has?

Yep. It goes quickly doesn’t it?

I think I was seduced, or manipulated, or...
Interview two

Laura
Alright so did you have any other questions or anything about the plain language statement?

Participant
No I’m happy that’s fine.

Laura
Cool. Alright so I just wanted to get a bit of background information, umm, so if you could just explain where you work currently and what’s your area of practice?

Participant
OK. Umm My area of practice is forensic psychiatry so I work in a facility that’s a secure faculty, for adults who’ve committed crimes and who also have mental illness.

Laura
Cool and is that, have you working in other areas previously?

Participant
Yes, I’ve also worked in adults with intellectual disability. So I worked at a day service for adults with disability. And I’ve also worked in stroke and umm, orthopaedic rehab, so I’ve done a little bit of that as well and I done a little bit of special school, kids with disabilities, so typical music therapist a few different things but I’ve kind of landed in forensic mental health and it’s stuck for me.

Laura
Yeah, yeah you’ve been there for a little while?

Participant
Yeah I started, I worked in forensic mental health when I was in Canada, so that’s where I was first exposed to that population and that was in 2005, I think I started working with them, so nearly ten years.

Laura
Yep. Yeah cool. And um how long have you been a music therapist?

Participant
15 years this year.

Laura
Yeah.

Participant
It’s exciting, it is (laughs)

Laura
Yeah (laughs). Nice, cool. Well that’s a bit of the background, so what I’m really interested in is this idea of musical intimacy and what it might mean in practice and in regards to boundaries. So if you could just think about what musical intimacy might
mean in your practice um and just describe a bit about that for me.

Participant
Ok, what it might mean in my practice. Well, given, given the area that I work in the people are particularly vulnerable because they have mental illness, also vulnerable because they are in the criminal justice system I’m very aware of boundary issues in terms of intimacy, friendship vs therapist, that kind of stuff.

Laura
Yep

Participant
However when I say that, I actually don’t like to be very boundaried with my patients. I like to be able to be myself and not be a distant, cold therapist, inverted commas type of professional. So I find that I really need to balance those two thoughts very well and I think a lot about it in terms of ethical practice and boundaries and things and I’ve done a lot of reading of boundaries and ethics and those kinds of things. So, yes, musical intimacy, in terms of music I guess, I think in our society we put musicians up on a pedestal, we tend to think that musicians are pretty good and so that definitely follows through into my area I’ve had so many people say to me “oh you should go on Australian idol” you know those type of programs so they tend, the patients tend to, tend to, have, I mean this is why we do music therapy right because we have a connection with people so patients tend to to, to be more familiar quite quickly with me, I find.

Laura
Yep.

Participant
They find it very easy to relate to me because I’m a musician they can talk about something, and so that intimacy, that, that level of relationship is something that is easily achieved, and again that’s something that has to be managed in a setting where we need to be very sure of our boundaries.

Laura
Yep.

Participant
So, yeah is something that I’ve definitely thought about a lot in my setting.

Laura
Yeah. And umm, can you think of any examples of what it might look like? Do any clients or situations come to mind when you’re thinking about it?

Participant
Situations where the boundaries have been not what they should be?

Laura
Oh, more with musical intimacy. Just umm, I’m just sorta interested in hearing a description of what it actually kinda looks like or what your experience of it could be.
Participant
Umm, (pause), well I guess there’s, I mean when I think about it like that there’s two different areas, there’s an emotional kinda intimacy and a connection, but there’s also, unfortunately, or fortunately because we are physical people, physical intimacy as well in terms of that.

Laura
Yeah.

Participant
So in terms of emotional intimacy I think what that is for me is the meaning of the music different for everybody and sometimes if I, if we’re doing a particular song, one of my patients might burst into tears, male or female, and to me that’s an intimate moment because I’m, I’m performing a piece of music or we’re singing together a piece of music that has had a very strong impact on that person, and so to me that is a very intimate moment, it’s an emotional moment, emotional connection between myself and that patient, and that patient and the group, and the members of that group.

Laura
Hmm, yep.

Participant
So, that is something to take into consideration we always have to work on that obviously afterwards, we can’t just go oh, oh well you had a cry, you know so our skills in terms of managing that intimate emotional connection are important is what I’ve found.

Laura
Yeah.

Participant
There’s one example of the emotional kind of connectedness, I mean the other example is other types of emotions like anger. I’ve had to deal with, umm, I guess musically induced anger when someone’s very angry about a particular thing and maybe the music sets them off or reminds them of some kind of trigger there, so there’s sadness and those kinds of emotions but there’s also anger and that kind of thing, that is also tied into the music I think.

Laura
Yeah.

Participant
Um, in terms of physical intimacy, um, people with mental illness sometimes don’t have a great deal of self-control, or a great deal of understanding of their actions and so I have had, and one particular time I was playing and singing and a gentleman came and sat very close to me with his leg touching my and he put his hand on my knee.

Laura
Hmm.

Participant
And that was a very intimate gesture and was something that I had to deal with quite quickly and very strongly with the team of people on the unit because that kind of behaviour obviously is unacceptable in the kind of area that we work in.

Laura
Yeah.

Participant
And it didn’t make me feel very comfortable, but at the same time I tried to show compassion to the person and deal with those emotional, emotional ramifications of what he felt was, what he felt was a good thing, to come to terms with that not being a good thing and he was really very upset that he had done the wrong thing, so those, that’s what I mean about musicians being held in high regard, you know what I mean people think it’s lovely, maybe even sexy that you can play and sing I don’t know, ahh, yeah so those type of issues have come up for me. The emotional intimacies and the physical intimacies, is that what you kinda wanted?

Laura
Yeah, definitely. Yeah that’s stuff, that’s stuff that’s kinda come out of some of the literature that I’ve read as well

Participant
Oh good.

Laura
Umm, yeah so I’m definitely interested in that idea of the emotional intimacy through music

Participant
Yeah

Laura
What kind of implications that has for boundaries.

Participant
It’s hard to quantify isn’t it, I mean to quantify how it was emotionally intimate (laughs)

Laura
That’s right, yeah (laughs). It’s really hard yeah. Um and I guess also the physical intimacy as well, I mean touch is a big, a big topic in boundaries really.

Participant
Absolutely.

Laura
Umm, yeah so I guess maybe you could just explain a bit more about in terms of the
physical intimacy and umm, how you approach it and what kind of things you do to
to kind of ensure that you’re comfortable and you’re boundaries are maintained.

Participant
Yep. Absolutely. Umm every, I mean in the, my work place all staff members are
different an all patients are different. So when I take into consideration what I’m
comfortable with, I have to take into consideration the patient’s level of comfort.

Laura
Yeah.

Participant
Having said that there are obviously some hard and fast rules. No sexual relationships
with patients and I have to tell you it does happen.

Laura
Really?

Participant
Yes and more often than you would think.

Laura
Wow.

Participant
Staff usually female staff members and male patients. It’s, it’s frighteningly more
common than I thought it would ever happen, but it actually does happen.

Laura
That is so interesting.

Participant
It is yep. Physically intimate relationships do happen between patients and staff
members and obviously it is a very difficult thing and is dealt with in a different way.
So you know the hard and fast rules about that, about um the power differences
between patient and therapist and staff members and all those things aside, generally
day to day physical contact a lot of people will recommend to not have any at all. To
not shake a patient’s hand, not put your hand on a patients should if you’re
discussion something or as a sign of comfort, umm, so yeah a lot of staff in my area
are not comfortable with any of that.

Laura
Yep.

Participant
Umm, however like I said earlier I want to be a person first and foremost, before I’m
a staff member before I’m a therapist before I’m any kind of other role I wana be a
person. So I made the decision for myself that I’m happy to shake hands with patients
and that I will offer a degree of physical contact, as it’s warranted, but in open public
areas of the hospital, that other people can see what I’m doing and I’m completely
transparent in the way that I’m dealing with people.

Laura
Yep.

Participant
I, believe that the people in our care are starved for, affection…

Laura
Hmm.

Participant
And I don’t think that’s good for their mental health, I don’t think it adds anything too that so if I can in some small way that there is still a human being and their valuable in some way, I’m not gonna, shy away from shaking their hand. I think it’s a very simple thing, but I think in my practice, and in my… being a person, it’s important to me to do that, so, in saying that I have to manage those boundaries and I have to have to say yes shaking your hand for an appropriate, socially appropriate amount of time is good, the next you know where’s my line, you know where do I draw that and you know sitting next to me with our legs touching, that’s not appropriate.

Laura
Yeah.

Participant
So I know where my boundaries are, whenever I have students or I’m, I’m supervising other music therapists, I always tell them they need to know where there boundaries are ahead of time before something happens.

Laura
Hmm.

Participant
So, so yeah I, I take a lot of time to think about that and I manage it actively in my practice.

Laura
Hmm and is that, how do you find that, managing that, what kind of a process is that?

Participant
It’s a lot of reflection. So my own reflection but then I’ve got supervision so managing those things is always in my own supervision that I have to bring those things up to my supervisor, either my work supervisor or my private supervisor that I have externally, umm, and reading you know reading about ethics, reading about how other people, umm, do that and how other people view that, and there are actually a lot of, there’s actually a series of books about forensic work and there’s one about boundaries, yeah.

Laura
Yeah.
Participant
So um, so there’s some good stuff out there that we can access for that. But I think yeah it’s important to think about that and yeah you can’t just not think about it and wait till something bad happens and go holey crap what do I do now and you think about it at the time and you can go, oh ok I’ve thought about this situation and I know what I’m going to do and I know what I know where my line is, I know where my boundary is and those kinds of things.

Laura
Yeah.

Participant
And so you, we do need to be careful especially in a legal, forensic mental health kind of place, you just don’t know what allegations can be brought up or things like that so we need to be careful, but I don’t think we need to be robotic and cold, I think we can still be careful but still be music therapists and people and human beings that can, show what, show what we mean to each other, as human beings rather than just, blocking it off and just saying I’m delivering you a service and that’s it, we don’t have any further connection as people.

Laura
Hmm.

Participant
Does that make sense?

Laura
It does.

Participant
Alright.

Laura
It’s interesting and it’s umm, yeah I think a couple of things came through, it was like keeping a bit of myself in my practice, keeping a personal kind of approach in there. So I’m just wondering how you, how you balance that? The kind of clinician and the, touch questions but,

Participant
It’s hard, it is hard. And but it is all stuff that I’ve thought about so that’s ok. Umm, I will it’s like I said I think about it ahead of time and I know that patients are going to ask me questions, so I know that I’m gone, I’m happy to tell them that I have a son and a daughter, they’ve seen me pregnant, they know that I’m not going to lie. Some patients, some staff don’t tell patients that they have children, they don’t tell them if they’re married or not they keep everything very very quite. I even know a woman who is a psychologist who, sorry it’s a bit off topic perhaps, but she’s a psychologist she doesn’t have her name on the mortgage with her husband.
Laura
Hmm

Participant
Because she doesn’t want her name on the electricity bill or the mortgage she doesn’t want her name in any kind of public arena just in case one of our patients finds her. So that to me is at the extreme end of one end, having a physical relationship with a patient is the extreme end at the other end and I like to think that I’m somewhere in the middle and I think about, I think about when the patient’s ask me where I live I tell them I live about an hour away, a long way away.

Laura
Hmm.

Participant
And when they ask me about my kids I’m happy to tell them my kids first names and how old they are and a few of the bits of pieces about them. Because… it helps for me to be a real person and for them to connect with me.

Laura
Yep.

Participant
Umm, you know I don’t tell them what kind of car I have, I don’t tell them what suburb I live in, I don’t tell them you know what I’m going to do necessarily on the weekend, but I do, I am happy to give them some idea of who I am to help with that therapeutic process and with being a human being, I keep saying that but I think it’s so important.

Laura
Yeah.

Participant
And I think when you’re in a different um, a different clinical setting it’s easier to be a bit more relaxed you know, if you’re in a kids hospital you don’t feel that oh you talk about your kids maybe and it’s in context and it makes sense and you don’t feel that sense of, (sharp breath in), I can’t tell you this because you might do something to me, I think there’s a little to much of that in our work I think we’re much more likely to come across a bad guy outside somewhere than the people we work with.

Laura
Hmm.

Participant
But yeah I do manage it and I do think about it ahead of time that’s my main thing is, cause you can get caught people, I’ve had students do that, ah a patient has asked them something and they just blurt out the answer, because they, that’s how you are, people are friendly and if ask me a question I’d just tell you because I don’t have any concerns about that so I always talk to students about that making sure they think ahead of time about where your answers are and where your line is. You know what
are you happy to tell them what are you not happy to tell them.

Laura
Yeah.

Participant
So, it’s a lot of reflection a lot of deep thinking and planning and just, having things in your mind, I guess and not ignoring them and not being too scared not being overly scared and not being able to do your job because you think oh my god I can’t say or do anything, cause that’s not productive either (laugh)

Laura
Yeah. Cause it sounds like in your context there’s almost like a lot of fear, just a lot of that’s really impacting how people work.

Participant
There is. There is a lot fo fear and it surprises me because I think why are you working with this population it seems like some of the staff are fearful to the point of where I’m not sure how effective they can be, as therapists, but perhaps they work in a different way you know, I know a lot of psychologists all they have time to do, is do an assessment and make some recommendations and that’s it so they don’t necessarily develop that more ongoing therapeutic relationship.

Laura
Yeah

Participant
With the patient and perhaps that’s fine to have that, but I still think if your fearful of someone that’s going to effect how you assess someone and how you recommend services for them. So my personal opinion is that I wouldn’t be somewhere that I was afraid of people cause I don’t think that I could do effective work.

Laura
Hmm.

Participant
But there it, there is fear. And maybe some of it’s founded, and I’m not afraid but I’m alert to the possibility of something happening. I keep it in the back of my mind and I know it’s, there is a possibility but I prefer to keep it in the back of my mind and not have it rule what I do and I work from a place of, of umm, hear and now and of comfort and of trust and I don’t I can’t do my work any other way.

Laura
Yep. Yeah, oh and it’s interesting and it umm, yeah the words like I’m alert and you’re kind of aware and know what your line is seems like you’re very, yeah you know how you work, you know how you want to work, you know your boundaries.

Participant
Yeah.
Laura
So I’m wondering how you got to that place, like

Participant
I knew you were going to ask that next (laughs)

Laura
(laughs)

Participant
Ok, yeah, yeah. Umm, I, when I first started working in forensics I’d never worked in mental health before, the only experience I’d had was with kids and adults with intellectual disabilities.

Laura
Hmm.

Participant
That was the only experience I’d ever had as a music therapist for three or four years. And I got offered this job, it was just a four month locum at a big hospital in (Canada). And it had a low, a medium and a high secure section for forensic patients. And it had, and it had a whole other section for regular kind of acute, it had a drug and alcohol and mental health 28 day program. It had a, it was the most comprehensive mental health hospital I’ve ever seen. It had a special program for long-term rehabilitation, it had a special program for people with an intellectual disability and it had mental health, so it had a fantastic, so I worked across all those different ranges. And the people that, the people that hired me were so funny they said aww look, do ya want to just shadow for the first few days. They knew right, they know that the work is difficult and doesn’t suit everybody and here I came in and you know I never had any mental health experience and I’m gona start this thing. And so their caution kind of tipped me off and I went Ok, I really need to get myself straight with this so when I first stared I had lots of questions,

Laura
Hmm.

Participant
But I didn’t have a therapist, I didn’t have a supervisor because the person I was replacing had gone off obviously for four months and I was replacing that and I was in a rural area and there were no other music therapists in the area, so I did a lot of self supervision, at that point that’s what really got me interested in supervision I guess

Laura
Hmm.

Participant
And I thought to myself, you’re going to have to think about this before you go any further. So after the first couple of days of seeing the environment, especially the high secure environment, that was the biggest challenge.
Participant
I thought to myself, ok, how are you going to do this work. Like the same question you asked me, how do you do this work, and so I said to myself, I sat my self down literally and I said ok, how are you going to approach this?

Laura
Yeah

Participant
Because if you approach this in a from a place of fear, if you approach this umm, being constantly worried about what’s going to happen to you, or if you approach this from a personal place of how terrible these people are because of the fact that they’ve killed x, y and z people, You’re not going to be able to do effect work and there’s no point you being here.

Laura
Yeah

Participant
So I think ok, so what’s my answer to that? And my answer is I need to separate myself as a regular general person in the public, like and as a therapist. And if I think about it as a general person, I wouldn’t want to spent time with the people that I work with, probably, because most of them have killed someone.

Laura
Hmm.

Participant
Some of them have killed someone they love close, and most actually most of time it is someone that’s close to them.

Laura
Yep.

Participant
And so as a person without any background in therapy, without and you know as an average Joe, I would think, I don’t want to have anything to do with these people they’re terrible people. OK, put that aside.

Laura
Hmm.

Participant
As a therapist, I know the reasons behind what they’ve done.
Laura
Hmmm.

Participant
Mental health is, is a major factor and that’s why they’re in this situation in the first place. As a therapist, I’m not the judge and jury it’s not my role to judge these people, it’s not my, it’s not my role to condemn them, it’s not my role to have any opinion really about their past and what they’ve done. None of that really matters to me as a therapist.

Laura
Yep.

Participant
What matters to me as a therapist is taking them today, and helping them to be better tomorrow and into the future.

Laura
Hmmm.

Participant
So that’s my little discussion I had with myself and say how am I going to work effectively in this environment cause I don’t want to do this and not be effected by this, I want to be able to do a good job.

Laura
Yep.

Participant
So that’s what started it all I kinda went ok I need to know, and need to wana do this, and I still do that now I still have to do that everyday almost, cause something will come up.

Laura
Yep.

Participant
Another thing that was interesting was that the music therapist that I replaced when I was in (Canada), he had a policy of not reading the patients notes, at all. So he wouldn’t know what they’d done, what their illness was, what their background was at all. And he explained to me that that was for that reason that he was taking them as a blank canvas as of today, whatever he learnt of them as of today and then he would go forward.

Laura
Yep.

Participant
I, I didn’t feel comfortable with that from a security point of view just to know, (pause), I don’t know, if the person killed their mother, I’m not going to sing a song
necessarily suggest a song about mothers love or anything like that an just so that I wouldn’t say something stupid.

Laura
Yeah.

Participant
If I knew what had happened in that persons life so if for me, I made a decision that I would read the patients notes and I would be fully informed about them so I could help them in the best possible ways.

Laura
Yep.

Participant
So I made a decision that that was how I was going to work and I still, and I still do that. But it amazes me, and this might not be on topic either, but it amazes me in my work context how many of the staff don’t do that. They don’t have that unconditional positive regard they work form a place from these are bad people that kind of personal place o these are bad people an they don’t deserve x, y and z.

Laura
Yep.

Participant
And I walked into the staff area one day and I said ahh, you know, Joe Blog so and so he’s such a funny guy, I really like him you know talking about a patient, cause I genuinely do.

Laura
Yeah.

Participant
And the nurse snapped and me and said, oh you wouldn’t say that if you knew what he’d did. And I said, well I know full well what he did, and this particular person was a paedophile unfortunately and it was a very sad case, as a mother, it makes me sick, but as a therapist, non of my business.

Laura
Yep.

Participant
You know it’s the therapeutic; it’s something that we talk about in therapy but it’s nothing personal to me.

Laura
Yeah.

Participant
Umm, and I said to this nurse well I do know what he did so, not my role to judge,
you know, that’s not what I’m here for and he was all, grumble, grumble, and it just
shocked me that someone, you know, it doesn’t shock me that someone’s different to
me of course, but it just shocked me that you can work in that situation and appear not
to have any compassion or any professional kind of mindset, rather just bring all that
personal emotional stuff in, I don’t know I couldn’t understand, I couldn’t do a good
job if I did that I have to, I have to umm, I bring in some of my personal stuff
obviously

Laura
Yeah

Participant
But I don’t bring that. That’s not my job.

Laura
Yeah.

Participant
So yeah that’s how I kinda came about it I just sat my self down and I said right
you’re going to have to think about how you’re going to do this cause this is serious
and you can’t just la-di-da walk on in and do the job.

Laura
Yeah.

Participant
And to be honest I think I would do that in any situation because if I worked in aged
care I would have particular counter transference issues about old people, because
I’ve had old people in my life that I’ve loved and they’ve died and that sort of stuff.
So I think my case is maybe an extreme example of that, those boundary discussions,
you have to have in your head, but I think in any situation I would still have that.

Laura
Yeah.

Participant
How am I going to do this work, ok what issues do I have about it, how am I going to
separate the personal stuff from the professional and how much is my professional,
my personal life do I bring. How to balance that.

Laura
Yeah. Oh it’s interesting, and I think what it sounds like to me is yeah you did sit
down and you’ve kind of worked out a way of keeping yourself here (actions), and
your professional self (actions) but it’s still had little bit of yourself here (point to the
professional) because, I guess yeah you don’t want to appear to clinical I guess would
be the word with the client,

Participant
I don’t.
Laura
No.

Participant
Some people do, some people, I know some music therapists that do, are very clinical and they don’t reveal anything, of their personal selves and that’s fine, you know. We’re all different people therapists work in different ways, I, I personally don’t feel comfortable working in that way and touch wood, so far, it’s worked quite well for me yeah, and actually one of the measures of security in, in a forensic mental health situation is relationships.

Laura
Hmmm.

Participant
If you can have a good relationship with someone the hope is that that will mitigate any type of umm, any type of bad stuff that happens, and of course you can’t prevent all bad stuff from happening but I think a good relationship with people, respectful, trustful, open relationship with people, patients, umm goes a long way to help security measures, so again it’s that balance between an open trustful, you know, umm a transparent relationship with your patient

Laura
Yeah.

Participant
And not revealing to much of yourself in terms of risk.

Laura
Yeah, yeah I’m hearing that word balance a lot,

Participant
Balance, yeah

Laura
It’s a balance, umm between a lot of things really. How you’re going, what you’re feeling, that reflective work as well,

Participant
Hmmm (agreement), so important

Laura
The responsibilities or the context, the influence of the context and everything.

Participant
Yep. There’s responsibility, like responsibility is a good word because what I, how I see it in terms of ethics, and this is how I’ve even worded it in some of the things I’ve written, that, as music therapists we have responsibilities to all different agencies. Ourselves, our profession, umm
Laura
Yep

Participant
The place we work for, our patients. We have responsibilities in all those areas, and we need to balance, again we need to balance what is best in any given situation for all those different areas even when we’re thinking about ethical considerations and in boundaries of course is a big, big ethical consideration.

Laura
Yep.

Participant
So responsibilities is a very good term to use.

Laura
Yeah, oh that’s very interesting in your work. You’ve definitely got a lot of boundary things to come into so,

Participant
Yeah (very agreeing) absolutely, well there’s been yeah, I mean there’s been situations where staff have been sued and or charged by patients. Patients have alleged that staff have touched them or done something to them. And weather those, weather those umm, allegations are true or not I don’t know, but it does happen sometimes false allegations happen by patients because they need to get what, what they want and they do things, you know, you know and it’s a shame to think that of patients but sometimes they lie.

Laura
Hmm.

Participant
And you know I have unconditional positive regard but as I say I have that alertness that things aren’t always as they seemed, people aren’t always going to do the right thing.

Laura
Yeah.

Participant
So.

Laura
And maybe the umm, being a bit roe personal with the, the clients, or patients

Participant
Clients, patients doesn’t matter

Laura
Umm, is maybe a little bit of a protective factor for yourself in that way. You said that
obviously the therapeutic relationship is very important if you have a good kind of relationship with them there’s less likely that some of that stuff will happen

Participant
Yeah, yeah I believe that, very, very strongly. There was a story when I was in the other place in (Canada), where there was a, one patient who was absolutely beating up another patient like there was no tomorrow, and there was people rushing from everywhere trying to pull him off and whatever. And this one nurse, who had, who knew this patient very well, happened to be walking past. He wasn’t involved in the kafuffle but, this patient was pounding into this other patient and there’s people running an whatever and this guy, his name was (Doug) he was fantastic, fantastic nurse, he happened to walk past the guy that was pounding this other guy looked up from what he was doing and said “hey Doug” (light-hearted) “how’s it going”, (laughs) and Doug’s like “hey…” and this guy continued to pound this other guy.

Laura
(laughs)

Participant
So to me that’s an example of relationships. You know in all that craziness and chaos and whatever else he was feeling at the person he was pounding he could stop and say something appropriate to the person he had a really good relationship with.

Laura
That’s amazing.

Participant
So appropriate, respectful relationships, that’s the cornerstone of the work that I do and I try to, I try to always make sure that that, happens. And integrity, so professional integrity and personal integrity as far as you can umm, you know I obviously things that are important that patients tell you know, I have to pass that information on. And even if they say to me “please don’t tell anybody” I have to say look I’m sorry I’m part of the team.

Laura
Yeah

Participant
So those disappointments and things, are things that need to be managed within the relationship, so.

Laura
So, yeah, it’s all very interesting stuff

Participant
Yeah, yeah that’s good, it’s different isn’t it.

Laura
Yeah it’s great, and I think it’s really highlighted, you know by your context but also the reflective practice that you do and umm, you mentioned briefly before about
umm, I think it was that feel supported by sort of theory and looking and reading and that sort of stuff,

Participant
Yep, yep.

Laura
But also supervision. So I guess maybe you could talk a bit about supervision in regards to boundaries?

Participant
Yeah, sure. Yeah, yeah. Absolutely, umm, in supervision, in my supervision I just feel like it’s something that I can bring whenever I need to in my supervision. Obviously there’s not always boundary issues that I need to bring up.

Laura
Yeah.

Participant
But it’s just, cause you’re not, umm, objective when it’s your own situation it’s your own client therapist relationship. So when I have a decision or a, a situation that has come up I always try to bring that up with someone else because they’re more objective, they’re not in the situation not in the dyad of the relationship.

Laura
Yeah

Participant
And I can say look form my perspective, this is what’s happened, this is what was said, this is blah, blah, blah, how it all went, umm, and then I can ask the opinion of another trusted therapist or trusted supervisor, whoever it happens to be, it can be just informal supervision and say you know this happened and I didn’t feel good about it can you give me your perspective.

Laura
Yep.

Participant
Umm, and I think part of that is being honest with yourself and being open enough to say you know what I don’t think I did the right thing here or I’m wondering what I should do here. Umm I wana make sure I do the, the best possible thing in this situation. So for me supervision, whether it’s formal or informal in that it’s so important because I’m not objective I’m in that situation so just having that, outside pair of eyes and a person who’s not emotionally involved or personally involved in that, that relationship is so, so important.

Laura
Hmm.

Participant
And in terms of when I provide supervision that’s something that I always ask, “is there anything you feel like you wanna ask in terms of your relationship with your client or how you’re going”, depending on the context so,

Laura
Hmm.

Participant
I don’t know that’s what music therapy’s all about isn’t it the relationships, so

Laura
Yeah.

Participant
It doesn’t surprise me that it comes up in supervision a lot (laughs).

Laura
Yeah (laughs). But yeah, oh well it sounds like the way that you, manage your boundaries is that you’ve got the supervision, you’ve got your reflective stuff, knowing yourself and then a bit of the theory and reading

Participant
Hmm (agreement)

Laura
Would you say that kind of covers how you, maintain boundaries?

Participant
Yep. That really covers it yeah, I think that’s um, that’a lot of it and I think you’ve picked up something that’s important is knowing yourself. Really you gotta know yourself and you gotta know your own levels of comfort.

Laura
Yeah.

Participant
You gotta know your own responses, your own emotions before you can go about doing any kind of work. Especially perhaps, the more ah challenging psychotherapeutically type of work.

Laura
Yeah.

Participant
Yeah umm in mental health, but umm, yep that really covers it.

Laura
Hmm.

Participant
And I hadn’t really thought of it like that in terms of oh look at all the things I do to manage my boundaries but it is, there’s a lot of stuff

Laura
There is, yeah, yeah.

Participant
Yeah. It’s complicated and it’s important.

Laura
Yeah definitely. Yeah and I think that idea of knowing yourself is quite interesting and I guess from some reading that I’ve looked at it’s sort or you know maybe values, or it’s a cultural thing or something like that. I mean could you reflect on where you think that,

Participant
Knowing yourself…

Laura
It’s a tough question.

Participant
It is a tough question but it is, it’s self-awareness is something that I have thought about in the past, especially perhaps in my own personal relationships with other people. I always can recognise in other people, and think “aww god you’ve got no idea about yourself”. You know when people are not self aware?

Laura
Yep.

Participant
And they’ve got no concept of perhaps how they’re impacting others,

Laura
Yep.

Participant
That’s a big thing for me, being aware of how I’m impacting other people, and as a therapist obviously I do impact people, so umm, yeah I’ve thought about self awareness in terms of personal life and professional life, but I don’t know where that comes from in my life like I don’t know if it’s a cultural, or if it’s just an in-patient thing that I, that I’ve just though this is important for me as a therapist.

Laura
Yep, yep.

Participant
That’s very interesting. (pause). I think my experiences as a music therapy student might of really impacted me.
Laura
Yep.

Participant
I found that my supervisors worked from quite a different place to where I worked from.

Laura
Hmm.

Participant
So I became very aware of, how I wanted to be as a supervisor. Like you know how I wanted to be as a supervisor, you know my supervisor experiences were fantastic in a lot of ways, but also I came away thinking gee I wonder how I’m going to be as a supervisor, I wonder how I’m going to impact other people and that’s where my interest in supervision has come from and my interest in being professionally self aware, and professional aware of my effect on other people and how I need to change myself, to suite, either my patient or my supervisee.

Laura
Yeah.

Participant
To make the best of that relationship that I need to be aware of what I’m doing an how I’m impacting on people. So I think, rather than a cultural or a social, thing for me I think my experience as a student and a supervisee have influenced now how I, how I go about supervising.

Laura
Yeah.

Participant
And how I go about my therapeutic relationships.

Laura
Yeah

Participant
I’ve never really thought of that but I’ve always, I value being self aware I think it’s very important thing in personal life as well.

Laura
Yeah, yeah.

Participant
Hmm, that’s good. It’s good to think about (laughs).

Laura
(laughs) Well I mean I guess it makes sense in a way, it’s the first time you’re really exposed to being a music therapist
Participant
Yeah, yeah.
Laura
So… I guess it kinda makes sense of that stuff of knowing who you are in that setting, would start when you’re a student.

Participant
Hmm (agreement). Yeah, yeah… yeah. Just noticing the different impact that different supervisors had on me and my learning, and noticing how ah, umm, how you know their methods and the way they did their supervision suited me in situations or didn’t suit me in situations, is the interplay of that relationship with supervisor, then made me think, oh I wonder how I can maximise myself as a supervisor and make sure I’m doing whatever I can to meet my students needs. So it was good, it was a good experience.

Laura
Yep.

Participant
Not only to learn how to be a music therapist to learn how to manage that relationship between yourself and other people that you’re working with. Hmm.

Laura
Yeah, it seemed like that sort of impacts, yeah maybe how you work as a music therapist as well and in that is all the boundary stuff too.

Participant
Hmm (agreement), hmm, absolutely. Well I mean there’s boundaries between supervisor and student; you know all those types of things as well so I mean that has impacted me, being aware of, what my boundaries are and how that’s effecting other people.

Laura
Yeah. It’s good. Yeah well that’s definitely covering some interesting stuff, umm, just move back a bit into the musical intimacy stuff, and umm, maybe you could think about umm, I’m really interested for music therapy that we’re kind of, relying on theories from other professions about how we manage boundaries.

Participant
Hmm.

Laura
So I’m interested in what might be some of the challenging aspects that come out of this musical intimacy or just using music in therapy.

Participant
So you mean music specific things that aren’t in the literature form other professions?

Laura
Yeah so I think there’s the musical intimacy stuff, and you’ve already talked a little bit about some of the boundary issues with that.

Participant
Yeah, yeah.

Laura
But then maybe how, when you have those moments within your therapy overall how does that impact your boundaries overall?

Participant
Oh I see what you mean, so how does the musical intimacy impact the musical intimacy impact the relationships in general.

Laura
Yep.

Participant
Ok. That’s a good question. Umm, well I think… having those moments, like we talked about perhaps someone becoming emotional or happy or you know whatever the situation is, I think that serves to deepen the relationship.

Laura
Yep.

Participant
Between the therapist and the patient because we share an experience. Perhaps the patient thinks that I know how they feel or that I’m able to effect them in some way musically umm, so what I think happens is, that it will deepen the relationship and make it more solid, the, the fact that we’ve had those umm, that we’ve had those intimate encounters through the music,

Laura
Yep.

Participant
Which can you be a good it can be not so much a good thing.

Laura
Hmm.

Participant
Umm, it can be a good thing for therapy if people feel like they’re more connected to me perhaps they feel like they can talk a bit more about things and if they feel like that relationship, is a, is a solid one.

Laura
Yep.
But, it could go the other way were they’re perhaps too familiar we’re they’re thinking perhaps because we’ve had these intimate encounters we, because we’ve had these deep connections maybe that gives them permission to be more familiar with me, than I would perhaps like.

Laura
Yeah.

Participant
And that, and like I say, that happened with this gentleman who decided that he wanted to become closer to me and my thought about that is because of the intimate connection we had through the music he felt he knew me better than he did.

Laura
Hmm.

Participant
So um again it’s something to be managed and balance in terms of yes, music, music, it’s why we do it isn’t it, because music creates those connections very easily, we do that, but at the same time we have to know when… to pull and when to say yes we’ve had these experiences but that doesn’t mean you have permission to do x, y and z.

Laura
Yeah.

Participant
Something that’s very interesting that I’ve had a lot of, and I don’t know whether it’s specific to either myself or my practice, or umm, actually I talked to (Kat) about that that she said that she had experienced that, so it’s not, it’s not particular to me, but perhaps it’s particular to mental health or music therapy, that people are very quick to be able to tell me everything.

Laura
Hmm.

Participant
So, whether it’s the fact that I am a musician it’s probably a lot of things, maybe the fact that I’m a musician, maybe that I’m open with my clients, maybe that they have mental health issues, maybe, you know all these things combined, I find that, I you know had a patient once who was referred to me because they said he was a closed book.

Laura
Hmm.

Participant
He had killed his father seven years before hand and had never really talked about it and was unable to talk about it and there was all kinds of weird and wonderful psychotic explanations of what happened.
Laura
Yep.

Participant
Umm, but, then in I think the second or third session that he had with me it all came out, he told me the whole story out of nowhere and I was unprepared for that because all the paperwork everything that had been given to me about him was that he was a close book and that he wasn’t going to bring anything up like that. So,

Laura
Yep.

Participant
That’s were that musical intimacy, the fact that all we were doing was writing, changing the lyrics to a song or something, just because of that. Just because of whatever combination of factors occurred on our sessions, he was at the point in our relationship were it was intimate, if you want to use that word, if it was intimate enough for him to come out with stuff that he hadn’t talked about in seven years in so, there is definitely something to look at in terms of musical intimacy I think. It’s a great topic because it juts, it happens like that.

Laura
Hmm.

Participant
People just come out with stuff, it’s just like they can’t hold it inside and all we’re doing is singing together or doing that so it really. Yeah so it really tends to… I wana say loosen people up, but it does it really does and it makes them relax and it makes them, I’m not asking questions, it just comes (laughs).

Laura
Yep (laughs)

Participant
So that’s something that I’m really interested in cause I’ve noticed it in my practice, you know, why does that happen all of a sudden,

Laura
Yeah.

Participant
Where they can sit in an interview with a psychiatrist or psychologist for years at a time and refuse to talk, and then two or three sessions with a music therapist and out it comes.

Laura
Yep. I mean that’s something that I’m really interested in and I’ve experienced it myself as well in practice I think it’s something that’s common and I think, yeah there are potential boundary issues with that as well and it’s just, well how is that for the client, I mean how do they view you and that kind of thing?
Participant
Hmm, well I think it just goes deeper and deeper. You know we do the musical intervention we have a musical connection there’s something intimate there, then they feel like they want to disclose information so they disclose information so that makes the connection even deeper, cause know we know, this deep information about someone, so where do we go from there?

Laura
Yeah.

Participant
I mean does that open the door to more therapeutic work? Or do they, and you know it’s going to be different for everyone, but then do they get scared and go aww I shouldn’t of said all that or I haven’t ever heard anyone say that but who knows how that its for them, but I think any… disclosure of information like that deepens a relationship and I think, I’ve read some literature about friendships,

Laura
Hmm.

Participant
And in the literature about friendships, having a good and mutual friendship, umm, necessitates the mutual disclosure of information so, both parties disclose information and so that deepens the friendship.

Laura
Yep.

Participant
You’re disclosing information and it’s going to deepen and strengthen that therapeutic relationship.

Laura
Yeah.

Participant
Where it’s different is that the therapist isn’t doing a compatible thing. The therapist isn’t divulging their secrets to them, so that’s were the differentiation can be and that the patient, and then that’s the power imbalance isn’t it, the patient has divulged all their personal information do the therapist holds that information in a position of power.

Laura
Yeah.

Participant
And of privilege that you know, as a therapist something’s about that patients so, you know it’s all very interesting in terms of boundaries and we manage that information and legalities, where I work especially, and legalities and ah, you know things you
have to report things you have to…

Laura
Well that’s right.

Participant
(phone noise) Excuse me, I’ll just turn that off. Ah yeah so is that, what you’re wanting to know?

Laura
Yeah definitely I think, umm, yeah I mean there’s a couple of things in that little example that you gave, the first one is um, do you think it was the music that really contributed to him opening up or did you think it’s more the relationship or just reflect on that.

Participant
Yeah that’s, and I have thought about that. I have thought about that particular person a lot and I did a gran round presentation at the hospital about him and it was really good to talk to other therapist who just kinda went, how did that happen, you know for them it’s a foreign type of thing.

Laura
Yeah.

Participant
You know what my gut feeling is that it’s the relationship. It’s the… unconditional positive regard, the fact that I appeared to give a shit about him. Appeared to be not cold and distant, but willing to engage him as a person willing to honour his choices, umm, (pause). Music obviously is the kick-starter of that, he’s obviously interested in music, would you like to come and do some therapeutic work with music, yes. But the music for me the music is the tool to get to the relationship, and the relationship is where, where the work happens.

Laura
Yep.

Participant
And so, my gut feeling about it is, it’s the relationship but the music is the catalyst. Music is the thing that allows it all to happen. I would, you know what type of, I wonder other therapists, psychologists, psychiatrists, how, and nurses, how do they approach a person? How do they engage a person, how to they begin that therapeutic relationship without having music (laughs).

Laura
Yeah I know (laughs).

Participant
You know what I mean, I mean they have to rely on other things an perhaps sometimes that’s “I need to give you some medication so that’s it”, you know.
Participant
But I feel so fortunate because I have music that I can start, I’m already ahead of the game because I can say “hey do you want to listen to some music”, that’s all it is.

Laura
Yeah.

Participant
So I umm, the relationship. It’s just the relationship. The quality of the relationship, the type of the relationship the way you approach people the way you are, or I believe the way you can be open to people. To accept them, to honour their umm, beliefs and their choices through music. It’s just a simple thing really but big, it’s a big way of saying, you are… not even that you’re important, but you are. You are a person and you are in this situation and I’m acknowledging you and that’s where it comes form I think a basic human… relationship of you and me, you’re hear and I’m acknowledging you and allowing you to come to this space and be in this relationship with me. Let’s use music and where do you go from here.

Laura
Hmm.

Participant
And quite often you say it all kind of comes up very quickly. So that’s the challenge for the therapist to be skilled in taking on board all that stuff (laughs)

Laura
That’s right, yeah.

Participant
That you get, you know. And I mean it’s for me, a lot of the stuff is, I stabbed my dad but I didn’t kill him, someone else came and killed him after me. You know what do I do with that information. And again that’s something for me to deal with in supervision and in my own reflection.

Laura
Hmm.

Participant
But umm, yeah, definitely part of our skill to be, once we bring up these deep things, once we have these deep relationships, what do we do then, you know where do we go and how do we integrate that information. Umm, together with the patient so that they can benefit.

Laura
Yeah. Hmm.
I think it’s very powerful and we need to know how to harness that.

Laura
Yeah. Yeah and that does, it sorta leads into another area. Um I guess it sounds like you’re sorta saying that the music does unlocks it a little bit and then it starts the real relationship work. But then you have all this stuff and it’s how to you process that and I guess it takes me back to what you said before about the emotional connections and other connections

Participant
Hnm (agreement)

Laura
And I mean how do you, it might be a bit of a personal question but how do you manage that, you know for your own self in protecting with boundaries around emotional involvement?

Participant
Yep, absolutely. So you mean in terms of the things that people tell me like, they murdered or did something or whatever?

Laura
Yeah.

Participant
Yeah that’s, I mean that’s tied in with what I was saying before and how am I going to work in this context umm, and knowing information about someone is a big thing. Umm, and it’s, it’s just separation between personal and private, if one of my friends disclosed to me that they had done something similar (laugh), that would be a big deal for me. That would be really hard to deal with.

Laura
Yep.

Participant
But in the professional context, I placed for that. Umm and it’s actually what I say to myself is that is not my information to feel sad about, or that is not my information to feel mad about.

Laura
Hnm.

Participant
That is, that’s their information that’s their life, and that’s their story and this person is not my responsibility, this person is not my child or my mother or, this person is someone separate to me and they have this information, they have this past and that’s not for me to, umm, to feel incredibly emotional about one way or the other.

Laura
Yep.
Participant
Now that’s a very good theory, and that’s what I always try to aspire to I’m a human being. Someone tells me that they stabbed their whoever, (pause) that it’s not a perfect system I can’t just go oh well, you know (laughs)

Laura
(laughs) yeah

Participant
And I don’t want, I want to be able to take that on board and I have cried in sessions before where people have told me sad things that have happened, and I don’t think that’s a bad thing it’s a real human response to a real tragic event.

Laura
Yeah.

Participant
So it’s I don’t know, there’s no hard and fast line between that personal and professional but that’s my job to make it ok for me and make it ok for them.

Laura
Yep.

Participant
So to take that on board and go ok, phew, and acknowledge that is something that’s really sad.

Laura
Yeah.

Participant
And that is something that’s very tragic and I feel x, y and z, I feel bad about this or I feel sad about this or I feel devastated for that person I can put myself in your shoes, all those lovely things that you can do as an empathic person, but I need to then say ok what am I going to do with that.

Laura
Hmm.

Participant
How am I going to ahh integrate that into my practice, or how am I going to integrate that into my personal life now that I know this particular thing about this particular person, I need to be able to use that information as best that I can. And it’s not easy sometimes, sometimes it’s really difficult. I’m a mother, some of my patients are females that have killed their children.

Laura
Hmm.
Participant
So some of those things are very close to home and I do I struggle and then of course I take it to, I take it to supervision and if I need to I can go to therapy. So I just need to be aware of myself in those situations like what we’ve talked about.

Laura
It comes back.

Participant
Yeah. It comes back to self awareness and it comes it comes back to knowing when to ask for help, and knowing when to say I can’t see this patient at the moment because I need to deal with some stuff.

Laura
Hmm.

Participant
Umm, and that happened to me once. I had a patient that was so full on, and argued with me in every session we basically had a session of arguments the whole entire time, every time, and one, at one point, I just couldn’t see him. I just though I cannot, I can’t do this today I’m overwhelmed I cannot see him for one second, so I could and I just didn’t do that and I had the support my colleagues and I knew that I had to do some, reflection and I knew I had to do some supervision around why it was making me feel overwhelmed and why, you know how, cause I was having trouble integrating sessions and information and all those types of resistance.

Laura
Hmm.

Participant
So it comes back to the same thing. Reading about it, reflecting about it, getting supervision, being aware of myself, umm and understanding the relationship and trying to figure out where it’s going to go.

Laura
Yep.

Participant
And I’m a big proponent of why. Why do you do that in a session, every single thing in a session why did you say that word to that patient, why did you do that, why did you chose to offer those two choices, why, why. So I always try to think back and go why did that happen. Why did I say that.

Laura
Yeah.

Participant
And maybe the answer is I don’t know. You know and I’d like to know. You know maybe it was intuition and maybe it was this maybe it was that, you know we can’t
trace everything we do back o research.

Laura
Yep.

Participant
But I always wana think about why did I say that and why these things happen. I think I went a bit of the topic there, but.

Laura
Nah that’ alright.

Participant
But yeah, holding onto information like that is a very big responsibility and it’s a very big umm, it’s a privilege in some ways. To be, to be burdened I guess isn’t the right word, but it’s a privilege to be able to… unburden someone maybe and help them be able to say that, to be able to share that and to go on that path to becoming well, to becoming, to having some understanding and integrating that into their lives, it’s a privilege, but it is also difficult to be able to hold onto some of those damaging awful things that people can tell me.

Laura
Yeah.

Participant
Umm, but I have to manage that and I can’t let it, you know, if I, if I took the back stories of all my patients to heart, I would be, I’d be in the same position as them. I would be in a mental hospital as well because there would just be the level of sadness and grief that surrounds their life is just horrible so yeah I have to manage that in a way that means that I can keep doing what I’m doing.

Laura
Yeah.

Participant
And be o help to someone. If I let myself go to pieces because of all that information that’s not going to help anybody so I have to have practices in place and thought patterns in place to be able to do that.

Laura
Yeah.

Participant
But I have to say I have days were it’s not perfect and I just think oh my god that’s so sad and I just cry and that’s part of being a human being. And like I’ve had discussion with people before like ‘ooh the ethical, the ethical implications of crying and showing emotions in a session”, and you know what… it’s more basic than an ethical consideration it’s just human, raw human behaviour and emotion and you can think about it in terms of ethics and you can think about it in terms of the kinds of things of if you should or shouldn’t do it. But you know what, sometimes you can’t help it.
Laura
Yep.

Participant
And it is an absolutely a raw human reaction to express your emotions and I’m quite happy to say that if it happens I discuss it with patients and we talk about it and we move on with it. So I don’t think it’s a problem.

Laura
Hmm. Yeah.

Participant
So there we go.

Laura
It’s great It sounds like you got, well for one thing I guess you’ve already thought a lot about this boundaries stuff and where you are and you’ve got your practice set up. But then when something challenging happens, you’ve already got the skills to kind of be aware of it, and then you’ve got processes in place to take it on and manage it.

Participant
Yep. That’s right I have to, otherwise I couldn’t do the work I don’t think it would be too overwhelming I think. And that’s why I always think it’s prevention, you gotta think about these things ahead of time, you can’t just rush in and go ok, and go oh crap something bad happened what do I do now. You have to think ok something bad might happen what am I going to do about that.

Laura
Hmm.

Participant
You know how am I going to approach it so, forethought.

Laura
Yeah.

Participant
Forethought is extremely important I think.

Laura
Yep, yep.

Participant
Not just in my, not just in my clinical environment, you know my clinical environment is an extreme example of that but in any clinical environment stuff can happen or you can be told something out of nowhere. So, so that pre, priming yourself is so, so important.

Laura
Hmm, definitely. Cool. I think we’ve covered most of the stuff I wanted.

Participant
Have we? Oh good cause I can talk and talk and talk, so I’m not surprised (laughs)

Laura
(laughs)

Participant
As long as it’s been helpful for you that’s the main thing.

Laura
Oh definitely. Yeah I guess is there anything else that you would like to add about these ideas of musical intimacy and I guess it’s really music therapy practice in general and negotiating boundaries.

Participant
Aww, I don’t know I think we’ve talked, you’ve asked some really good questions that’s really drawn out my experiences and how I do, do that.

Laura
Yep

Participant
Ahh no I think the main thing is that we need to recognise the power of it. We need to recognise that this isn’t just, lets all play some songs and I know music therapists don’t necessarily think of it like that but we need to be aware that it’s a powerful tool we need to recognise how that effects ourselves and how that effects other people and be prepared to deal with stuff. Rather than thinking music therapy is not risky. And music therapy is not harmful and music therapy is a lovely thing that everybody can be involved with and it’s all good, that’s nice but I think we need to as responsible and ethical clinicians we need to recognise that music is a powerful thing. We do need to think about boundaries. We do need to think about stuff that goes wrong physically and emotionally.

Laura
Yep

Participant
Umm and we need to do that, we will become better practitioners if we are aware of the risks to ourselves and to others of what we do, um and it acknowledge the power of it it acknowledges that it can be super effective. Umm so with great power comes great responsibility, I guess. And we need to take that on board.

Laura
Yeah.

Participant
Be responsible for our own learning and our own supervision and our patients, obviously responsible for their, for some part of their experience as well. Yeah that’s
the main thing I guess that I’ve gotten from this. This discussion that I’m learning something too.

Laura
Yeah that’s exactly what I’m interested in. that you know it is different, we have this tool and there are responsibilities. Like we talked about.

Participant
Lots of responsibilities. You know we talk about you know the power imbalance between professional and student and professional and client and we go aww yeah there’s a power imbalance. Do we, do we really understand what that means and how to deal with it. And I think this type of thinking the questions you’ve asked get music therapists to think oh well what is the Participant, lure of that power difference. And what am I doing to make sure everybody’s ok in this relationship and how do I do that and I hope lots of music therapists are delving deeper into their work in that way because I think it will help us to survive longer in the profession, it’ll help us to do better work.

Laura
Definitely, I think so for sure. Cool thanks very much that was great.

Participant
No worries.
Interview three

Laura
Alright so, thank you for participating in the interview

Participant
You’re very welcome

Laura
Umm, so I just like to cover a bit of basic stuff I guess before we get started so, if could just explain where you work currently

Participant
I currently work here, at (removed for confidentiality) I have ah, a private practice, as part of this group of clinicians and I’m working in early childhood so I’m offering two family music groups here for, from babies to five years olds, umm and I have a baby music group here as well. And the focus is very much on supporting parenting and parents, we have a natural parent focus here.

Laura
Yep

Participant
Attachment based parenting

Laura
Yep

Participant
Umm as well as promoting the children’s development. So looking at lots of different umm, developmental needs, looking at the children where they’re at and how umm I can be supporting and developing there and supporting their development.

Laura
Hmm, yeah.

Participant
And I do a few sessions at (removed for confidentiality) ah on a (Thursday morning) for (removed for confidentiality).

Laura
And that is?

Participant
Early childhood as well

Laura
Early childhood as well.

Participant
Yep

Laura
Ok. Cool, and where else have you worked?

Participant
Before this?

Laura
Yep

Participant
So… I was working at (a university) before that as coordinator of clinical training and also some guest lectures, umm for about twelve years, and teaching methods, the guitar part of methods. So I started the guitar part in (2000) and the rest got added.

Laura
OK, yep.

Participant
And I was senior clinician at (removed for confidentiality) for about 12 or so 13 years before, ah at the same time.

Laura
Uhuh

Participant
Specialising in paediatrics and neonates specifically,

Laura
Hmm

Participant
So working with kids in hospital mostly infants 0-2 or up in the new born unit with premature and sick new born infants.

Laura
Yep cool.

Participant
And… that’s it, mostly yeah.

Laura
Yeah, good. And, how long have you been a music therapist?
Participant
Umm since 1998

Laura
ok
Participant
Hmm,

Laura
So a bit of experience there

Participant
Hmm quite a while, I feel so old (laugh)

Laura
(laugh). Nah it’s good. Alright so that just covers a bit of the background, so. Umm, so what I’m really interested in is looking at this idea of musical intimacy in music therapy practice. Umm so I was juts wondering if you could describe to me what that might look like in your practice?

Participant
Hmm, musical intimacy. So you mean, you mean sharing intimacy through music I guess?

Laura
Could be yeah, I guess, so it depends what, I guess you think it might be and what it is in your practice.

Participant
Yep. Ok. Umm.. for me I guess musical intimacy is really that deeper level of connecting through music. And it’s different, in this setting that I’m currently in, I guess everywhere I’ve worked it would have explained it differently

Laura
Uhuh

Participant
Shall I just explain in relation to here?

Laura
Sure.

Participant
Umm, I guess one of things that I found difficult transitioning to community is the, the level of therapy is not quite as intense, so there’s obviously not a lot of pathology going on, there’s not what we would call significant health, or mental health, or developmental issues.

Laura
Yep.

Participant
Although some of the children do have a few. So I think that for me the level of intimacy is probably less in this setting than it would have been perhaps working with families in more of a crisis
Laura
Hmm

Participant
In hospital. So when it was far more life or death or um far more pathology going on, or developmental issues going on, umm here though I think it can be still very meaningful. I think the connections between, that I’m seeing between other children and family members and, you have a beautiful community here with the centre and then also with the groups the parents are very much kind of sharing a same philosophy, so when we make music together, it’s really quite cohesive and I noticed the difference between that compared to my (Hampton park) groups, which are more venerable families or high risk families, so these are well families, these are really educated,

Laura
Hmm

Participant
Umm, slightly hippie families that I work with her so they’re just like me (laughs), I just seem to attract lots of people like me (laughs)

Laura
(Laughs)

Participant
I have a lot of, you I have a lot of like social workers in my group and teachers, and psychologists, you know, these are the people who are coming to the group, were what I’m offering, but they’ve also got the capacity… for that sort of connection with each other, so there’s not a lot of the baggage, and other issues going on that are in the other groups. So in some ways the intimacy here is umm… It’s more organic, it’s not, I mean it’s partly sort of ability bound or dictated, but I think this is what, we’re not bound by it, we attract that.

Laura
Yeah

Participant
The people who come we’re kinda on the same wave length, which is I thin contusive to creating intimacy,

Laura
Hmm

Participant
And even if what like I said before with my relationships with the clients it, it’s not oh ‘I’m the expert, umm, I am when it comes to the musical stuff, but when we’re sitting round and having morning tea afterwards and it’s more about parent support and social, relevant for the children playing together and playing, you know developing their social skills, umm, I then kind of more morph into one of them. So then it’s
intimacy, it’s not musical but it’s bound by the context of the musical group. Umm, that, we’re kind of equals and we can be intimate I guess in that space as mothers we talk a lot about what’s going on for the children, what’s worked for you, what’s worked for you, I don’t facilitate that, that just naturally grows out of the session that we’ve had.

Laura
Yeah.

Participant
Which is the aim of a lot of the music together groups but it works so well with this group, as it’s, you don’t have all, the other stuff going on as well.

Laura
Hmm.

Participant
Umm so musically intimacy I guess in that relationship sense, is umm, it’s really fun I really love it at work, it feels, deeper at that level than it did like in some ways my personal connection with the families who come, ah… actually I don’t know my connection with the families at the hospital I always did value that and tried to be very real, and authentic and not be too… ah removed. Because I felt that that was what was needed in that environment because everybody else was, and music isn’t so it didn’t make sense for me, you know to do that, cause you know real and authentic umm, not that we go out and have coffees and stuff, but it’s much more ah, I guess it was softer than some of those other professional relationships.

Laura
Hmm.

Participant
Whereas here it’s so soft, it’s just whoa, but I feel comfortable in it, it feels really natural to be running these groups within this philosophy within this centre, with the families that we have, so… yeah. What else… umm. I think the other thing that comes to mind with musical intimacy in these groups is seeing the… umm, benefits that having that, sharing that positive relationship has between parent and their child. So that’s a really big part of these groups, I forgot that, that’s actually attachment is a huge thing, I’m really passionate about it so, seeing parent sharing that positive experience with their children, seeing them connect through singing together, doing actions together, playing instruments together, dancing together, cuddling, you know all that sort of stuff, it’s really umm allows them a greater degree of intimacy, because the children are having a good time, they don’t tend to play up too much, so parents can kind of relax and be open to that as well.

Laura
Yeah.

Participant
Yep.
Laura
Yeah.

Participant
Yep.

Laura
Hmm and how is that for you watching, that kind of intimacy?

Participant
Hmm, I love it. Yeah. I love it. Umm, and it’s quite rewarding, because at the hospital too, there were so many barriers, for the families to develop intimacy with their babies, you know they’re in the isolete, it’s really lovely to work with they’re aren’t any.

Laura
Hmm.

Participant
It won’t be the only thing that I do for the next ten years, but for now, it’s a really beautiful thing.

Laura
Yep.

Participant
Hmm.

Laura
Yeah it’s quite interesting thinking about the different settings I think, and it’s sort of, it’s what I’m hearing coming out that, about how different it was in the hospital compared to here

Participant
Hmmmm (positive)

Laura
And umm, so yeah maybe if you could explain a bit more about what it was like in the hospital, the musical intimacy.

Participant
Sure. Umm, I think in some ways it was valued more in the hospital, but the families because it was such a human thing in amongst a very unnatural, umm environment, ah very disempowering environment for parents. Umm… you know often they had had issues before the babies had been born so a long period of, stress and trauma really, ‘am I going to loose the baby and I going to keep the baby’, and then the baby comes and they desperately want to connect but they’re scared of it because they don’t want to hurt the baby, umm, and everyday not knowing if it’s going, to live or not live, umm, and I actually have an ex, a mum, an ex premmie baby mum, come to my groups, ah, and her first baby died on the unit, an she brings, she’s brought her second
daughter along to groups, and we’ve had a few chats about that and making sure that that’s ok for her to come back and see me and that sort of thing.

Laura
Yeah.

Participant
But she said, you know of that experience, she said you just kind of waiting for something really bad to happen, you’re just waiting for the next infection that could kill them and you’re constantly kind of in this hyper vigilant state waiting for something to happen. So then, when music therapy comes along and it’s all about trying to empower the parents to have a say, and so they can have a say, something that they can be part of, umm and something that comes along that’s very human, and that it is sort just a very basic human things to share music, the babies loved it, but the families loved it too and they loved having that time with the babies, umm, especially you know when we did the floor mat work, and that sort of thing they just loved having the babies, … doing something normal. Umm and being able to connect with them, you know, like when you studied it and we talk about the well child, working with the well child, we can you can bypass everything else and you’re in your own little world and you just really connecting … umm in a really fun but still kind of intense way, because and you’re doing it through music, and it’s really quite powerful.

Laura
Hmm.

Participant
And I always thought it was important, and the doctors and nurses were always very supportive, but it was still very much a square peg in a round hole situation, which I think helped well, I don’t know, I guess that did have impact on the intimacy in a good way, cause it was so different and families, were really, really appreciative and umm responsive most of the time to having that opportunities for their babies to be able to do something normal and to do something that would promote development not just there lives, cause in some ways it felt like that side of things was on hold,

Laura
Hmm.

Participant
That at times, it could be on hold for 15, 18 months, while they’re in hospital so, that was, that was great and I didn’t realise, I didn't realise for a while how great it was until I attended a couple of the funerals of the babies that I had worked with for a long period of time that had been there over a year, umm

Laura
Hmm

Participant
And they always mentioned music therapy and how great it was, and how they loved it and how it was so important, for the babies and I was like bawling (laughs).
Laura
(laughs)

Participant
But you know so many people had worked so hard for the baby, but they obviously really valued the human side of that. And again the musical intimacy that that brought to them in that environment. So, umm… yeah different.

Laura
Yeah. So you sort of see the music therapy as umm, using words like it’s more human it’s different and

Participant
Yes, it’s really working with the well child, so really being able to move past or work around, any medical issues or and really touch someone else, in a very soulful meaningful way. Not just the physical body but, something that’s good for the soul basically.

Laura
Yeah, and that would be, do you think the musical intimacy that that kind of explains that? Does that fit into that idea?

Participant
…I think so… and I think for me it was also those sessions weren’t bout me those session were about the baby having time with their parent, and I would try and be off to the side, and supporting them singing, and you know music most parents weren’t, but watching them connect that way, and that was priceless, that was awesome.

Laura
Yeah.

Participant
Hmmm.

Laura
Yeah, nah it’s interesting to think about the real differences and umm, it sounds like it was quite a deep connection in a way at the hospital, but then maybe it’s a different kind of deep connection in this setting?

Participant
Hmm (agreement). It is umm, and I don’t know how to, I think what, what I’m not needed for so much here is facilitating that secure attachment, it’s already there, so I’m really just enhancing it and I say to the parents you know we’re sharing these positive experiences now in music, you know it kind of fills up the well, so but the child’s feeling really supported and happy and loved and your feeling really supported and happy and loving your child, just helps you when they’re being crappy, you’re tired (laughs) just helps get you through, some of the not so great times, cause you know, you’ll have that.
Laura
Yeah.

Participant
Yep, hmm so they don’t need me for that here.

Laura
Yep.

Participant
But at the hospital they really did.

Laura
Yeah.

Participant
So different aims, well, same aims but different need, hmm.

Laura
Yeah.

Participant
Umm but here it’s a group experience too so that, adds a lot, when you’re looking at
development and children, you know they’re doing it in, in a group and they’re
learning from each other, and they’re watching each other and they’re developing
their communication skills and their social skills, and they’re physical skills and
they’re doing that better because they’re are in a group, where as the work at the
hospital doesn’t work in a group, it wouldn’t have worked in a group, not just from
the practical perspective with oxygen tubes and that sort of thing and infection
control,

Laura
Yeah,

Participant
But that. That had to be one-on-one and that had to be uninterrupted. We used to put a
screen out, so that people just, people would peep over the screen, but the mother had
to be able to be present, and it’s so much harder if a mothers I that situation to be
present.

Laura
Yeah.

Participant
But for that intimacy to happen we had to have like the music was a container I guess,
but we also had to kind of manage the physical environment, as much as I’d rather, to
manage the physical environment.

Laura
Yeah.
Participant
And the baby had to be present, so the right time for the baby.

Laura
Yeah.

Participant
And they had to be well. So there’s so many more, factors, whereas here ah, you
know the kids can come and they can still be, yeah they might have a cold or be
grumpy, but, they’ll still participate and it’ll all be great.

Laura
Yep

Participant
And it’s all fun and we you that’s kind of nice to, to not have to have, to be so intense
all the time. But it is different.

Laura
Yeah. Yeah I can definitly hear that it’s different.

Participant
Hmm (agreement).

Laura
So with this, yeah so this idea of musical intimacy, I’m just wondering how or if
you’ve thought about boundaries within that? And how you’d sort of manage it within
that environment?

Participant
Uhuh. Yeah I did have to think about it in this environment, switching, cause it wasn’t
as clear and going into this community model. It’s not clear, and what’s also been
interesting is since I’ve done my business development course, I’ve learnt, that really
the umm, the parents that come here aren’t buying just the music group, they’re
buying me too. That’s when I’m like what’s my philosophy and what’s my self, and
you so we were recommended too do things like, don’t have a separate facebook page
for your business, because no one goes and looks at a business page, they want to
know you, people want to know you. And I think what’s working well for me
attracting clients, now is um I’m a mum, and I, you know this is my job but I’m just
like them so it’s like these are my philosophies, or these are the philosophies of the
centre too which is you know perfectly aligned, which I love, cause my philosophy
was not perfectly aligned with the hospitals philosophy so there’s you know, it’s very
rare to have that and I feel really blessed. Umm… what was the question again?

Laura
So it’s um, thinking about boundaries around the musical intimacy.

Participant
Yes, totally. So that’s a different way of looking at my boundaries between, I wasn’t
removed, like, at the hospital, or facebook wasn’t around when I was at the hospital really but, you wouldn’t be sharing that with your clients, you wouldn’t be sharing your personal stuff with your clients, whereas in the community that’s actually an asset, I had to shift to kind of do that because it felt kind of wrong, in my head, but then in reality it felt wrong to have that distance when I was here cause, it’s umm, you we are a community and I’m part of that community and they’re part of the community too so they have much more buy in, umm and much more of a stake in it, in some ways.

Laura
Yep.

Participant
Umm, so I did have to think about my boundaries and be comfortable and actually realise that it does really quite work, but according to like the old code of ethics that’s not cool, you know, I can go out and have a coffee with my clients, my friends come to my groups, I have made friends with some of the mums and we’re in play groups together and it’s very different it’s really ah meshed, and umm, that’s ok. That’s actuality ok and it’s really nice, and umm, I guess because I’m not working with sensitive material too. So there’s less need for any protecting of that of venerable people.

Laura
Yep.

Participant
Obviously anything that’s said to me in confidence, umm stays that way, but when we’re all sitting in a group and having morning tea or afternoon tea after the group, then umm, you know it’s just like a mothers group. We’re all sitting round chatting.

Laura
Yeah. So you feel you give more of yourself in this,

Participant
Much more. Yeah.

Laura
Yeah.

Participant
Yeah. And in some ways it’s good to not have that boundary. I haven’t seen a down side yet.

Laura
Hmm.

Participant
Other than it’s different to what I had before, very different.

Laura
It’s interesting though because you said before that this place aligns more with your philosophy I guess,

Participant
Yeah, it does.

Laura
So do you think that’s a part of it? The whole shifting of your boundaries and that philosophy that maybe,

Participant
Hmm yep, I think cause to do what I do now, … umm what I’m bringing to it is very much my, where I’m myself as a mother and a, you know I think that that’s very much an attractive thing for my client, I bring my daughter to work on a Monday.

Laura
Hmm.

Participant
And she’s in the group with me. That’s sometimes not fun. It is good, her language is awesome, but mother therapist mother (doing signs of placing different hats), but again those sort of hats aren’t so separate. As they would be anywhere else.

Laura
Yeah, How do you manage that?

Participant
She’s pretty good, luckily and you know sometimes she has a tantrum and you know what, it’s actually really, equalising, cause the other mothers are like, hmm (light hearted) it happens, cause I’m like I’m so sorry and they’re like, our kids do it and my kids do it to so it’s actually really great like that, yeah.

Laura
Hmm.

Participant
And I can still slip into expert mode, when I have to like I give the families information each term about what our goals are like what the child development goal is and why that’s important, and I put stuff like that on my facebook page cause I’m interested in it to anyway cause, professional and as a mother, I’ve always been interested in early childhood so it’s a really, awesome, fit.

Laura
Hmm.

Participant
Perfect fit. So, we talk about that stuff and I educate them about what I’m doing and why I’m doing it so they understand, that this is different to a mini maestros or you know something else, and it’s good it’s kind of not for everyone, not everyone would value that or be interested in that and that’s fine. I don’t need that many clients really,
I’ve only got three groups so it’s fine, it’s great.

Laura
Yeah.

Participant
Not that I pick and chose but it’s kinda like what I’m naturally putting out there is attracting the kind of people that fit.

Laura
Yeah. It sounds like it’s really good experience, that it’s matching up with your philosophy, your you know the boundaries it’s ok, as you said, you haven’t had a problem with it so

Participant
Yeah, I don’t have conflict with it at all. Whereas it never really felt completely comfortable at the hospital to, umm, be always removed I think you got much better results form families and children and patients when you didn’t,

Laura
Yeah, so you felt you had to be more at a distance from them?

Participant
Yeah I wasn’t, but I thought a lot of the other clinicians were. And I thought you’d get a better result, better rapport, better everything, cause we know how much rapport plays a part,

Laura
Hrm,

Participant
In outcomes, you know it’s huge and I think that music therapist’s are generally very personable, which is fantastic.

Laura
Hrm.

Participant
But you forget that not everyone else is. So when you see that in action it’s life, ah. I call it being human but, you know I’m sure there’s lots of other terms about it.

Laura
Yeah.

Participant
Yeah.

Laura
It’s a nice idea though, the human element of it I think?
Participant
Absolutely you don’t have to hind behind the professionalism, and I think when you’re a younger clinician you tend to do that more, because you haven’t really found your vice or your, say with you, you were wanting more answers on boundaries, you know that’s, kind of no one can teach you some of that, some of that comes from within out. With confidence and a sense of where you sit, and in music therapy it’s just one of the most awful professions for that

Laura
Hmm,

Participant
Because, there’s so much that’s grey, you can you we’re not as clear cut as OT or physio and I think sometimes we do suffer for that because we don’t have such great boundaries

Laura
yeah

Participant
But at the same time we’re not bound by them either, ro we can, I don’t know, I never felt… ah, I never felt that I needed to give myself or my staff guidelines on where their boundaries had to lie. (pause) And I think that was a huge asset of us in the hospital, is that not that we didn’t have boundaries, but umm, because we worked with such a human interaction, which is such a sort of deep medium in some way, and you know light and fun and happy as well, but very accessible.

Laura
Yeah

Participant
We kind of don’t have to abide by the same rules.

Laura
Yeah that’s interesting.

Participant
Which is cool but then I don’t like being told what to do (laughs) so could be just me, I don’t like to be told what to do so,

Laura
Yeah

Participant
Hmm.

Laura
So you like the idea that it was more that boundaries is more a personal approach than, I guess, would you say or?
Participant
I think so, and I think I trusted myself and my staff to have excellent boundaries, to just know, to not be unethical, but also to trust in the medium that we have and to use it.

Laura
Yep

Participant
You know, music therapists are great facilitators and you notice that too you see other people run groups and you know, not everyone has that, we underestimate our skills in that way and I think that’s because we are, we like connecting with other people, and we want to connect through music generally but we’ll connect in any way that we can.

Laura
Yep

Participant
So, we don’t tend to hide behind, not that boundaries are there to hid behind, they’re there to protect both of us but you know what I mean, we’re not more inclined to hide behind them, as I remember seeing what other allied health professional do.

Laura
Yeah.

Participant
Cause I found the nurses were actually more, quite human too, or most, I mean with their approaches with the families in hospital. But yeah I think you do, you find your feet and develop your, maybe it is finding you place. Being clear about what your doing and why your doing it and again music therapy is hard, sometimes, and I struggled with that. “What am I doing here” “what are my goals” “why is this important” actually I still struggle with it now actually with transitioning to community, I still sometimes struggle to articulate to myself why it’s important. Because I have always had it and I take it for granted. So I need to step out of myself and imagine what it would be like if you didn’t have it. Does that make sense?

Laura
I think so…

Participant
Did you have a musical childhood?

Laura
Ahh sort of I’d say, a little bit, not too much. You know recorder primary school. (laughs)

Participant
(laughs)
Laura
But yeah a little bit.

Participant
It’s really hard to put yourself in someone else’s shoes when you don’t know what their life is like outside.

Laura
So it’s those, I think I understand what you are saying it’s those, that appreciating those musical gifts that you have and the skills that you have…

Participant
Hmm and what it gives to you so you have music, exposure to music, what does exposure to music give these children? And there’s lots of concrete things like good for developing vocabulary and lots of language and musical skills and sharing and turn taking and building confidence and independence, great. But then there’s other long term things like, developing a sense of the aesthetic, developing your soul, developing an appreciation for beauty, that music gives you too, so those sorts of things that are you know, umm I like to think I’m creating you know really well balanced human beings. That you know you’re sort of touching everything for them, that’s one thing so…

Laura
Yeah.

Participant
Yes and then being articulate, I had to do a lot of thinking about what else is going on here, because in the hospital it was like you know this person has this issue, or this issue or this issue so it was very quite, umm, there were issues.

Laura
Yeah.

Participant
There’s always an issue. Yeah and you know complex lots of issues, yeah and you know there’s the family and what issues do they have. So it’s hmm, different, that’s my theme, it’s different (laughs)

Laura
(laughs) It’s a good theme.

Participant
You can summarize it. Does that answer your question?

Laura
Yeah, Yeah but you touched on another, um something else that I was going to ask you about, which was how do you think, I guess your approach to boundaries has developed?

Participant
I think it’s very much an intuitive thing. First. And then a search for theory to back it up. Second. Umm,… umm… I love theory but I also go from gut first so. I think the hospital, what are we doing here, what are our goals, you know those sort of structures that really, organise your day and your interaction with your clients, umm, are important and of course that’s how the whole system runs, so that’s very much reinforced and imbedded, by the facility, and then over time thinking “ what do I really think about this, what do I really feel is important here? Umm and a lot of the sessions where I was working developmentally with the mothers and the children and you on paper they would say, working on developing fin motor skills, working on this that and the other. But it was all so in my mind it’s also, am I giving them love, you know?

Laura
Hmm.

Participant
And when I did my research with the babies with NAS the heroine babies, giving them a cuddle and giving them time at their own pace, was very much driven by, not that I loved them, but driven by this need of sort of giving them love really, giving them that sort of respect and time and positive emotions to help balance out all the negative crap.

Laura
Hmm.

Participant
That was going on as well. So I, when doing it I started to think you know what, developing fine motor skills is important, but the bigger things the attachment was a big thing that stood out and that show I became passionate about that. Because that’s far more important and that’s all the research says yes if attachment is in place, everything else is more likely to fall in place and if attachment isn’t in place, really you’re just going up hill the whole time.

Laura
Yeah.

Participant
So I love intervening early and I love, making sure those relationships are set because that, the first relationships that you have they’re the template for all your future relationships. So if we want people to have happy healthy balanced lives we need to have happy, healthy balanced relationships, so that is very much I think watching these babies and parents in the unit, um even just the experiences of children coming into hospital and how some of them coped, well and how some of them coped not so well and then looking at some of the relationships that supported them, that became really apparent quite quickly.

Laura
Hmm. And then managing the boundaries in all that?

Participant
Umm, managing the boundaries around?

Laura
I guess your music therapy practice really in that setting, um with that, giving them the love, I guess

Participant
Hmm (positive), so still be very clear this isn’t my child I don’t want to take this child home, not projecting too much of my own stuff but and also I didn’t have kids then so I think it would be harder to do that now, because I could maintain the emotional distance, necessary, and I was always fine with that, actually.

Laura
Hmm.

Participant
Every now and again there would a patient that would be like oh heart breaking and I would get really upset about it, umm, and or I’d see a child experience something and I’d think, aw that’s just awful, umm but generally I was really clear on what my role was, and it I totally believed how important it was. And so the it yeah, it’s the, the love things funny because I think a lot of clinicians worked with a genuine caring-ness, with the patients, umm, some were really quite removed but I think you get so much more out of your work when you are, invested in it, even if, again I’m not projecting stuff onto these babies, but there was just a real need there.

Laura
Yeah.

Participant
And it was in such contrast to the environment, not so much the staff but just the environment, and just the way it had to be.

Laura
Yeah.

Participant
For them to have the medical care that they needed.

Laura
Yeah, so that kinda leads into another question about umm, so we talked about briefly before that a lot of our theories come from psychodynamic literature and counselling and that sort of thing. Umm which are really, they’re a bit more I guess, a bit strict in a way, so I was just wondering how you think those sort of ideas fit in with your music therapy practice?

Participant
What sort of ideas?

Laura
Well there’s they talk about ideas about touch, so a lot of them say that you’ve got to be really weary when using touch with children or with patients or anyone,
Participant
Hmm, yeah that’s a good one.

Laura
You can talk about that if you like?

Participant
Yeah, yeah actually working with kids too, touch I think it’s it would be unnatural not to touch them, um and being female I guess you know that’s not fair but it does make it easier, um I’m perceived as any sort of threat or of it being inappropriate, certainly in the NICU, touch was, it was still very, bound by boundaries because, touching a baby too much or in the wrong way was really unhealthy for it, really over stimulating and really can be quite damaging.

Laura
Hmm.

Participant
It was very conscious. Umm, but the protocol I used often when I was helping the babies learn to cope with the levels of stimulation umm, was involved touch as part of the protocol. So it was you know multisensory, and introducing each one gradually, based on the babies cues.

Laura
Yep.

Participant
So touch was used quite deliberately there, and it’s used quite naturally here. Umm because touch is important for building attachment and intimacy, umm, and just to physically, “ok I need you to stop running” (demonstrates putting hands on child’s shoulders to direct them) you know, lets just

Laura
Yep

Participant
Lets just manage behaviours,

Laura
So it helps facilitate a bit?

Participant
Very much. Very much and encouraging, you know we have cuddle songs here, were when we have calm down time, where mothers and children just connect by touching and just you know chilling out to that you know becoming more grounded, grounding themselves in that so, touch yeah for me in my work has always been a big part of it. With more or less rules around it.

Laura
It's an interesting area.

Participant
Yeah it’s a total can of worms isn’t it. And in some areas, yeah it would be completely not appropriate. But here, yes it’s fine and in hospital, it was fine too, even to the point where if um, I had spare time, which didn’t happen very often, but if I did I would go up and sing to some of the more unsettled babies up on the unit, so even if they weren’t part of my regular research or part of my normal case load if I had a spare half an hour or if someone was asleep then even, I would pop up and say look do you need anyone needs some love, (laughs) umm and, and they’d be like yes great can you go and see this person or this person or for the parents who were you know not coming in a lot, and some of those issues, very much, it was, you got of be careful with that umm, with boundaries, but umm, you know am I living vicariously because I didn’t have children then or I had you know, but that’s not why I was doing it, I was doing it because this child has sat there all day, an they haven’t had a cuddle and all their touch has been quite functional. And that’s horrible cause I’ve one a lot of reading and research when I was doing my masters around this touch, like sensory protocol how important touch is for babies, it is so important for children, positive touch, so I was a big fan. Even if it’s just having a cuddle and being have lot and just humming or singing gently, and that was awesome.

Laura
Hmm.

Participant
But you know, I didn’t really get paid to do that so.

Laura
Yeah but you felt it was really beneficial?

Participant
Hmm, just sometimes I had time to do that. Umm or even if parents would say look I’m not coming in today but go ahead with the session, and you know and then I would do it, even though it’s mostly about them. I wouldn’t let them do it as a habit but, umm, if they were unwell or whatever, then I would sit in for them.

Laura
Yep.

Participant
But I never really had any trouble with boundaries, I never really want too, I think there were a couple of nas babies that were, that I felt so sorry for, umm, but I never really wanted to steal them away or anything (laugh) adopt them.

Laura
Yeah. I mean I was going to ask you about have there, can you think of any challenging situations around boundaries?

Participant
That one. I think that was hard. Knowing that umm, I don’t know if that was a
boundary issue really, it’s more just an empathy issue really, just feeling sad for these kids whose parents were not present, cause they were dealing with their own addictions and things and just I guess, I had empathy even for the parents but I guess I felt sad for the kids that they’re most likely gonna grow up be neglected and possibly end up as foster kids and taken away from their parents, and, you know I’d also been doing all this research about the long term effects of being born within NAS and not just the NAS but it’s coming home to live with a family where the parents are using heroine, you know it’s not happy. And there’s this whole spiral of you know, umm, of the child turning out just like their parents, you know you just look at this little baby and you think you’re just so innocent and you’re just so perfect, and there’s nothing I can do and you’re, you’re trajectory I can see it.

Laura
Hmm.

Participant
And it’s not good. That was heartbreaking. I’m not sure that was a boundary issue I think that’s more a compassion, empathy, thing but. Boundary issues that were tricky… I didn’t have conflict with other staff around the way I worked, it wasn’t that different to the way I worked and I think they really liked the way I worked and what I brought to the unit and what I did bring to the unit, I think they did value it. I think sometimes there was a little bit of jealousy that I could work that way, but only sometimes, or people didn’t get what I was doing but I usually won them around eventually, umm, boundaries, it would annoy me when other people would not manage theirs. We would have umm, in the hospital we would have night duty nurses that would turn the radio on, to whatever they wanted

Laura
Hmm

Participant
At night and so there was some quite a bit and didn’t make a great deal of difference. That used to give me the shits. They are, you know, it’s not about them. So that would bug me, umm, I guess there’s always situation that would always sort of throw your own confidence in what you’re doing, and what umm, (phone call in background)… umm, I think just as I said at the beginning finding my own way of working, and again that helps to have been doing this for a while because is really did evolve over a long time and it’s not something that was happened straight away at all.

Laura
Yeah.

Participant
And I didn’t have a lot of confidence when I first got my first job at the hospital, it was kind of overwhelming in a lot of ways, so, finding my place, on lots of levels there, inherently and, yeah it took me a while but it did make me think about it so I guess that’s a good thing, I didn’t, and this is another thing with music therapy is there was no one to follow.

Laura
Hmm.

Participant
So there wasn’t a clear role model. There wasn’t anyone there, and we didn’t even align with allied health until the last few years, that I was there so, we, very much had to find that out for our selves, which is hard, it’s kind of it’s hard for music therapists’ I think. It’s tiring and I can see why people do drop out. If they’re not supported enough, or if they don’t get supervision or if you don’t, I did have supervision and that helped heaps. Umm, and it just started that questioning process of why am I doing this and you know and so that stuck, which is good I question everything most of the time, questions (laughs). Yeah I can’t think of any other challenges I mean again coming into private practice here and rethinking again what are my boundaries.

Laura
Yep.

Participant
What are they for me personally, doing this business development course and a lot of what he said made sense to me and I thought you know I am actually gona, this does feel good. I was suspicious of it feeling so good and I was kind of you know was I unprofessional, but it’s actually in a model of itself this community model, this is what you do. And I remember hearing Brynjulf talk about it, Brynjulf Stige who talked years ago at a conference on community music and I didn’t get it then because I wasn’t in it and now I’m in it. And I’m like, yeah, (laughs)

Laura
So you feel supported by the theories I guess that are

Participant
Yeah, I do, I do. It’s kind of, cause you know you doubt yourself all the time and it’s like well, is this unprofessional is this ok, it’s like yeah no, I do need to go back and read his writing actually, again, but yeah I, found it interesting you know I’ve had very much the hospital experience, the university experience and now I’m in my community phase (laughs) and it’s like at each time, at each time you do something that’s so different like that it’s um, you learn so much, it’s really, I love that though because it stops you getting bored.

Laura
Yep.

Participant
Yeah you really have to, … not that I work in a different way as I’ve said cause I’ve always kinda, been not too formal. Umm, but this is defiantly my philosophical, spiritual home. Of all the jobs this is where, like where I am in my life too, so I guess being a mother with young children and working with others with young children, ah I follow attachment parenting and they all follow attachment parenting so it’s just spooky… awesome mix.

Laura
Yeah.
Participant
And I love it, I love it. It’s really nice, it’s really nice I feel lucky. And it’s only ten
minutes form my house (laughs)

Laura
Yeah (laughs)

Participant
Which is great I don’t have to commute. And even though I’ve loved all my jobs, I
love them, umm, this is great, it’s just a perfect fit.

Laura
Hmm.

Participant
So yeah.

Laura
So it sounds like umm, I guess as your music therapy practice grew you thought about
boundaries, you had times where it was, you would re question things

Participant
Yeah.

Laura
And then you’d go back and settle for a while,

Participant
Yep

Laura
And change.

Participant
Exactly. Yeah and then or you know I’d reflect on elements of my practice or then
study more cause you know you’re always reading and stuff anyway but you know,
doing my masters you know you learn new things and you know and there’s
boundaries implicit in research that are quite stringent as well so there’s a whole set of
boundaries.

Laura
Yep.

Participant
But they weren’t necessarily a problem. They just were. Hmm.

Laura
I just wanted to touch quickly on one thing that umm, I guess about boundaries and
some of the literature is the idea that it’s there to protect the therapist as well and they
talk about emotional involvement as being part of that

Participant
Yep.

Laura
Umm, yeah.

Participant
I’ve never felt at risk of that. Umm, but I can see if I was working more psychodynamic, more with adults I would, umm, I think working with children, and also again, working in the hospital it’s very much usually a physical issue. If I was working with children who had suffered sexual abuse or something like that I would probably have to really think about that and working. I'd like to do some more psychodynamics training and work with children with that and that’s going to involve another big rethink about boundaries.

Laura
Yeah.

Participant
Not in how formal I am but, again a rethinking about ahh, and again not even how much am I giving of myself, but whether how much am I taking on. That side of it. So the protecting of myself very much.

Laura
Yep.

Participant
Umm, but again supervision is great, and it’s really embedded in a psychotherapeutic kind of world which is good. Umm I do think different types of supervision at different times of your carer are really important, so yes, in that setting I can totally see it, it’s helpful for me on and off, in hospital, definitely, umm here not so much but I’m also having business mentoring so that’s a different side of support for a different sort of issue, but, umm. I guess protecting… yeah I can totally see why it’s important. But what I don’t like about boundaries or too much emphasis, not not boundaries, but I don’t like that more formal separation from your clients. And I don’t actually think that’s what boundaries have to be.

Laura
Hmm.

Participant
But that, that what people interpret it can be, that separation, emotionally, and even physically with not touching, I don’t think, I don’t think that’s necessary.
I don’t think that that’s what going to protect you, I think a good self awareness is going to help you, mindfulness is going to help you, and reflection is going to help you. Umm I don’t think removing yourself or holding yourself, or not touching, is gone do it. You know they’re the sort of external, manifestations it’s not, it’s very much an internal thing.

Laura
Yep. Yeah that’s really interesting.

Participant
Hmm, I think it can do us a disservice sometimes, because we are connecting we want to connect as humans, yeah, and you know this whole expert client patient, you know that whole energy is, unequal and… it’s not me.

Laura
Yep.

Participant
It might be for some people but for me it’s not, how I work.

Laura
Yeah. That’s really good, interesting.

Participant
Hmm.

Laura
Cool, well just before we finish up was there anything else that you wanted to say around like musical intimacy and boundaries?

Participant
Umm, no, but it’s been awesome to talk about though. It’s to talk about it and really think about it cause umm, yeah I think more people, we should be talking about it more. And we should be teaching it so, or having more discussions around that. As it’s evolving. The thing is the conversations need to continue when the formal learning at uni stops. Cause that’s really when you get out and you really have to think about it, don’t you

Laura
Yep, it’s what happens.

Participant
Definitely. So yeah this is really good. Umm so nope I don’t think so. But if I wake up in the night going ahh, I should of said that I’ll email you (laughs)

Laura
(laughs) yes please email me. That would be great.

Participant
I guess to cause as you were saying you know my, what is our version of musical
intimacy or that intimacy boundaries, you know maybe it’s not what we sort of think it is. What does it mean for different people. But yeah, cool.
Interview four

Laura

Participant
So my area has always been trauma informed practice. I began in south Bronx all of my work has been in New York. And umm I began work with people who have been sexually and physically abused as kids and who were in psych, in patient psych. And I’ve worked with variety from kids, adolescents and adults. And particularly around like 18-25 I worked with a lot. And I’ve worked a lot with boundaries in a multisensory environment, because it was trauma work that I, I felt even when I was a young clinician I felt like there’s stuff going on and we don’t have any tools and we don’t have any literature to guide around. And so even in my masters work I began formulating a model to just help me navigate through as a map because it was transitions that I noticed a lot of. So theoretically my trauma work informs umm the transitions work that I did, and that got me to the boundary work, because every time a transition happened that I documented, I was ok what’s going on was it transference.

So I’m psychodynamically trained because I trained at (removed for confidentiality) and so I’m improve based as well, and I would say my foundational umm core clinical concepts are humanistic existential. And that’s where I come in from, my worldview. But then I’ve you know psychodynamic in terms of I like the tools and I like being able to, have access to that kind of range of theory models. Pretty eclectic thought because over the years it’s changed. Cause then I couldn’t address boundaries without going into transpersonal psychology or the kind of work I wanted to do.

So Ken Wilbers work has really influenced my clinically as well. Like the different bands and realms of umm, god I can’t remember what they’re called now, the bands of consciousness, the spectrum of consciousness. So that’s, those are the areas that umm I’ve worked in. And my main, I would say my mentors and I would say the theorists, the music therapy theorists that I follow umm, Caroline Kenny has been a big influence of me because, cause of the philosophical foundations that she has. And then technique wise I’ve been trained by Dianne Austin in verbal psychotherapy. So I apply that perspective as well and improvisational based is just that I work from improve, constantly. So that’s, does that?

Laura
Yeah that’s a big over view so it’s good. So a lot of different influences you’d say for an eclectic kind of style?

Participant
Very eclectic but I would say foundations are humanistic existential.

Laura
Yep, very cool. And how long have you been a music therapist?

Participant
I’ve been a music therapist masters level since (2001) so what’s that?

Laura
About thirteen years.

Participant
Yep.

Laura
Cool. Umm great, yeah ok. So I, I guess if you remember the subject of my thesis and I’m kind of looking at musical intimacy and then perhaps some of the boundary challenges around that. But also music therapists approach to boundaries in general I think. So maybe if you could think about musical intimacy as a term and just see if that makes sense if your practice and how you would think about. Umm if you have any examples that would be great, just yeah, so if you could just talk about that.

Participant
I have one example that just came straight to my mind and it’s a recent one. An yes musical intimacy as a concept as a clinical and theoretical concept makes sense to me. Because it, it’s, it’s music centred to begin with which is I am a firm believer that as we come into from music therapy conversations theoretically and practically, um it’s gotta come from within the craft. Um even though we’ve built our profession from interdisciplinary, you know, I think now it’s time, we’re in a different era and it’s time.

So musically intimacy because it comes from within the craft it makes sense. And then how I, what comes up for me is memories of those moments when it’s, it feels like you’re in an altered state. And it feels like umm you know I work mainly form the piano, I’m thinking of private practice days, umm somebody either playing the guitar or an instrument harmonic actually the case I’m thinking of. Umm it was a musician and he, it was an improve we were doing and my area is anxiety so I’ve taken the trauma work and I worked with anxiety. We were playing out an anxiety symptom, and he and I felt like were just in the same wave length. And it that same zone. And I didn’t have a name for it but if I did I would call that musical intimacy. Because it was umm the elements were I would say a high really charged level of presence. Umm, presence umm empathy really attuned and umm, there’s an aesthetic about it. The musical part... when it’s musical. When you just even if it doesn’t sound you know, even went it doesn’t sound pretty. But the aesthetic of the expression. I would say that, that’s how I interpret or feel musical intimacy, if I could define it.

And I’ve had lots of different cases and moments over the years, that I would say that’s defined. When it’s just um working, working through a deep, you know when there’s trust I would say. It hasn’t been in the first sessions or so, it’s probably been around lets say if it’s short term treatment if it’s a twelve week maybe around fourth or fifth or sixth session. Umm longer term on deeper issues you know I would say it just gets umm, more formulated as time goes on. So I would say that it can be on a continuum as well. So that’s umm, that’s were I, I would definitely say there’s moments that I can link, there is that, a phrase or a concept to it. There is that, is definitely musical intimacy.

Laura
Yep. So it’s a real connection moment, is that what you would describe it as?
Participant
Yeah connected on different levels. Multisensory.

Laura
Hmm, so what kind of levels, what kind of things?

Participant
I would say some we’re aware of some we’re not. I would say just on that continuum of consciousness. When you’re aware something magical is happening and it’s like that’s the stuff right? When we’re in those moments we’re like ‘yes’, something’s happening, when you know something’s happening, transformative. But also when those moments I think that there’s other things happening that we’re not aware of that it just creates. And I wouldn’t know how else to get there. But definitely, ah a heightened sense of connection.

Laura
Yeah. And how do you think that is for the client, when they’re do you think they’re experiencing it a similar way. Or connection or?

Participant
Yeah I think, I think in those specific moments I think there is a, it’s the unique stuff of what music therapy is about. I think it’s just the nuts and bolts of it. It’s because it’s interactive it’s umm, it’s when the intention comes together. And I would say that umm from my perspective I have felt that there’s been an, ahh reciprocity. Definitely a reciprocity. And of flow.

Laura
Yeah and so how do you think these moments, what do you leads up to them. You mentioned trust and maybe that it doesn’t happen initially, but what o you think would lead up to this kind of connection on those different levels.

Participant
Oh I don’t know.

Laura
It’s hard to think about.

Participant
Yeah. It’s big one.

Laura
I guess if you think of any examples maybe that, that might be a good way to sort of look at it umm.

Participant
I think there’s so many factors that are involved. I mean I think that, umm, I think it’s to do with when you’ve worked through the resistance. When there’s some kind of acknowledgement of the resistance or you know you’ve kind of worked through some of the hard stuff. And it’s like a relief to get through that and, build that’s where you
find the trust. And that’s what I’ve experience, you know that’s what I think about it it’s the relationship. And I think it’s you know a combination of training, personality, approach.

The combination of personalities. Style. I know, I think that when I have worked with people who have gone through maybe one or two rounds of really tackling some of the underbelly stuff right, tackling the shadows. And then they’re coming out and then it’s open. When it’s not the elephant in the room anymore. When it’s when there’s the more free, transparency. I think that’s when, when I find, that, that intimacy, that connectedness occurs more. And sometimes you know it’s surprising, to even me or the client will say they’re surprised by that. You know how many times do you hear ‘I wasn’t expecting to hear that, I don’t know where that came from’. You know those are, those are the, the comments that I would say on reflecting the set up for that is the way that I do it, it, I always have like a verbal check in.

And the depending on the goals, you know the treatment goals and what’s been going on where we go. I would say depending on what’s shared in the check in, and weather there’s transparency or weather there’s um any resistance going on. You know I think it’s a struggle. I think when the client trusts that you’re with him or her and they know that you’re with, you’re just there through it. I think that’s when, that’s when you see more transparency emerging and the connectedness builds. It’s the process, I think. No particular moment, I’m sure there are but I’m thinking of a general picture like what’s the lead up. I would say it’s about he relationship and the process that that relationship goes through.

Laura
Yeah and the umm, the resistance that you mentioned, could you explain a bit about what you mean by the resistance, is it from them or?

Participant
It can be from both. I mean it’s when we talk about transference and countertransference. You know it’s like, if you know, umm, you know if somebody classical example, if somebody would be like in the check ‘so how you doing?’ and the client was like ‘I’m fine (facial expression clearly showing otherwise)’. And yeah like ‘so how are you really doing?’ right, just kind of working through. ‘Well actually I’m not fine I’m fucking angry because I just you know, whatever’. Or in the music itself. Somebody, I had a client who just kept on scurrying away. We would work I had two pianos, so the client would be on one and I would be on the other. It’s like I was, that was new for me, that was a new style. It gave me insight, more insight into how somebody deals with intimacy in the music.

Cause the client had the whole keyboard, even I was, you know we were looking at each other we were very close proximity wise, but the client had the whole keyboard and I could really feel where the resistance of connect with me. Because if I tried to find chords around the melody the client would, the client would go somewhere else, right. And like cat and mouse kind of stuff. So that’s been a, that’s what I’m thinking about when I say resistance.

Laura
So it can come through the music and the way they interact with you?
Participant
Right. Right and if I’m, if I’m pushing at something right, I’m saying “Hi I’m her, I’m here” they’re like “hey go away, go away, go away”. So I think if there’s been moments where I, that’s been identified and tried again and worked through and really challenged and you know what’s going on, inside of the music and outside of it when we do connect in that way. You know I think more connection happens when we’ve gone through those struggles.

Laura
So it can actually help to build towards the deeper moments, is that what you’re saying?

Participant
I would say yeah, the process the ongoing collaboration and deepening and building.

Laura
So do you think the um, to get to these moments of intimacy is it, umm, it’s going to be a tough question. What role do you see the music playing and what role do you kind of see the talking and the checking in those other things playing? Yeah sort of a question of the music or the relationship and stuff.

Participant
Yeah I’ve always been a believer that our, the music is the main focus and anything else is about me getting to the music. So and I also believe that we need to be able to articulate verbally what is going on for us, because that’s how we communicate as human beings, right. We need to be able to say and have a flow about what’s inside and what’s out. And I see my job is using music to help people get to that. So the check in part, the relationship of using verbal is to really begin the exploration of what we’re going to work with in the music.

And sometimes, you know, that’s, that’s the general model I would follow in individual private practice. With group work umm, sometimes it’s different, I have to do a musical check in. So depending on the needs of the client I will go, either way. Um but I think the role the music plays is that you, I’ve met, we’re trained to know what’s happening in the music. I know that I had to do extra training about that because I felt like I needed to do more verbal. But in the music it’s like it’s clearer. It’s like it’s “ahhhhh”. It emerges. You know the conscious things emerge. Or I can be working on something specific and sometimes that helps like lately my new thing is anxiety and working specifically with symptoms.

So it’s like right, this person if defining unable to relax as a huge symptom. Umm in life. So um we’re gonna find musical form for that symptom and we’re gonna really figure out a context for where is that from. You know “is it power relations in your life”, it finds it’s voice. So I think the music really helps to shape and define what it is we’re really working with, in order to help somebody to get to the point where they can really say, “I feel unable to relax right now because of da-da-da”. Rather than I don’t where it’s from I just feel it.

Laura
Yeah so in that sense are you saying that the music kind of access quickly thing, quicker things that they can’t necessarily articulate first?

Participant
Yep. Absolutely. I’ve always been kind of, in-formally, I’ve always said that music therapy sessions can probably get to something twice as fast as verbal sessions. And it’s an in-formal conversation and I know that most of us have that. I mean you feel it and it’s just instant. And that’s where boundary work is important. Because it can surprise the music therapist too.

If you’ve got somebody who doesn’t has, umm, you know developmental arrests, in their way. And something can just take them back and you’re in there with them. So you know having an awareness and being mindful of that. Cause you know that’s where the boundary work comes in and the intimacy.

Laura
Yeah, yeah. Well I was, one of my questions was have you had any challenging situations that have come out of the musical intimacy, these moments? Like, I guess you sort of touched on it then what could happen, umm. But yeah I mean have you had any experiences? Talking about boundaries in particular

Participant
(laughs) yep, yep. I mean there’s um, I can think of a few actually. From lets see, lets see what the juicy ones are, I’ll give you the juicy ones. So there’s umm, when I was first starting out, actually it goes back to internship actually.

And on a side note it really helped me inform my, how I, along the way to work with pedagogy in training. Because what happened was I hadn’t read the file of the person I was working with.

So I was just going in cold. It was an inpatient psych unit, trauma, so umm server history of multiple trauma. From sexual abuse early to, you know female client. And All of a sudden we’re improvising and it felt like, like she dissociated in the music. And I didn’t know what that felt like. Apart from maybe like, you just teenage banter, work or whatever, just you know.

And all I did was, I was just like I’m in, it’s just like deep sea diving, and we’re, it’s dark very visual. Very multisensory experience that I had with that. But I also felt like I, I wasn’t sure what to do. And I felt like I, I was, umm, not merged with her but in the same space. But loosing my sense of identity with it, in the music. It was so quick and so intense.

And I remember the only thing I could think of was like octaves, just repeating octaves. Just do, just do that. And it actually, and using my voice. Singing and you know, coming up, kind of like you know picturing, ok we went really deep and now I’ve got to bring us both back. Right so it’s like diving I just always think about having, going into an improvisation like water.

Now Lucy Summers is always talking about deep sea diving. So and that was scary and intriguing at the same time. And so that’s, that was the, that was the main
experience that I got that I was like, “oh my goodness”, this is something we really need to be working with right. A loss of sense of, umm cohesion in my own identity that was really odd. And that was definitely you know a boundary moment, awkward boundary moment.

Laura
Yeah.

Participant
Then there’s been, then there’s been the sexual transferences. You know like when there’s been amazing musicians, that I’ve worked with. And they’ve just become, it’s like, you have to figure, I’ve had a couple were, it’s just been a very beautiful aesthetic experience.

And the, have to monitor, I’ve had to monitor myself as a musician and as a music therapist. And go ok, constantly, then it’s like you have to go constantly ok, watch what you’re playing watch what you’re singing, watch what you know you’re doing. And then coming out of it and then holding whatever that, that was. And I think you know analysis afterwards, recording afterwards and also umm documenting, and really supervision as well. You know just really processing you know “what was that”. Was that my stuff? You know what’s going on with me? You know like, or what is it about you know, what is it about that client representing for me of what am I representing for the client.

So definitely some, like how intimacy is translated after a musical event like that, I think is so it’s just important and it’s been trans.. that umm kind of “oh my goodness” this client is just representing this you know this hot musician that I fancied, or what am I representing have I just become an object of you know whatever. So there’s definitely that, you know how the intimacy it translated I think is um important to know and to talk about.

Then there’s like the other side, the darker side of, of what can come out. I had a couple of experiences when umm, when the intimacy is just, when people have gone too deep to far to soon. For the client. And then anger comes out, and then the acting out. And then it’s about umm, then it’s about power dynamic. And then, and then taking a lot at your own narcissism and it’s like why, you know why did I go there? Was it you know, I remember once it was cause it just felt, it felt like it was safe enough to do it, and then you realise that no it’s actually, I was getting played by my own narcissism to help.

This person was putting on some really good defences and when we actually started peeling back the onion, there was actually all this stuff there so you know. And I think training comes into that. Training and experience. And I think that I, I teach here I teach on boundaries. And I teach them that stuff and I use those examples and I have them workshop it with each other. Because they have to know what it feels like, it’s such, such an experiential field, you have to know what it feels like. So that got into pedagogy.

Laura
So I’m wondering in those experiences, you can just chose one or like, what did you
actually do, I’m sort of thinking of the first one where it went really deep really quickly. When it cam back out how did you negotiate, obviously it had been a boundry experience you sort of said, did you talk with the client, what kind of things did you do after the experience with the client, if you can remember it.

Participant
Yeah I can remember it vividly. I just went back to safety. It had become an unsafe environment. So it’s like you know always keep it safe. Keep the level, you know keep the experience safe. And so umm, I did everything that I could to regain the safety, and so I, I used body language.

And I realised that you know we were sitting at the piano together and I realised that it was too close it was feeling very uncomfortable and so I used body language and moved away a little bit but maintaining eye contact and that you know kind of monitoring, monitoring where the comfort with that.

So working with the physical boundary. Then checking in and working with the emotional boundary, checking on how I’m feeling you know, I remember my heart pounding. It’s like super, super, anxious, it was like “oh my goodness, what am I going to do, what am I going to do”. But you know, and so checking in with myself first, making sure I had regulated my self again.

And doing you know just what we all kind of do, just working on my breath, working on grounding, being present, and then being able to, you know then I could be available again. You know so, just working, working with the emotional psychological environment. Trying to read where the client is, was reacting to. And using my voice, I would say that’s a physical environment.

And in the music umm, that was like after the music, but coming out of the music it was you know like I said the octaves and then, then just using my voice and coming out of the piano very, you know creating some, a couple of chords or a few chords to just kind of, predictability. That was it was. I to get the safety back I just kept on creating predictability with things. I said a few things the same thing over, you know, checking in with the client and then just bringing out gently, gently, gently.

And then the client, when we got into the verbal arena, the client just started spinning. And I was like “Ahhhhhhhh” I totally opened up. And it was all like just starting all over again. So I was ok, we’re just going to go to our breath, you know just yeah.

Laura
So that really kind of unlocked that experience for the client?

Participant
Yep, yep. Yep. It was, it wasn’t appropriate to work in that way with that client. It was too intimate. It was too intense. Too intimate. Because this was a client who was still you know had, had perception of what, self and other was and what makes those boundaries, it was just so distorted. So it was for that kind of work it was you know, too much too soon.

Laura
Yeah and I guess that’s where I’m thinking about with this musical intimacy and the boundaries is those experiences. And it’s great to hear the stories because then we can learn you know what you did from it, that kind of thing.

Participant
Right, right.

Laura
Umm one of the things you sorta mentioned was with the um playing the octaves is like a safety thing and also the physical with the keyboard and moving away, umm, so some other people have actually talked musical boundaries that they might use. Ways to use music to do that. I’m just wondering if you, if there are other things that you do?

Participant
Yeah. Yeah I think that um, making sure that the musical components likes octaves and repetitiveness and just oscillating between um and I um Diane Austin uses this a lot and I tend to I like to use it as well. Just between two, two chords. To create that kind of predictability.

So I think using musical components to create predictability is super important for informing us about how to work with intimacy. And, and, and maintain the boundaries in the improvisation. In that way. Umm and you know everything from unison, to harmonising, you, you everybody’s different.

So I think it just a case of knowing that everybody’s different and everybody’s coming in with a different things, so somebody might love unison and, and just really warm up to that, cause it’s really intimate right. Singing or playing the same notes, someone might just be like, stay away so then you have to like open up, and open up the chords, open up the voice, and send a message like umm ok I’ll sing other notes to what you and make it separate but related.

So I tend to look at like how can I create developmental models within the musical components. So... you know I think definitely umm, all, you know the whole.. I mean modes. They create a specific mood or colour or just think the musical environment generally I say that also helps with boundaries. But I think it also goes down to really being attuned to what your client is reacting to and not, and then just working with the music accordingly. I mean like umm with songs, I’m talking about with actually hands on music, you know.

So it’s harmony or dissonance or you know unison or separating. But even with songs you can really do a lot with boundaries. Umm choice of song, definitely. And then, and then working with song components, you know I think there’s a lot to be said about chords. Different chord formations and you know the lyrics it’s like the combination of the whole structure of the song. You know it’s like how that can be used effectively.

You know and you take ‘twinkle, twinkle, you turn it into a minor key. I mean you’re switching up a completely different vibe and, and in terms of boundaries you can, you can work with that. You’ve got somebody who’s just trying to you know, happy,
happy happy. You know the boundary is, the boundary decision is to stay happy, happy, happy and be supportive and re-educate or am I gonna, you go, but I’m not. So I think choice, choice is important as well. I’ve gone off a little bit.

Laura
No, it’s all related.

Participant
Yeah I feel like it is (laughs).

Laura
It is, don’t worry. Umm I had a question about how you approach boundaries in general. But it might be good to talk about what you think boundaries actually are in music therapy practice?

Participant
As you said that I’m looking to my bookshelf I’ve got so many, I’m going to show you some of my “where you begin and I end’, boundary there are so many… I’ve got so many, you get the picture. I’m mean I think I define boundaries as, umm, an app.. it’s ahh, how we, how we, it’s how we identify and how we sense of, of being in the world. And so, and so I define it as boundaries, I mean boundary as operational.

And so operational from a spiritual level, operational from a physical level, emotional level ad creative level and so. And so I look at it form a developmental level as well, the boundary bench marks. You know from infancy to adulthood you know we have certain boundary benchmarks that if, you know, that, that need to be attained if to be up to informed to feel like we’re functioning, you know.

So I look at boundaries as operational. And an intrinsic part of being human. But from a, you know, beyond a physical where you begin and I end has, I would say that’s my operational little phrase but on this spectrum.

Laura
And so you sort of, yeah you’re saying that it comes from you as a person, growing up really, when these boundaries and it’s that operational thing. How does then that go into a therapy work? What kind of things do you think about in that terms of, you know you’ve got an awareness of what your boundaries are then how do you approach that when you’re in the therapeutic relationship?

Participant
Well my, my approach has always been from a trauma informed perspective. So I’m always looking as, looking at where the developmental arrests where. So in, in the transference and countertransference environment. In the unconscious environment. Is there any umm, you know specific ages that come up. Where is the re-enactment.

Or if I look at it from, I follow this model the boundary bench marks. And so that gives me a gage. If I know that any arrests have happened, that gives me a gage of where I might need to go. And how that has informed certain areas of functioning. That helps me know about where a boundary may be too rigid, or a boundary is too permeable. So I approach it that way.
And I also, I’m always looking for where, someone’s ability and um, tolerance is, is for boundaries. And I, I look at, and I approach it is, my goal is to try and find umm help the client find a place where he or she knows the core, like the source of where their anchor is, where their sense of self is.

You know where is comfortable and where is uncomfortable and what that’s about, And being able to negotiate that. So I see the whole work is about boundaries, you know. And, and, and helping somebody to be able to find that flow. Interested in ‘citerminskis’ model of flow, of finding somebody, like be in that place. You know not too anxious, not too bored, you know just, in that place.

Laura
Yeah, yeah it’s really interesting. That whole idea of it really taking in everything and how you reacting to each other and the boundaries.

Participant
Right, it’s an operational force. That is just ever present and always changing.

Laura
Yeah I mean that sort of leads into another question. Some of the reading that I’ve done tends to, on boundaries seems to come from other disciplines, and a lot of it seems to be, not quite strict but there’s certain sort of things like don’t accept gifts, or don’t have dual relationships or don’t self-disclose too much.

Participant
Yeah.

Laura
So I was just wondering what you thought about those ideas or weather they come into music therapy practice or how they do.

Participant
I think they do because at the end of the day it’s a profession. You know it’s a professional, it’s a, it’s a whole profession. Mental health profession. And so, and so there’s a code of ethics, you know I think we’re talking about ethics, right?

Laura
It sort of goes into that.

Participant
Yeah and you know, I have this conversation all the time. If you know somebody is in um a reconstructive place and is really able to and is needing physical touch, it might because you’re working through you know not having, them not having that, that developmental place for that. You know do you or don’t you.

I know some therapists who do and it’s really cathartic and it’s really healing. And I know other therapists that are totally uncomfortable with it. And you know I think it’s very controversial in some ways but in terms of very concrete things I used to work in a hospital so it was always don’t accept gifts, umm. You know very behavioural, I
think we’re talking about style. Umm my style is intersubjective.

And so umm, you know, I think it’s always about the client. There’s got to be, you follow your scope of practice follow your code of ethics. I remember one time, a client bought me, a client bought me it was a morning session and the client bought me, it was like a Chinese bread. And it was one of those moments where I was thinking do I accept this or do I not accept this? You know, an I decided in that moment that I needed to accept it. I didn’t eat it front of her.

But I accepted it and I, it was because it was important for her in that moment. Based on context, right. So it’s you know, if it was a regular thing, just like a client showing up late or cancelling last minute. If it was a thing that kept on happening, that’s obvious you gotta address that. And deal with that. And even you know subtly like anything, all of it is material. Giving me that gift was was material and it turned out really a, a good decision to make in that moment.

You know another client it may not be the right decision to make so I think it’s umm institutionally there’s a lot of hard and fast rules. And I think that that’s, and you speak to somebody in an institution and they’re like well we’ve got to cause if I accept one gift from somebody then somebody else, you know that’s the philosophy. Private practice model is different.

So I think different models need different umm things. But umm I think the bottom line is you know what’s best for the client? Within the professional realm. You know it’s like I’ve had, a good example is I had a client who said you know “can I have a hug”, and you know, you know “can I hug you” so asking permission to touch you. Or try to you know? It’s like all of those, you know like what’s going on here?

Laura
So you think the um, so I’m trying to find out what kind of guides those decisions um, how do you decide yes I’m going to accept that this time. And you say it’s the, correct me if I’m wrong but you say it’s the context, the client if it’s going to be of benefit to them. Would you say that kind of covers how you make those decisions?

Participant
I would say, I would say… yes but there is always the bottom line of code of ethics. So it’s you know within the bounds. I mean you know umm, I think that the judgement about it, I think that’s where supervision peer supervision umm any kind of supervision comes in.

Because we’re all human and you know you may have been working a lot one month and just kind of our own ability for perspective or we might be, we really need each others eyes and ears and empathy and expertise to hold us accountable for what’s healthy and un healthy. So I think umm, I think that’s a lot of factors and you know I think, I have a colleague who’s in private practice is, is not afraid to go there because it’s in the service of the client.

It’s really constructive and the safety and you know everything is deep, deep work just going on. And so you know then, I think it’s institutional, it’s I think yeah. There’s always the, I think that being too rigid you loose, its not about the relationship
anymore it’s about the anxiety about being ethical. Right. But then if you’re too loose, then it’s like well forget it you just like betrayed.

Laura
Yeah definitely there’s definitely like the hard line, the code of ethics, but then you kind of. Yeah judging each situation on the context and the client but then obviously you don’t want to go too loose so, it almost sounds like a spectrum in a way.

Participant
Yeah I think, yeah, everybody’s different. I think the lines are when, when you stop being able to decipher that there’s a professional relationship. And you hear that so many times in and out of music therapy when, when it’s just like hang on a minute, umm. You know when there’s, when it becomes meshed.

Laura
So you’re saying, so you think it maybe changes from being a therapeutic relationship? Is that what you’re talking about?

Participant
Yeah I think the boundary, the because when the intimacy, I think when somebody doesn’t continue to do their own work I think in some ways it’s a bout practice. If you’re going to be practicing clinically then you need to be doing your own work as well. So I think a lot of people don’t. And I don’t know if that comes up, don’t know if you’re finding that but I think that is a huge, on the professional boundary side.

I think that’s a huge issue, also tat umm we’re facing music therapy and I think therapists generally don’t, burn out. You know the symptoms of burn-out is just keep continuing work but not doing your own work. And that’s when it just, that’s when it gets messy. Cause you need clarity I think, you need clarity and constantly analysing “is this in the clients interest, is this in the service of the client? And if you’re in doubt ask the client you know. “Would that be in service of you?”’. You know put it, you don’t have to hold it all, if you get into that. Cause I think burnout and boundaries, that’s a whole, whole section for your lit review. A whole section.

Laura
So you think that not managing your boundaries appropriately can lead to burnout?

Participant
I think burnout is, is I think vice versa, I think if you’ve got somebody who’s um, or if you notice yourself, you’re like “why did I say that?” what’s going on? And if it’s, if it’s fuzzy or you’re unable to decipher it, maybe you’re tired that day or maybe it’s something, a block.

Or it’s just something you know when you’ve got a client who’s going through a lot, you know it’s intense stuff and I think that you know, we’re so resilient as human beings we don’t realise how much we hold. The cellular memory. I’m into that these days. Cellular memory and how music can be unlocked that. Because it’s vibration and it’s pressure and it’s movement and it effects out bodies and it causes shifts. And if we’re not doing our own work, we’re holding that.
Laura
Yeah I mean that just makes me think of your example of going to deep and thinking maybe if someone wasn’t so good at kind of working through and coming back out of it. If you left still holding that.

Participant
And you leave the client in a mess. Yeah you’re holding that, and that was you know it’s scary. When it, you know that’s why it’s safety first. Trauma or no trauma it’s like safety first. Holding.

So I think you, I think as we’re talking I like more and more the idea of cellular memory. You know it’s like trauma work is all about and how it’s help in the body and how umm, as music therapist we’re still yet to really, begin that conversation. I mean we’re doing it, a lot of it, but in terms of research talking about it scholarly.

Laura
Yeah, I’ll get a time check.

Participant
Yeah we’re right up to it.

Laura
Cool alright well is there anything else that you would like to add about boundaries? Or anything we’ve been talking about we have covered a lot so.

Participant
I’m fine. If there’s any other questions that you have, that you need to get.

Laura
No, no we’ve pretty much covered every angle that I wanted to look at so. Unless there’s anything that you feel is left out?

Participant
No, no.

Laura
Well thanks very much.

Participant
You’re welcome, you’re welcome. I love talking about it. I found somebody, I’m so happy that somebody else is talking about boundaries and researching it, cause like ahh it’s time (laughs)

Laura
Yeah because I talk to people about it and I just get blank stares.

Participant
I get umm you know, you can keep this on the record or off the record, but I get a lot of presentation rejected for my work because people just haven’t been ready. That’s what it's all about my work is boundary perspective music therapy. And working at
the transitions and boundaries about those transitions. And it seems like mentioning multisensory environment boundaries; it’s like yeah, yeah. It’s really interesting. I found, it’s an odd book but have you come across it’s a tiny little piece of writing that I wrote, it’s not a book that will typically be catalogued. Um Bridging trauma and practice, trauma theory in practice.

Laura
No but I looked at what was one your list and I will.

Participant
It’s only, it’s something. You know it’s not my best piece you know it’s interesting. I think it’s something to just have a look at. And I’m happy to send you, I’m actually trying to do a little bit of research this year on it. Writing a bit about it. … I haven’t met anyone (talking about boundaries). Especially in America. In America you’ve got these very, have you done any, have you managed to get to the south?

So it’s interesting because America has these regions and traditionally it’s very behavioural and they have these ideas that are just straight to the physical. You know don’t accept gifts, you now that kind of thing. Whereas east coast, I don’t think I could work anywhere else other than the east coast and I just moved form (removed for confidentiality) and that’s like fine. But we’re all pretty much aligned, I’m sure I’ve said similar things to you.

Yeah so we’re pretty aligned with, into improvisation and that whole. Whereas there’s other, I think the general literature that is out there on boundaries from America is very interesting, so it’s more about a concrete. An the Brits are more interested in it actually, Gary Ansdell’s work with mapping the territory, that influenced my model. And he addressed the physical and I took that and did it multisensory and he got, but he’s just talking about it.

Then umm who else, Leslie Bunt. I was chatting to him at the in Vienna, and he’s never formally written about it but he is probably, as I’m talking he’s probably a good person to try and get an interview with. He said he’s always been interested in boundaries and in a way that I just described that I’m interested he’s come form the same place on the earth (removed for confidentiality). You know he described it as, very close to nature like it’s how we are, it’s how we are in the world. How we form ourselves as human beings. How we participate in the would, our connection with nature. And so he’s not written formally about it. Bur I was actually going to reach out to him to talk about it.
Interview five

Laura
So maybe just for the recording you could just talk about what areas you work in.

Participant
Sure umm ok. I probably have most experience working with children with special needs, from maybe five to 20 umm in special school. Umm and also elderly clients with dementia, umm, and I do some work at the moment with a client with brain injury and acquired brain injury. Umm, yeah. That’s pretty much it.

Laura
Yeah cool. And you’ve been working how long as a music therapist?

Participant
Since 2008 so six, six years.

Laura
Very cool. Umm great well I’m looking at these ideas of musical intimacy and boundaries and that kind of thing. So first I’d like to get a sense of weather the term musical intimacy makes sense for you, umm and what it might mean. So if you could just have a think in your sort of work.

Participant
I suppose my instinct is to say that music making is intimate. I mean I find that as a musician umm anyway I think in my work as a music therapist umm, I’m, I’m quite happy with the musical intimacy. I think it’s quite a, appositive thing actually I would say. Umm… yeah. … What does it mean to me, umm. I suppose it means communication.. on many levels at once, umm… I don’t think I’ve ever thought of it purely in musical terms umm, for example literally like harmonic terms of something like that. I don’t think I’ve gone that, I think of it, when I think of musical intimacy I think of it as a whole, I think of it.

Laura
Yeah that’s sorta what I’m thinking, it’s the whole.

Participant
Right, yes. Yeah, yeah so probably for me it involves gesture and body language and spacing you know where you are and, umm, with the client, and umm.. all those sorts of things as well umm. I mean I think therapy is essentially an intimate space anyway and not just physically, but umm… yeah… does that, it that a reasonable starting point?

Laura
Yeah, yep. So umm yeah I guess you mentioned a few things. So they’re lots of different layers of it umm and maybe communication is part of that. And I guess, it’s not only, it’s verbal and non-verbal communication from what you were saying. I mean what other things would it include sort of on those other layers?

Participant
Umm… I suppose… ah I’m not sure if this makes sense but how much you… I think there’s a, I think, think, of a relationship and there’s a trust and intimacy makes me think of all those things. Umm the fact that you feel safe to give. I’m thinking of boundaries at the same time, how much do I give and what am I giving and what way am I giving it so, multilayered I guess umm, see I sort or personally think that music does that for you a lot of the time, it kind of allows you to umm, interact and communicate in a way that perhaps in everyday life, or people who are not music therapists or musicians they might find it quit odd, umm.

It’s I guess it’s quite a, I think of it as quite a, a kind of un, a raw communication it can be you know, so it’s not, it’s not umm, and especially if you’re improvising it’s not a preconceived sort of, or a nicely packaged form of, do you know what I mean? I’m not saying that it isn’t or it can’t be but it just in an improvisation you’re sort of going with the moment umm, and music can allow an intimacy. I suppose it’s a safe way of being intimate, you know, or it can be, you know. Umm… yeah but you asked bout different layers??

Laura
Or really just sort of talk about, layers is just one idea that you mentioned. I mean some people find it easier you know if there’s a certain client or something that comes to mind you could just describe that for me.

Participant
Hmm,

Laura
Sometimes that’s an easier way of talking about it.

Participant
Yeah, yeah sure, Sure. Umm well this client that I have at the moment with an acquired brain injury I go into his home. So that’s, that’s an in, that’s intimate already in a sense or that’s a showing that perhaps he hasn’t chosen, well you know, I’m sure his wife I mean we’ve talked about it you know but it’s not, he’s not verbal, but umm, there I am in his space essentially.

Umm and he has quite limited movement umm and, creating ahh, creating communication or instigating any sort of interaction, is sort of, sometimes feels like a bit of a you know like with all clients, with client with very limited movement and very kind of when it’s quite difficult to tell what their intention is or umm, or if there’s intention there umm. You know I kind of, everything can feel like a transgression, a boundary that if they’ve got no way of saying umm, actually stop, or no or I want mars bars or umm, oyu kind of umm. So, so, sometimes it can feel like this enforced intimacy , this sort of enforced, not perhaps it doesn’t feel like that but perhaps that’s a always a question that I’m always weary of, or, or aware of, you know like, umm.. which, which, which is probably there with lots of clients you’re really, you know you can’t assume, obviously. Umm..

Laura
So you’re weary of not sort of forcing that intimacy onto him?
Participant
Yeah, yeah. I think it’s just very striking when I’m singing or playing and umm, I’m taking what he does as a starting point, but quite often that’s very, very minimal so, so I’m being quite intimate I’m, I’m, umm, making music quite openly. You know I’m not I tend to use, I use sometimes known songs but it tends to be improvisation it tends to be what’s in the room at the minute.

Umm, and, he, he has a way of looking that’s quite wide eyed umm, and I wonder sometimes if he just thinks what are you doing. You know (laughs). Sometimes I stop and I ask him that and there’s a lot of humour with this client, which is, is actually when we have the real moments of meeting is actually when there’s generally after a humorous moment,.

Ahh and, but.. the, the thinking of musical intimacy I think it was only last Tuesday, umm, so I’ve been seeing him for six months, usually twice a week. Quite intense work and on, on last Tuesday we had this improvisation where he actually was umm, and I find it very difficult to describe after it had happened. I was trying to write it in the notes, I was trying to say this is a significant moment but I couldn’t put into words exactly why it was so significant.

Umm, and I sort of had to think of it in terms of, it’s so stupid, umm, you know when you’re a musician and you’re improvising and you meet a musician who is so quick who picks up, you know you don’t have to do, you know in a second they’re in the key, the right rhythm and you’re away in a second and you’re just few. And there was a musical being togetherness that hadn’t happened so, so for a sustained period of time and also in quite the same way.

And also a kind of I was improvising on my violin and he had the, I think it was the tambourine but it could have been the bongos sitting on his lap. He tends not to move his hands but sometimes he can move his hands. And he, his leg was going so I was following the rhythm of his leg and, and making it, it the energy of his leg was going quicker so I was going (noise to show the rhythm), I started playing more quickly and umm it, it went down again so I mean I was following him so he was leading you know that moment, I was playing pretty major stuff, like harmonically major.

Umm and umm using double stops and kind of matching this, this um what I perceived as quite energetic, quite robust, so umm and then it, you know came down we had a bit of a, and he stared playing like that (showing moving her hand very softly), you know like this and so I just kept umm, a rhythm going on the, really just tapping with the (demonstrate tapping sound), he was, I think it was the, he was, he was making music me. You know he, he, he did this he knew I was following him.

Then after led the next bit, then I went in, I back to the kind of energetic stuff, I was like ah well lets see are we really umm in tune here and yeah the leg starts going again, and, and, rrrrr, and then the improvisation came down again and then and he did the same again. Umm so I did the same again. Umm, and his leg started going, so we had three real umm sustained interactions, sustained musically umm. Does that, does that reveal any other layers?

Laura
Well yeah I don’t know, I guess it depends you know maybe what was going on for him, how he was experiencing it, which you can only guess, or it’s your interpretation. Umm but it yeah it sounds like, you can definitely get a sense, yeah like you were communicating and meeting in the music and then moving together with it. And yeah communicating something through that. Umm lots of other participants have talked those kind of moments, you know that you have. And they go into it you know one of them described it as it’s like the clocks stop, you’re in that moment and you come out.

Participant
Yes, yes, yea. And what does that do in the relationship how does that change it if at all. Like suddenly when the music’s stops, is the intimacy gone or is that developed, or enlarged the sort of widened the umm,

Laura
Do you think it did?

Participant
Yeah I think it did. I mean I think it did, it did for me umm, … it’s interesting work because the session vary… and, and sometimes he can be very, very tired. And so he doesn’t interact so much physically, but he’s, he’s I, I , I think it did. I mean it was only Tuesday so we had another session yesterday and yeah, we’ll see.

Laura
Sounds a very, it’s a great example I think that does really capture the musical intimacy. Yeah umm, how about you say in your work with children are there any examples that come to mind there?

Participant
Oh now I have a sort of onslaught of too many. Umm there was one, I probably, if I start talking them maybe something useful will come out.

Laura
Yeah just talk, it’s fine.

Participant
(laughs). Umm there was one guy who umm I worked with for a very short amount of time because he actually wasn’t supposed to be in school anymore, he was 19 so he was supposed to be, he was supposed to have left school. Umm but he was, he was kind of known to, know to the health agents outside school.

He was on anti-psychotic drugs. He obviously had a learning disability so he was ahh, yeah, umm I’ll call him James, yeah. And he, so he spent that year, pretty much until I kind of got wind of him, pacing up and down corridors. You know he couldn’t be in class he couldn’t, and he was really, he, he had been violent in the past and prone to sort of outburst and really quite aggressive.

With staff and with other people. And he, he tended to yeah pace up and down the corridors with um action men in his hand. And one of his ways was umm, processing things was to kind of, you know act out things with his figures, action figures. And he
sort of had this like encyclopaedic memory of films ahh songs and scripts and stuff. And he just, he turned up at the window one day.

Cause I was between sessions I was playing. And he was like (makes face), and he was obviously interested. “What you doing, what you doing’ you know. So he came in and I said you know do you want to try something. And I sort of gave him the violin, I had two violins, I had the violin that I use in therapy you know for the kids to use that I’d brought umm. But he, I don’t know I guess there were several things, I mean he, I think there, I as I, as I’m thinking now I think the act of giving him my violin, he, he ,he understood that it was my violin.

You know and there were other instruments in the room, all these other instruments in the room were not mine, but the violin was my own, you know that I took away and so, and in that sense, that was quite a, well I guess it was a trust, there was a trust thing there. Here is this thing which is actually quite special to me but, you know. And I think that kind of influenced how, and I pushed for a referral cause I mean the rest of the staff team were like well we’re just sort of holding him until he goes to. Well actually he’s pacing up and down the corridor and he came and interacted with me and you know umm, and so we spent I think probably the last three months of his time in the school, it was really, it felt far too short. You know just having half hour sessions every week and, he, he , he umm was completely free. I mean he just, I, I , it , it wasn’t in the sense, that was really quite opposite to the umm, the. The guy I’ve just described with the brain injury. It was umm, very, very different piece of work. SO in the sense of really improvising with somebody and sharing a musical intimacy that’s, that’s kind of bound up that way it, it was much more that, it was much kind of more loud active intimacy, it was sharing a space intimacy.

But music enabled that because he kind of, I spent a lot of time on the piano playing you know huge, huge, huge chords. And I mean I’m not, you know, not a fantastic pianist but I was like (mimics playing all over the piano), and he was just umm, acting and sort of Boyed and held by this umm, this grand music. Ahh and, I’m trying to remember now because there were several moments towards the end where he, he, he tended to kind of do circuits of the room.

So I’d be you know holding with the piano musically and he’d be doing you know what ever, and he’d say no, no, no umm, and then the moment where he came and he sat down next to me, so there was this huge kind of moment of intimacy actually. And trying to just not, not be phased in any way and just, and he sitting beside me and I just gradually just go off the piano stool and then he got on and started to play. Then I was able to pace or, or you know.

But. I, you asked with the last client did I think it made a difference to the process or do you think it widened the intimacy musically, did it widen that experience, the therapeutic relationship. And umm with James I think it really, really, did because he, I met with his mum, in the last week of term the practice was to meet with all of the parents and talk about what was going on and. And she said he, he talked about music therapy, you he didn’t talk about anything from school for years, he’s only ever talked about one of the member of staff. So I think it really did make a, I think it did, have a big impact.
Laura
Yeah definitely.

Participant
Yeah there’s some, some lovely video actually. Umm, of another moments of meeting or shared intimate moments in the music. There was another girl who’s profoundly and multiple disabled. And ah, as soon as, you know as soon as music, umm as soon as she came in and I just started playing and singing and she was just absolutely completely in it and it was just, the, it was one of those funny sessions where I felt she was just, could go on all day.

That sort of level of engagement completely… she just loved it, you know it was like she just drank it up. Umm but, umm, yeah I suppose it was a video of it to some of the staff and I think I even had a teacher saying, I mean I was using my voice like really going for it to actually match her. Because she would give me this, hugely profound, and you think oh I can’t, oh I can’t you know that’s such a, I mean initially it felt much more, I mean I would come out of session and I would just be absolutely floored, like I’ve got nothing left, I mean it was so tiring.

But when it became more, slightly more equal and umm, yeah I was giving it louder with my voice. And the head teacher said, I was trying to say she, she, she was matching that. Cause one of the exciting things like I worked for a long time, I think for about a year and a half with there and then I came back and we did another year and a half probable. And towards the end she was really beginning to find her verbal self.

Umm, she, loved the guitar and would hold onto that for a whole session and that was, that was the things she loved initially, but then she began to use her voice. And sort, and, and use it intentionally. So sharing it with me and responding to me vocally. Ah I mean she was, there was that clock stopping moment, her whole sessions were like that with her. It was just, it was kind of so umm, I mean it was lovely to work with because hugely, she was hugely expressive, yeah.

Laura
Yeah it sounds like lovely work. I mean those special interactions. Yeah.

Participant
Having said that, tell me to stop if I do,

Laura
No it’s fine.

Participant
Umm the, the I do run open groups for elderly people with dementia in several different nursing homes. And I’ve done that since I qualified as well and umm, it’s, it’s really different work and I, I, I use known music quite a lot and but I, I, I go with what’s there as well so. And there’s been many, moments, umm I see clients just, yeah I just it’s nice to talk about actually, I think it just reminds you how unique music is and I think umm.
Laura
Yeah cool. Yeah I guess thinking about this sort of stuff the other part of what I’m looking into is umm how music therapists approach boundaries and you know what kind of happens in and around the music, or the musical intimacy. So umm maybe you could talk a little bit about how you approach boundaries in general or what you think they sort of include in music therapy?

Participant
Hmm, I suppose… I don’t have a, I don’t have a sort of fixed umm you know maybe that’s not true, I have a quite flexible idea of boundaries maybe. And ahh, I do tend to adhere to the fact that the room provides quite a nice holding space. Umm ahh, but I quite, I like to think about the, the kind of, the umm, I don’t know if the connection that’s made and the I don’t even know if I would call it a boundary but ahh the containment or something, the kind of space that you create within and interaction and think of that, I feel that that’s more within a say a physical holding space I think that’s more interesting.

And I don’t know, I sort of berate my self quite a lot and I don’t know, umm, successful at doing that. Or I’m I, I’m always in my head of “why did you do that” or “why did you ruin that moment that actually you created and you were protecting that” and I mean that’s, ahh…

Yeah but I’ve done a lot of work in different countries umm and different contexts and thinking about you know, is that music therapy if you do this. Or if the door doesn’t shut does that mean that you know it’s still, what is your boundary and umm, I, I do find it quite difficult to umm, after there has been some sort of moment of meeting or some sort of sense that there’s been a shared understanding through the music. Umm and I do find it quite difficult to then come out of that and then go ok you can say “oh what happened there?” Or if your client is able to speak and “oh how did that feel for you”, playing together there and umm.

But to me it always just seems like that’s this kind of, either it, either it sometimes can, as soon as you examine it it’s kind of I, it can’t umm, I don’t know as soon as you start to explore meaning or something it goes a bit, “oh but actually that happens, but actually now I’m trying to think about it and it’s hard to describe”. Um how does that, yeah. Yeah I don’t, I had a friend who described boundaries, I think she said that she thinks of boundaries of more of your spine rather than a scaffolding. Which is a nice way to think about it I think.

Laura
So like a, like sort of a gut feeling, or like a?

Participant
Yeah, yeah sort of instinctual. Yeah I think it is. For example the the client who’s home I go into, his grandson is there and trying to, usually his wife is in another room and we have it sealed of place so we can make as much noise as we want. But for the last five minutes of the session there was a glass door and he was like this (mimics grandson pressed up against the doorway looking in).
At the glass going (looking in), and I was just sort of bringing things to a close I mean and um, um, and he opened the door and I was like do you want to come in and help us with the goodbye song? And so that was a sort of instinctual, I, I, I didn’t think that he was going to take away from what was you know what was happening.

And actually he just chose to sit, he’d obviously been told that if he went anywhere near he’d have to be quite. So he just sort of sat and didn’t join in but umm, I mean I think it’s part of the work with that client anyway. To actually to kind of to, to, to you know his family are very, very present so it’s quite, I, I, I want them to feel like it’s time, but if they would like to come in and if he then that’s ok and they can have the time together so um. And music is a way that he can be with his family too. So, yeah.

Laura
So it's more a flexible, yeah that sort of intuitive approach with the boundaries, with the physical boundaries I guess of the therapy space.

Participant
Yeah… hmm.

Laura
So you talked about the sort of the I guess the physical boundaries of creating that space, umm is there anything, like what other things do you think about with boundaries? I mean you mentioned before how much you share of yourself, I mean what kind of guides those decisions?

Participant
Umm I mean I guess it’s a whole mixture of things like, umm, I’ve been reading a lot of Rogers at the moment, that I’m just loving, and just this hmm, he just gives you permission to sort of you know actually being yourself is, the, the, the, is it. You just be yourself, you know you don’t need to say the right thing or practice a certain way or, you’re creating a relationship with this person it, it, it’s umm, so I, I think probably in my skill work I was very conscious of boundaries like I’m not going to share certain piece of information even, even, stuff like my age, you know I kept it quite, I kept it quite, I tried to keep myself a bit of a blank.

As far as possible but just not, not in the sense that I can’t remember who said you’re a blank slate, I can’t remember who it was from somebody. But that’s being very much ah you know gone beyond., yeah. So probably I was more aware of it in the school because things can get quite heightened you know working on your own with somebody, I think there can be quite a lot of fear, umm.

Laura
In sort of, fear around boundaries?

Participant
Yeah I think so. And umm you know child protection issues or things like that were it’s kind of driven into you that you know there are certain procedures and it can become quite normal and um, and there are lots of ahh, procedures in place to protect, but I think in that sense I was quite conscious of that.
Umm, where as umm, working in the community or working somebody’s home, I am much more flexible but umm, I think, I think probably there have to be, you have to, although being yourself you have to still, it is still, you’re still working professionally and umm, you know you have to keep yourself up a bit, which I, I, I mean I am not the best of that anyway so i think I have to think a bit you know. I tend to give a lot and then, ah then be very sorry (laughs). And you know it’s not, it’s, it’s, umm, yeah… (long pause). Yeah.

Laura
Yeah it kinda sounds like maybe it’s a bit of a process and reflection type thing, would you say?

Participant
Yeah, yeah I would. Yeah umm, .. I think the work in this field is always, I’m not sure if I had always time to reflect, ah and you know there’s certain things taken as givens in umm issues of boundaries and umm, whereas ah, it is much more flexible and much more up to me to, to, to kind of look after what boundaries there are, or, there should be or there shouldn’t be. Yeah… (long pause)

Laura
Yeah, it’s a tough area to kind of…

Participant
Yeah it’s interesting to, try and define things, not even to define actually to think about. What it means actually yin the word and ah realise that probably I haven’t ever used the word boundaries in thinking about my work recently, ah there are umm there’s lots to think about there. About how, how they influence the work, or how they…

Laura
Yeah and do you think umm, you sorta said that maybe when you were a student you, it was a bit more, or you had some ideas that maybe it was a but stricter or how do you think it’s sort of changed over your wo work time?

Participant
I think I put a lot more, a lot less emphasis. I think when you’re learning it’s, I don’t know about anyone else but were desperate for facts, just so practical you know just anything that we could hang on to. Umm or a rule, that would just give you somewhere to hang something. Umm and so the idea of boundaries an maintaining appropriate boundaries umm, I think it was much more umm, what’s the word kind of ahh, much more clearly defined and much more this is a thing, boundaries are a thing you know.

And now I think it has evolved very much more now for me, in, in, it is much more intimate for me now, I mean I’m just hinking about you know kind of individual work. I guess this is probably a silly, a silly, visual thing but I do imagine when you cross potential space and thinking of peoples potential space is sort of section, and that creates a kind of channel, or a little train set (laughs), you know.

Where the interaction can happen you know. So I’d yeah, I think that, I think
probably I’m much more relaxed about the fact that even in schools there are certain rules but having a bit of confidence to, to kind of um, you know understand them but not be terrified by them. Like I remember my very first session on placement as a student and being so worried that I would overrun that you know cutting an interaction short you know because we have to finish now because that’s the time boundary, you know we gotta finish now.

And, and you know taking quite while to get over that and realise that actually um, time is, ahh, it, it will, the interaction will, it will slow down. You know it’s not, it’s ok and umm as long as you’re not running over by two hours or whatever or, or, it’s not very long at all or it’s not feeding into some pathology or some then, then you know you’re just human. But then you know the time boundary I remember that being quite a thing. (long pause) Crazy days (laughs)

Laura
Yeah cool I’m just trying to think if there were any other areas that I needed to ask. Yeah I guess with the musical intimacy thing, how do you think they sort of impact on boundaries?

Participant
Umm… like the kind of idea that you’ve made a connection through the music and that, or you’ve had a musically intimate moment does that have an effect on boundaries outside that?

Laura
Hmm or within the relationship

Participant
Hmm, yeah, yeah, I mean, yes it does. It’s a sort of, I dunno I think of it as growth thing. Even if it’s not steady um interactions get longer, even if it’s not like that you know even if it’s quite sporadic. I think there is an area of growth, well actually I mean it’s in the relationship yeah. There’s a, a, a deepening.

And I don’t think I mean, I’m not sure for me in my work for what I’ve done so far it always needs to be explained or defined or acknowledged verbally. Umm I think with the client I mean, ah, I think that’s kind of, sometimes I find myself thinking well that’s kind of you know that’s what music does umm and, and you know you don’t need to work so hard to ah, create something, umm, Just go with, just go with it and it comes.

Yeah so I think it definitely has an impact on umm, on relationships. Musical intimate moments. Hmm. I was just trying to think how, how does it have an impact. Um and what does that, and what does that mean and what does it. I suppose for me it means I, I ah, I am myself more. You know if you give, if you are, if you do share intimacy umm, then, then, umm ah, it, it enables a kind of truer relationship I suppose. And I just think music, I almost think that I think I sometimes should examine it more I don’t know but just umm the, I take it for granted almost. The you know, that’s…

Laura
That music can really facilitate that?

Participant
Yeah, yeah. Umm, (long pause). I was just thinking, I had this thought the tail end umm but umm, thinking of is there, cause I’ve been thinking or speaking in very positively about musical intimacy and actually umm, oh I mean not in the sense that you might transgress a boundary being musically intimate, I don’t, I’m not sure if you could be musically intimate on your own, like you can be give of yourself but intimacy sort of implies two.

But then I was thinking about playing with other musicians, not in therapy work, and well you know when it’s not working and is that still an intimate moment or is that actually, is it, umm I don’t know I mean I guess it’s like I mean you’re talking to someone and you never met before and you’re sharing some thing umm ahh you never know… yeah it’s just yeah you know how to interact in community and that’s what we need to d right now but umm, yeah the ideal true relationship I suppose.

I’m thinking of improvising with other musicians depending on where it is like whether they’re background it, what their training is, the way they play if they’re not improviser, if they’re slightly behind the beat all the time. What does there need to be to, need to be to enable musical intimacy to umm, maybe I’m sort of mixing it up slightly because I go off with the things about measurable musical standards rather than actual expressive communication, but I just sort of thought of that thing.

I dunno kind of shred moments kind of, cause you do share a moment with them but it’s not so ahh, it’s not umm, so intimate, I wouldn’t think of it as being intimate. I don’t come away thinking, I’m thinking of I just play with this band and with these boys and they were really creative and I really liked their musical ideas that they kept coming up with.

And we used to write together so we would kind of create umm things together but umm non of them like, it was really difficult to play with them cause they were like the kind of would play like, it was two guitarists, and cellist and violin and you know the guitarist would just be like this playing their part you know. Even thought we would like improvise it all together they would like stick to, you know, and there was no way that we could go with anything different.

Whereas I liked to change it, which would frustrate them all to the tenth degree. I dunno it was interesting work to do cause none of them read music. And they loved, one of the guitarist loved irregular time signature. Like and time patterns, but didn’t know how to read music. So I would have a picture in my head of what, what it was. Like well that’s 5/8 and that’s 5/7 so that makes this.

But they would think of it in phrases umm you know music, discrete phrases. But the cellist would always think of it in different phrases, like he would think of hi hooks. Umm it was just a really interesting experience of how these went together but it was never intimate because that’s how these guys were just. And yet it could have actually really been, the music actually it sounds intimate, I think, it’s quite introverted it’s quite different. Umm thinking music. You sort of umm.
Laura
So do you think eye contacts important or certain kind of body language?

Participant
Yeah, yeah. I think it’s just listening as well you know. They didn’t tend to, they couldn’t listen and play at the same time, cause some bits we were playing I was like umm, yeah I think absolutely those things I mean umm. Ahh and gesture and a sort of open and things, which probably instinctually you probably do to be communicative and to indicate your listening even if you’re not.

But not like you know, I think eye contact yeah sure it can be really, the guy with the brain injury when I’m singing hello to him. I spent a long time thinking weather it was appropriate singing hello to him cause I don’t normally use hellos songs with adults and he’s such a lovely umm guy o, sort of warm and allowing that you know we talked about it and you know you like this song should we start sessions with this song? And he would just go yeah. But when I’m singing it, he interacts with his eyes, his facial gestures and he really, really shows me that it’s a joint thing at, at that point.

And I’ve tried things like giving him the guitar, does he want to be more musically involved in that moment. But he doesn’t ever reach out and or, or sing in another way that he wants to be involved with that. But with his eyes. Yeah I, I think it’s umm, yeah definitely. I’m thinking of with James the 19 year old he would give me eye contact, and there was just almost none of it, so that was another, umm kind of, giving of himself a sort of sharing, and being intimate when he would actually umm look in my eyes and yeah.

Laura
Cool well I think I’ve covered most of the areas that I wanted too, I mean unless there’s anything else you wanted to add about these ideas of musical intimacy and boundaries.

Participant
Yeah umm, I don’t think so, I’ll probably think of those things and I’ll get annoyed that I haven’t actually spoken.

Laura
Oh well email me.

Participant
I think it’s quite a difficult thing to explain. I think if we’re setting up work were I’m at at the minute, sort of selling my self a little bit that yeah this works. To actually explain musical intimacy as being a positive thing I mean for some people absolutely they’re on it, but others I’m finding it more resistance up here than I did down in (removed for confidentiality).
Interview six

Alright, well maybe, just really for the recording if you could just explain a bit about what context you work in and with which population.

So I work with older adults in aged care.

Yep.

Yeah, so that’s the area that I work in.

Yep, and have you worked in any other areas?

In disability and palliative care. But I suppose in relation to aged care it also encompasses aspects of disability and mental health.

Yeah, that’s right. Yep, cool. And you’ve been a music therapist for, you said…

Nearly eight years.

Nearly eight years, yep. Alright so I’m… So looking into these ideas - I guess you read through the plain-language statement.

Yep.

And I’m really interested in this idea of music intimacy or it’s really I guess the musical interactions that we have in our practice.

Yep.

So I’ll probably just get you to think about what that means in your work and then just describe a bit about it for me.

So, can I think of musical interactions rather…

Yeah, that’s fine.

So in say in a group context I think about the group dynamic as it presents and the different residents or the different people, the recipients of therapy in that particular group. And over a period of time how the therapist establishes a certain amount of report with each person within that group. And then how the therapist interacts musically with each person within that group. So it being a very personal – on one level, a very personal – dialog or interaction with each resident within the group. But then thinking of it from an individual session, or more from an individual perspective, probably even more so personal because those interactions – well I guess musical interactions, are highly personal. And, something that the therapist, sort of, draws from the person over a period of months or the time that that therapist works with that person.

[clears throat] Excuse me.

That’s alright.

So they’re personal and very special, and I think it’s just how those interactions happen, whether it’s in a group context or whether it’s in an individual context. That’s how I, sort of, those are the ideas that come to mind. I’m not sure about musical intimacy. You talked about musical interaction and musical intimacy. I think more about musical interactions, which is, sort of, the musical preferences – each person’s musical preferences and the therapist trying to relate to that person through that person’s preferences, or musical preferences, whether they’re Italian or Greek, or whatever culture they come from. And they could be anywhere
from maybe 5 to 15 or 20 songs or pieces of music that that particular resident within that particular group may relate to, grouping of 6 months or a year. But then if I think of it, if I think of it from an individual context then it just seems to be a different – I’m just looking at the group and the individual.

Yeah, yeah that’s great.

Yeah, because in the individual context I find there’s, the resident or the recipient of the therapy seems to be more comfortable expressing their musicality or, umm… I shouldn’t talk about other aspects because what you’ve talked about is musical interaction. So if it was a song writing project that I was involving that particular person individually, then it would be essentially about those musical ideas and the motives that that person would talk about, which the therapist would draw upon and develop and help that person, I suppose, express, or I suppose try to bring about the therapy for that person, whether it’s the catharsis about song writing or whether it’s just musical appreciation and reminiscence. Depending on what that person – what the goal is really for that person, whether it’s a life-review or reminiscence or song writing project or even something on a spiritual level. So that’s person’s spiritual needs being addressed. So these are some of the ideas that come to mind in context, in terms of musical interactions from a group perspective and an individual perspective.

Yeah, no that’s interesting. Definitely a few things in there that you mentioned. One thing I… just go back to the start, you said that it was quite personal. Is that… If you could just describe a bit more about how it is personal, or what you think about that.

I think especially with regards to an individual session, if that person wants to write a song about something very personal about their life, then the ideas, the musical ideas that that person wants to disclose to the therapist, the therapist needs to be quite mindful of what the recipient of therapy wants done with those ideas, and wants done with… because of the personal perspective of that therapeutic relationship, I think. If that makes sense.

Yeah, yeah.

So I think… so in a way I’ve been thinking about a group, in a group situation people tend to ask for more general, sort of, songs and because the goals are a bit more generalised, it seems to be a variety of musical ideas which may be able to be shared amongst the group. But I think – the more I think about it the more I feel that from an individual perspective they seem to be even more personal, because you’re in that very personal space – that room of the person. And they’ve allowed you to be part of that therapy process. They’ve disclose those things to you, and I think musical intimacy, or interactions as it were, that’s how I think.

Yep. So it’s them kind of having that space with the music to talk about things that are maybe, you know, harder to talk to, or…

Yeah, to other people because they may not necessarily relate to other people within that setting. If it’s, for example, if it’s aged care they feel that they’re quite isolated and other people don’t necessarily share their values or beliefs. And that they’ve found that they’re able to safely express their thoughts and ideas to the therapist. Then the nature of that is very personal.

Yeah, definitely. Well I guess that’s a lot about what therapy is in a sense. But do you see, I mean with the music, what role do you see the music playing within that?

I think the music tends to be the medium, or the vehicle if you like, to get through to the person and to maybe initiate or start that therapy process even. I think that’s… I feel that’s the
role of music, whether it’s initially, or in the course of the therapy with that person. Music plays a role in terms of… what’s the word… initiating or, not solidifying, what’s the word… to bring together or… yeah, to facilitate I suppose. To facilitate the therapy, I suppose. And allow for… allow that person to express ideas that may be inspired by the music.

Yep. So the music helps in that whole process then?

Yeah.

Unlocking it but then also along the way, or sorry, facilitating it so it sort of, throughout do you see it as something that starts something off, or does it sort of come and go, I mean it…

I think it can from person to person, it can sort of come and go. But I found sometimes it’s a great medium to start the process, and then eventually it just becomes more of a session where they do enjoy that discussion and reminiscence and being able to express and debrief and talk about what’s going on with their lives. But on the other hand sometimes it does go in and out where the musical motifs and the musical interactions become more of a feature from time, from week to week, where the recipient of therapy may choose to engage musically rather than verbally or in dialog. Those are just some ideas, and those are… that’s from experience really.

Yeah, I mean that’s what I’m interested in – your experience and umm. I guess that sort of ties in a little bit, I think, you mentioned a bit before that it sounded a bit like you could almost have a bit of communication, sort of, through the music.

Yeah.

Yeah, could you talk about that a bit?

Can I give examples?

That’d be great, yeah.

There was a recipient of therapy – a younger man in an aged care home recently who I had a few sessions with him. He was a person in his 50s and he had a condition that rendered his limbs lifeless really, and it was a degenerative condition and basically palliative, but he was completely cognisant. He really… I mean people at this particular place, they found him very difficult to deal with because of the things he expressed. He was apparently… they called him very difficult because he was demanding… apparently he was demanding, and it was just… he was reacting to the situation he was in. It was a complete loss of control of so many different aspects of his life. But he absolutely loved music, and particular specific music – music from the 60s, 70s, sort of pop and rock. And he just enjoyed that time of choosing his own music that he could listen to with me, talk about it, and hear me play the guitar and play some songs to him. But eventually what happened was we started having these musical dialogs where we’d have this improvisation where I’d play on the guitar and he’d, in free improvisation he’d start singing about his life. About the trials and the predicament that he was in.

And he’d sing about those and make it into a song and I was able to support him, or underpin that musically. And eventually became… I brought in the keyboard, you know just for a change. And with the keyboard it became even more so. It became… it seemed to become… well this is what he expressed, is that it became quite a cathartic process for him to be able to sing about just whatever was on his mind. And I would, sort of, musically validate that
through musical phrases that I would interlude, and sort of, I’d use familiar chord patterns and so on which he liked. And so, in that context I suppose music played… what was your question, ah, the…

About whether it was communication.

Communication, yeah. In that sense I found that music was almost a means of communicating on different level almost. So…

Yeah, it sounds like it, sounds like a…

Yeah, and it was quite a shock when I recently went to work and I found that he had very suddenly passed away. But I think in that context, the musical… the music was a means of interact… communicating.

Yep, and how do you think that was for him being able to do that?

From what he expressed to me - from what he said, he said that it was, he really… this was the only thing that he enjoyed doing the week, and that this time was what he really enjoyed. And it was a good experience for him. It was a cathartic – he didn’t say cathartic, but he… to that effect he said that’s how he felt about it. So…

Yeah, it’s interesting. It sounds like it was a, maybe a good experience for you as well as a clinician having that sort of connection.

Yeah, because it was very challenging initially because I went in with a lot of, how should I say… I was quite, not anxious, but I didn’t know what to expect. Trepidation. And we actually did hit it off. And he seemed to enjoy the sessions. I mean, yeah. Had about 7 sessions with him, over a period of maybe 8 to 10 weeks.

Yeah, so quite a few then.

Each week, early afternoon.

That’s very interesting. I guess there’s a couple areas that I’m thinking of within that. One I guess with what I’m looking at is, you know, this idea of boundaries. And then I’m really looking at how does that get played out in music therapy. When we have these, whether we call it music intimacy or music interactions or whatever. How do we, yeah, approach boundaries and that sort of thing. SO maybe if you could just reflect on how you’d think about that.

I think to a certain degree in any therapy process I feel to gain the trust of the recipient of therapy, within reason a certain level of disclosure or um… is probably important. But again, within reason and so on, is what is I guess subjective from therapist to therapist. And one needs to approach that with care and caution and use a lot of judgement I suppose. Being mindful of what the recipient of therapy is trying to, sort of, you know in the course of those interactions, how much that person is, sort of, requiring in terms of the therapy. And whether what that person is requiring of therapy is crossing the boundary or whether what you are offering is also crossing the boundary. So it’s a fine line I think, it’s a very fine line. And that’s where one needs to be, I guess mindful and being present in the moment and sort of being aware of how much you’re disclosing. And are there any factors of transference or anything like that that are coming from the therapist’s side. Or whether there’s something like that coming from that side. But having said all of that, as I said right from the beginning, I think a certain level of relating to the person is probably important to start the therapy process. But how much of it is the question I think.
It’s a difficult thing isn’t it?

Yeah, it is a difficult thing. And that’s what makes that therapeutic relationship very personal I think. Cause they do disclose a lot about themselves, but at the same time we disclose certain things and we’re there to help them through the issues or to support or validate, but at the same time how much do we actually disclose about ourselves?

Yeah, to develop that relationship.

Yeah. Like in this gentleman’s case, he enjoyed talking about philosophy and books and certain books, which gave him sort of solace and comfort. And that was part of the therapy, and I think he was able to enjoy those discussions as well. Which were not necessarily musical, but they were… to a degree they were personal because I knew about the books and he, sort of wanted to know about them.

Hmm, it’s that balance then…

It is, it’s a fine balance I think.

Yep. And it sounds like it’s, umm, like you’re saying it’s from both sides, so kind of, was it their expectations, is what you said?

I think in this particular case, his expectation his expectation was that I spend as much time as possible with him. But I guess I had to draw the boundaries and say that I also need to see other people. So I’ve got certain amount of time with you, and during this time we can work on your preferred kind of music and what you’d like to achieve and what you’d like to do in this session. And I think he understood that eventually.

Yeah, and so that was your way of, I guess, managing that with him was talking it through, would you say?

Yeah.

And then he, sort of understood eventually.

Yeah.

Yeah, I guess it is difficult, and I guess that’s why I come back to the musical thing of it because people do seem to get a lot out of it. So maybe in that case it’s managing the boundaries around even just around the time that you can give him, was maybe, I dunno, not difficult, but a different kind of thing.

On a simplistic level, yes the boundary of the time factor was. But we still got to spend a solid 45 minutes to an hour. And considering I’ve been given 5 hours to do group sessions and individual, I think he got quite a bit out of the sessions and was able to have some solid time of enjoying his own kind of music and that time of musical improvisation where he was able to be validated non-musically and musically through the improve that he seemed to enjoy.

Yeah, it sounds like it. So that’s, umm, I guess the timing, like a time structure of it is a simplistic sort of level of boundaries. What other areas of boundaries do you see or look at? I mean, you mentioned, sort of, self-disclosure, but…

Well I mean for example, if someone was to ask me about my personal life, or my family or relationship or my status or you know… Yep, personal questions. That would be, sort of, that would be the boundaries I suppose. Or aspects or issues which were…

Has that even come up? Have you ever been sort of challenged?
Yeah I have. And I’ve just got to be careful, mindful of how I phrase and how I reply because on the one hand I want to maintain the therapeutic relationship and I don’t want it to be an unequal… I mean it’s a sort of balance, but I mean… they are at times quite interested in my life. And certain things I could, I guess, talk about. Like if it was a film that I watched, or something of that… an appropriate sort of something to talk about. But if it was something more personal, I would try to steer the conversation, yeah.

**So you use kind of a way of, umm… it is difficult isn’t it?**

It is difficult, yeah. It is difficult. I’m trying to think of other situations, umm… For example there’s one particular resident at one of the homes I work, and he’s 93 or 94. But he’s the most incredible person. The only reason why he moved into the home was because his wife had to move in, so he had to, you know, come and move into a home. But he is still a very highly functional person and umm, a lot of the people at the home have become involved in his life, so to speak, because he has done things which a person of 93 or 94 wouldn’t have done, like jump out of a plane and things like that.

**Oh, ok. Yep.**

Really, yeah. And in doing so like the manager and people, staff and so on, have been involve in his personal life to try and make those things a reality for him. And he’s really lived a very… he’s tried to achieve those things he’s wanted to achieve. He’s done a lot of them. So I guess in a way that’s a personal… those are personal goals or personal things that he’s often talked about.

**And then was that – does he sort of then ask questions of you in a something way?**

Yeah, he does. He does take a very keen interest in the lives of most people at the home at that age. Yeah, some things, I mean some things I’m able to talk to him about but some things I say that’s, you know, I can’t really talk about that. We have a good report in that sense, he accepts that.

**And is that the umm… I guess the things that, I mean how did you come to know what you were comfortable with sharing, as it can be different for everyone I think?**

Yeah, that’s right. I think I think about the people who I care about, and if the information was to do with them I think to myself would they like me saying something about that. And I’m certainly mindful of that from that perspective.

**Yep.**

Unless over myself, if I was to say something like, like last weekend I went to, I went have… for a drive to the country side and I really enjoyed that. Something I enjoy doing, something relaxing, or self-care if you like. So that’s… and I sometimes disclose that, I say I went for a drive to the Macedon ranges or wherever it is, you to the country anywhere. And that could be… that’s sort of a personal thing from my side that I don’t mind disclosing.

**Hmm… It’s a hard thing to think about where do your ideas come from, but I guess, would you say maybe out of experience, or…**

Yeah, I’d say so. And from talking to other therapists also. What their experiences are. And attending supervision workshops, which I have in the past. But a lot of it becomes common sense in a way when you’re dealing with… when you’re in that therapeutic space and you think about what could be appropriate and what could be inappropriate.

**Yep. So you think there’s sort of, umm… Actually I don’t know what the word is, but**
sort of some understandings I guess about what is considered good practice in those areas, or about… yeah.

You mean sort of generally speaking, or?

Yeah.

I think there needs to be a demonstrated, a genuine demonstrated concern and intent I think, when dealing with the people whether individual or group context. And in saying so you just have to use caution in terms of what issues you disclose about yourself, and how that would impact the thinking of the person you’re dealing with. If it’s something that you’ve got to be mindful, I guess getting to know that person well enough, and if what you disclose makes that person uncomfortable, then that’s not, that’s really not such a good outcome. So I guess treading with caution I suppose.

Yep. Yeah, it’s a good phrase for it I think. Cause yeah, it’s that balancing we were talking about before. So it’s managing their expectations and the therapeutic relationship and all that sort of stuff.

Yep.

Yeah, that’s good. So you mentioned sort of a few things, and they sort of sound like maybe ways that you, I guess, manage boundaries in a sense. So self-care, maybe supervision, having an awareness, that kind of thing. Would you agree with those kind of things as sort of strategies?

I guess, but I mean every therapist or every person… every therapist would have different strategies of course. Umm, of dealing with those things. I mean, having independent supervision is another way to debrief and being able to, in a safe manner, talk about the issues. In a confidential way.

Would you see that as a good strategy for that for you?

Mmm, yeah.

Yeah, definitely. Yeah, so it’s a few things that you have I guess.

Yeah, I do, I do.

Yeah, I mean that’s coming out in the other interviews as well – everyone has kind of a whole set of…

Strategies.

Strategies, I guess, yeah, that they do. And being quite, some of them talked about being reflective as well I guess.

Yeah I do, that’s another thing that I’d like to say. I constantly self-reflect. And it was getting to a stage where I think I was over-analysing. The other thing that more recently I’ve begun to take on is this… I mean I don’t know enough about it, but mindfulness is something that I… especially with my day of work today I feel particularly challenged. Taday’s day. And as I drive to work I try to take on this mindfulness and try to be in the present and not try and think about what may or may not go wrong at work or with ex-wives or persons that I may see or may not see. And you know you can create a flow chart for yourself, and you know… But that’s not, that’s not the way I think. And I think you’ve just got to live in the present. And in health care each day is a new day, I feel. And the challenges – each day presents different challenges which we’ve got to deal with. Whether they’re with management or the
communication between allied clinical staff and management staff, and you know, there’s always…

**There’s always lots of complexities isn’t there?**

Yeah.

**So mindfulness is something that you’ve sort of recently started looking into?**

Mmm, yeah. I’d like to learn more about it.

**Yep. You think that that, I mean, you know we were talking about boundaries and musical connections and things. Do you think that would sort of help with managing those sort of things?**

I think so. I think so because it puts things into perspective and brings clarity before you approach the therapeutic situation. And you go in with the calmness and you’re able to see the situation as it presents and not make any pre-judgements about the situation. And umm, yeah… It’s hard. I find it difficult. But I think if I were to learn how to do that effectively it could help.

**That’d good. Yeah well boundaries is a complex topic, isn’t it?**

Yeah.

**Yeah. I think it sounds like having different approaches is useful for a few people that I’ve talked to.**

OK.

**Yeah I guess you did mention talking to other music therapists as well. So is that sort of another thing that would support that as well, just sort of having those colleagues…**

Yeah, I’ve got a few good friends who are music therapists I can meet and debrief about a few things.

**Do you think it helps because they’re music therapists?**

Yeah, to an extent, yeah. Of course they may have different approaches but we agree to disagree on certain things. But it’s still good to get their input.

**Mmm, yep. Well that’s good. Cool. I’ll go back to one thing you talked a bit about right at the start when we were talking about the musical interactions, umm, I think you said something about it having different meaning – the music having different meaning for the people that you work with. I was just wondering, yeah we could talk a bit more about that and, what that means…**

Like today for example, there’s a lady who said how much she enjoyed the war-time music because it put certain things of her life into context and she was able to – well she was able to think about a certain time of her life.

**Yeah.**

I don’t know whether that’s, you know, whether that’s… she said it was important for her. But she didn’t say if it was good or bad or… but she said that the war-time music… that the war-time music that we played for her which she really enjoyed listening to, and she kept asking for different songs and she sang along to most of them. She said that was an important aspect for her. That was what she expressed today.
Yeah, yeah.

So that’s one example. I work with a lot of Italian people in another home for the past 7 years, and I sing all Italian songs, and they, many of them express how it’s just an enjoyable activity for them. They’re able to identify with their culture and it’s something that brings them socially together. So, umm…

The music provides that then?

Yeah, the music from those particular regions of Italy.

Yep. So what do you think that’s like for them – having someone come in and play the music from their culture and their background?

I think they really enjoy that. I mean that group’s been going for nearly 7 years. Every Friday afternoon at a certain time. And without fail there’ll be 15 (or 50?) residents there ready to sing their favourite songs. And it’s not just singing, I’ve got my… I’ll bring up songs from the iPad and things, and there’ll always be like 1 or 2 new songs which will come up. One person will say ‘I remember this song when I sang it in a church in Italy somewhere’, and so I’ll bring it up and then they’ll listen to that. ‘That’s the song I was talking about.’

So I guess it goes into about what you were saying before, facilitating the experience almost, the music is.

Yeah.

Yep. And they’re having those, I guess connections with each other.

Yes, yes. Even if it’s not directly sort of talking to each other, but it’s still shared I think. It’s still shared experiences really. They come from different parts of Italy, but quite a few do come from similar parts and yeah, they still something shared experience with them.

Yeah. Yep. And then so you’re having these umm… yeah, music interactions I guess.

Mmm. Outwardly I think umm… some people have said it looks like it’s more of a sing-a-long or an entertainment session. But I think on a deeper level, as we’re talking about it now, it’s actually helped me put it more into context just as we speak - is precisely what you said, which is it’s something in common that brings them together. It’s a shared experience.

Yeah, yep. And that’s, I guess, meaningful for them, possibly. So yeah, there’s a few things in the musical interactions, isn’t there? There’s cultural things, the validation, communication, umm…

Yeah, trying to think of other things… I mean, a few weeks ago there’s a couple I see at another home, and they’re Hungarian and they’re terribly isolated I think. They came here after a certain difficult time in Hungary. And the gentlemen, when he listens to… I looked up certain Hungarian songs, and when he listens there’s an absolute outpour of emotion. So the first time when I saw him I thought ‘do you want me to stop? This seem to be quite an emotional experience for you.’ And he said ‘no, no, don’t stop. I just want it to continue.’

Yeah.

So umm… and from there he then asked for a few other songs – other Hungarian songs. And his wife was… they’re both in their 90s, and she was holding his hand while he was kind of experiencing that. And talking about experiences that he remembered from that time.
Yep. I mean that’s umm… I guess yeah, talking about emotion and music has definitely come up in the other interviews, and it’s umm… yeah, I was just wondering how you think about that as it does have the potential to be quite…

Potent?

Yeah.

Well I see it in this situation, where he… I’ve had about 5 sessions with him, and there after… there are times when he still gets a little bit emotional, and I’ll always ask him ‘do you want to… do you still like to continue to listen to this music?’ And he loves the gypsy music. So he umm… yeah he chooses to want to listen to it.

Why do you think that is?

Because he enjoys it, he said. He enjoys the music. He loves the sound of the violin.

Hmm… yep. But it still kind of evokes all these…

It does, yeah. But he then talks about how the violin in this particular piece of music is trying to sound like a bird. And you know, he starts talking about these things.

That’s great. Have there been any umm… Can you think of any other instances about I guess an emotional response, or something in the music?

Yeah. There’s a lady who I sort of did some song writing with, and she likes to… she used to like to listen to 3 particular songs. Like a Dean Martin… one song was a Dean Martin song and everytime she heard that song she said it made her emotional because it remembered… it umm… it brought back memories of her wedding day.

Yep. Does she…

And then again I say, you know, ‘do you still want to do it, would you still like to continue to listen to it?’ And she said ‘yes’. It seems to be that umm… it’s sort of almost like a catharsis for people even thought they have an emotional reaction. They seem to enjoy the process of…

Yeah. And is it something that you think about when you’re introducing music in that way? The…

I mean, it’s not that I introduced it. It’s actually, they’re the ones that said ‘these are the songs I like’ and ‘do you have this song’. And then I’ve… ‘would you like to listen to it?’ And we played it and it brings back… it brings that reaction.

Yep, yep. And it sounds like then you umm… I guess check in with them.

Yeah, I check in with them. And you know, ‘is this ok to continue’, and ‘is this bringing back any memories or things that you’d like to talk about?’ And they would say… their responses would be umm… ‘yes, we’d like to listen to this… continue to listen. And yes it does remind me of a certain event.’

Yeah, yep. But yeah, I guess yeah, that’s the way you manage it – just making sure they’re ok, and…

Yeah.

Yeah, that’s good. And yeah there’s lots of things in the musical interactions. I mean I guess you could maybe just talk a bit about what you think about this idea of music intimacy and if you think it actually makes sense in your work.
I think umm… I prefer… I prefer what you said before, which was ‘musical interactions’. I don’t know… I feel ‘musical intimacy’ doesn’t seem to be so applicable. I dunno, it seems… yeah. I think ‘musical interactions’… I preferred musical interactions as a word to apply to the interactions or to the Participant of my work rather than musical intimacy. The word intimacy is… yeah, it’s… I find I relate to it less.

Mmm… I guess it’s a kind of a stronger word in a sense, isn’t it?

Yeah, yeah. Definitely interactions, yeah. Which kind of like, in context with all that we’ve talked about it seems to be as potent as intimacy. The validation and the catharsis and all that is very personal and intimate, but it’s the word intimate is… yeah, seems to be…

Yeah. But I guess it’s not completely intimacy because that I guess umm… maybe crosses into another area, like the personal, like for you as a therapist. Does that sort of make sense? Like it…

Hmm… not really, no.

No? I’ll sort of, umm… Yeah, I’ll try to rephrase that. It’s more that umm… I guess what you were saying is about umm… with your boundaries, maintaining how much sort of information you give to them, and being a little bit personal but then keeping yourself away. And I was just wondering if you think, I guess the term intimacy might imply to some people that it’s a bit more of an equal, kind of, you’re both giving a lot. So…

Yeah. I still feel more comfortable with the word interactions relating to that.

Yeah, yea. And I think you’re right, I mean I think that sort of fits in with it being a professional relationship rather than something else.

Ok, yeah.

I guess is sort of what I’m trying to say.

Right, right.

Does that make sense for you?

Yeah, yeah it does. Yep.

Yep, yep. That’s good. Cool. Well do you have any other thoughts about boundaries in your practice and how you approach them or think about them?

In terms of relating to recipients of therapy or residents, or with staff?

Ah, it’s more within the therapeutic relationship. So that, yeah those kinds of things.

Can’t think of anything else that comes to mind.

Mmm… Yeah, I guess we covered the umm… yeah I guess keeping that line, the fine line there and then maintaining things about the timing of the sessions and what you do. And that it’s umm… I guess it’s as much about their kind of expectations and what you bring as well.

Yeah, yep.

Is there anything else that comes to mind about boundaries at all, or…?

No. I think the only thing is what I really… what I said before was I think in any therapeutic
relationship there needs to be a certain level of disclosure, within reason, I think. To make it somewhat as equal as possible. You know, it will never be equal I suppose, because one person is receiving the therapy and one’s the therapist. But, to try to bring some balance to that dynamic, there’s got to be some level of disclosure from… if the recipient of therapy’s saying everything, I think, almost… it’s almost like… to put that person… to gain that person’s trust a little bit, or to… there’s a certain level of umm… I don’t know, whether it’s non-verbal or verbal, or the way that you present yourself. Or it could be in different ways that you could present yourself as a non-threatening friendly person who’s here for the person’s well-being and to achieve some therapeutic outcome for them.

Yep, yep. Yeah, I mean that sounds like that kind of goes into I guess your approach to work – trying to aim for a more equal sort of relationship.

It will never be, but I think umm… to try to bring some level of… yeah, umm…

So will that be… I mean, do you think about a theoretical approach to your work, or how do you…

I think it really depends on person to person. I might meet someone today or tomorrow, and the… that therapeutic dynamic with that person will be different I think. Just depending on how they interact.

Yeah, yep. Hmm… it’s good. I think we’ve umm… Yeah, we’ve covered most of the stuff that I wanted to cover, so… I mean if there’s anything else you want to add, feel free, but…

Thanks for the opportunity.

Yeah, that’s ok. That’s ok, no worries.
Interview seven

Laura

Participant
For the growth of your clients, and for the growth of yourself. (supervision)

Laura
Yeah that’s right, defiantly.

Participant
And for the profession.

Laura
Alright. Great so I guess I’d like to start with, if you could just explain a bit about where you work and with which client populations.

Participant
Yeah, I have a large work context. Four of the days from 9-5 I work at an institute for music and neurologic function and that is clients from 18 and up until a hundred and five, who has medical trauma, and most of them also has psychological trauma.

Laura
Yep.

Participant
Most of them are in wheelchair, when they come. Some it’s short and long term rehabilitation and it’s for people it, that are in need of chronic care.

Laura
Yep.

Participant
All kinds of neurologic diseases, terminally ill, umm, I can same some, traumatic brain injury form accidents, cancer heart disease, copd, umm, dementia, Alzheimer’s. Everything that effects the brain in a neurologic system, basically.

Laura
Yep.

Participant
And pain management is also a big thing. And ah there I supervise, I have a case load, a full case load and then I supervise students from (removed for confidentiality), and from (removed for confidentiality), and (removed for confidentiality), like international and national programs that has to have their internships, so, I am director of that. Ah and I give licensure for recent, for music therapists that is needed to get their licensure. I do a little bit of research there also, with a portable brain scanner right now, an EEG apparatus that you put on their head and put on the patients head,
otherwise it’s normal analytical music therapy session. And then I get the data wirelessly transmitted to a computer and blah, blah, blah.

Laura
Yep.

Participant
So two days I work in private practice, and umm this is a context where I see a broad spectrum of clients umm, I see clients as the one you just saw, with Alzheimer’s, clients with TBI, clients with cancer, or cancer n recovery I see clients that umm err having minor problems or minor challengers like the small depression or big depression, anxiety, or maybe weight issues, some kind of fear or anxiety of whatever ah I see mostly adults but I also now and then see children with emotional challenges or attention deficit, then I also have a training program. Post graduate training program for music therapists and it’s people who have been out in the field for a while, and so I for four years they train in analytical music therapy.

Laura
Hmm. Yep.

Participant
So that’s pretty much that. And I teach at NYC also. Umm I teach internship seminar which is the students come back to the university the students internship, and so they get support, and it’s a big group of people and it’s kind of theoretical but mostly clinically orientated.

Laura
Yep.

Participant
So big variety, yeah.

Laura
Yeah big variety.

Participant
And it’s always been like that but I was originally trained by Mary Priestly. Who was trained in, who geared her training towards psychiatry, so umm I worked in a mostly in psychiatry up until 90, and then when I moved here I did a little bit of everything. And it is like that too at the hospital I mostly get the clients that have behavioural issues, bi-polar, schizophrenia, depression, anxiety so I mostly work with those clients who big big challenges. Yeah

Laura
Very interesting.

Participant
It is and I’ve been doing it for 1980 so that is 34 years and I still love it.

Laura
That’s great.

Participant
I’m very much in love with my work. Yeah. Yeah and I’m married to a music therapist too, on top of that.

Laura
Oh yeah. Music therapy all the time then.

Participant
Yeah, just not at home (laughs).

Laura
(Laughs). That’s good. Very good. Well great it’s nice to get a bit of context as to where you work and all that sort of thing.

Participant
I publish also, many, many, publications. So I’m a writer. Definitely a writer. I write about my work, I write about training education, ah music therapy, psychotherapy with different publications, and also research with different publications.

Laura
Yeah, great. A whole range. Great. Well we’ll dive into some of the harder questions now. So I’m really interested in this idea of musical intimacy so if you could just have a think about what that might mean in your practice and if you could describe what it might include or what you think about and just some thoughts about musical intimacy.

Participant
Ah yeah, if you, ah the method that I practice in has intimacy in it, at all times, because an important part of it is to improvise together and with the client over themes that are defined by the client. Or if the client is non-verbal expressed bodily, or maybe on a drawing and we improvise over those themes that are defined.

Laura
Yeah.

Participant
And most often it’s together, but there’s also times when it’s separate. Depending upon what the goals of the therapy is and what the theme is. Umm the intimacy is ah I think that one of the big umm, good fortunes about music therapy is that it is very easy to create and intimate relationship with the client.

It’s actually much easier than verbally, if you have verbal psychotherapy, it’s much easier to create an intimate space through playing together, and with that comes also, the risk of sometimes that there are blurred boundaries. And that’s why you want to have supervision so that in those cases where there might be blurred boundaries because we work in music, you can get help to clear the boundaries and little bit more and also get help to understand what is going on even though it’s non-verbal from the
different parameters in the music and sometimes other persona ears and eyes.

Sometimes it’s intentional that you want to create intimacy because some clients have some trouble being intimate with people like some clients that have relational issues, maybe one of the goals is to help the person to be able to relate intimately to another person. Maybe another goal could be to create intimacy in that way that they are intimate with themselves.

Laura
Yep.

Participant
Create inner dialogues. Self empathy, empathy with oneself and find out what’s going on internally so you might want to reinforce that as the music therapist when the person is playing a dialogue with themselves or maybe playing a dream they had.

Laura
Hmm.

Participant
You support what you hear and create that intimate space umm, reinforce that intimate space which is inside the client. I believe that umm, when you move into music you go through some defences, you bypass some defences. Umm a little bit faster a little bit quicker than if you have verbal psychotherapy and it’s both a strength but also can be a risk. Umm, and I operate with phenomena’s as musical countertransference, musical transference and countertransference inside the music and outside the music. And the reason why I do that is that I believe that because we work non verbally sometimes it’s important to understand what intervention are important and you can get that from understanding what going on in the music at an unconscious level, an that is informed by transference and countertransference.

Laura
Yep.

Participant
And I operate with subjective countertransference and inter-subjective countertransference. Meaning during the intimate improvisation in the music I might pick up on some feelings in the music that the client might not pick up upon. And that could be inter-subjective countertransference because it’s related to what subconscious in the clients music now there could be some feeling evoked in me that are personal, that is the personal countertransference. Meaning that if the client is kicking up something in my past past, that did happen and maybe I haven’t ahh worked through those issues deeply enough that’s my countertransference.

Laura
Yep.

Participant
And I will sit with that now sometimes I will that, in the verbal dialogue after the music, if there is a verbal dialogue, I may share my countertransference, the inter-
subjective one. If it serves as reinforcing something that we’re working on. Ah hot
give the client some information to the client that could maybe confirm with what
they have be sitting with or to confirm what they have been feeling but didn’t dare to
say or along but nobody’s put words to it, yeah. And umm, I believe music also
makes it much easier to be intimate.

Laura
Hmm.

Participant
And the therapy space is eliciting feelings that can be intimate. Love. Rage. Anger,
fear like an instinctual fear, worries concerns, fear of death, ahh whatever, very basic,
basic feelings. That can elicited in that space.

Laura
Yeah.

Participant
From music. Umm, therefore it’s very important to have some consciousness about
boundaries. When is it too much, when are you merging with the client, when should
you not merge with the client, when should you not, when should you stop playing,
when should you pull back

Laura
Hmm.

Participant
Do you always have to start paying together with the client, no you don’t. Um, when
do you, timing, it’s about consciousness about timing, when do you, when do you join
the client and when do you not join the client.

Laura
Yep.

Participant
Ah, help the client to be as much in control as possible, and have a boundary there.
And umm, thinking about intimacy and creating boundaries you can create a
boundary by being quite. That’s one boundary that as a music therapist, umm you can
create boundaries within the music through different parameter’s for instance if you
want to create a structure that very holding you can repeat a certain progression, or
rhythm, or melody, or certain theme. So that you create a boundary for a person that
needs boundaries and needs to be held very firmly. So music is a wonderful tool to do
that. And you can create foreground and background within using different
parameters, umm.

Laura
Yep.

Participant
Yeah, Umm I’m just, ah you gotta stop me I’m just improvising.
Participant
Umm so, ahh let me see… boundaries in terms of time. There is a time limit clearly that is a boundary. You come at six and you leave at seven so the client knows it’s finished at seven. And that is very important because for both parts because the music therapist knows in terms of process that I have to monitor the process so that the person is not having their hair standing up like this when they leave, but that they have landed and there is a minutes to transition. So the time boundary is very important.

Laura
Yeah.

Participant
It’s important in the beginning because maybe certain clients have issues around being late. Or not being on time, and that’s important to work on, and what does that mean for that person. So I will notice that time boundary, because I will be there, how much is the client late, how much how often and maybe start exploring after why I have notice that you noticed that you come late, what is that about? And how can I help you to be on time.

Laura
Yeah.

Participant
And um maybe even we can think about that maybe it’s too much time for you, maybe you only need half an hour, if it’s like a person with a short attention span or maybe half an hour is just enough. But time represents a boundary itself.

Laura
Yep.

Participant
Umm, instruments themselves, ah can symbolically represent boundaries. For instance if I see that a client, is putting this up between them and me and there’s another instrument here and here and here, so maybe it looks like they need a certain boundary. Or we can be playful about so that if we play through a situation or a dream then these instrument, that’s a house and that’s a lake so the instrument can represent boundaries or entities in the improvisation that can be very important.

Laura
That the client creates.

Participant
Yes. Then sounds. Umm a sound can be very defined and have a very distinct boundary or indistinct boundary. So this sound, (plays a meditation bowl) has an indistinct boundary and it sounds for a long time. But this one, (plays a marimba, one note). So then you can think about is the client, what kind of sounds fit to what I want
to do right now or as the therapist you can think what do I want to create, let's see an anger, or maybe a heart beat.

So sounds can have boundaries, be boundaried or be less boundaried and of course we make use of that as a too. Voice too, same thing with the voice is an instrument too, umm, Ahh how can we say that people can talk in sentences, that has clear boundaries. Or they keep talking very quickly and it’s hard to get a word in because they are talking very fast and brrrr, and in the voice you can listen for the boundaries.

And as a music therapist also you get how a person might be very boundaried, like some autistic children you can only go maybe to here (walks to about a meter away), and then there is an invisible boundary here that you have to respect in the beginning. Definitely. Or some other people you can go all the way up close to them and do things with them and it’s fine. And so you can negotiate boundaries with them physically.

Laura
Yeah.

Participant
It’s important to pay attention to how a person is with their boundaries because I do also think that’s it’s indicating some health if you know how to set boundaries if you know how to say “no” fully then you can also say “yes” fully.

Laura
Hmm.

Participant
Which of course the theme boundaries I work very much with. And some people they’re boundary-less they’re all over the place and they umm don’t want to leave an it’s very hard to find an ending, and there’s endlessly problems and so boundary is I think a very important existential theme. And it’s in particularly when you work with children to be very clear with boundaries. Because any children does need that a little bit more, but some adults does too.

Laura
Yep.

Participant
And umm, lets see what else do I think about in terms of boundaries. Well my belief is you can set boundaries through any parameter in the music. Ah whether it’s rhythm or melody or whatever. Time. Umm, you could say that in terms of boundaries in music therapy, sometimes it’s important to set a boundary in terms of the amount of sessions.

Laura
Hmm.

Participant
Let’s say somebody comes to you and they have a certain problem. And then you set
the goal and ok we’re going to solve that problem and otherwise they’re able to deal with the world. But, lets say they, they need to work through a divorce or work through a fear of something. That’s a goal, and then when we reach that, finish. Music therapy is not an endless, like sometimes psychoanalysis can be like endless. But I believe that you have goals and when you reach these goals you move on unless the person has other things that come up that need to be worked on. But I believe it’s helpful to have a certain amount of session and we have a contract and we can talk about how is it now and if it’s not solved them we take it another way.

Laura
Hmm.

Participant
So an amount of session can also be a boundary. Like if you work in a short term setting, and you know this person for instance I supervise people in psychiatry this person is only gonna be here for one week. Then you’re, you’re seeing that person two times. That’s a strong boundary. So you have to know what you can do, you cannot work very deep so, but you can work on specific things.

Laura
So it’s ah thinking about the clients well0being for that?

Participant
Yeah. So the context affects the boundaries big time. Also boundaries in terms of, sometimes we have to work together with other people in a setting. Together with a speech therapist or an OT, or PT, and how do you negotiate boundaries here and how do you move in an out with the, with the therapist, and how do you ahh, do that. That’s negotiation of boundaries too. Professionally.

Laura
Yeah.

Participant
Yeah, ah lets see what else comes to mind… money.

Laura
Yep.

Participant
Money does, is a boundary in a certain way, umm. Maybe more so umm, in private practice but defiantly if the person says I only have so much money how many sessions can I get. It can be a boundary. Umm, (pause). Lets see, what else… hmm… I’m not sure maybe I need a question.

Laura
Yeah well you’ve definitely covered a lot it’s great so, umm I can just summarize a bit of what you’ve gone through of how I’m hearing it.

Participant
Yep.

Laura
Umm, so one thing you mentioned was that the context plays a big role and perhaps it changes a lot for different contexts. Umm the time of the session, the amount of sessions, as well. Umm the ah it sounded like it was almost like you have a type of awareness of these boundary issues on different levels.

Participant
Yes.

Laura
So what was kind of happening on a basic level and also on the deeper kind of emotional level. Umm the transference things as well happening through the music too. And you also talked about supervision as well and it sounded like that was a key way that you maybe manage boundary issues.

Participant
Yeah.

Laura
Are there, so you use supervision, are there other ways that you manage boundaries?

Participant
Ah well when I go home I look at my videos, and I listen to myself and see oh I overstepped a boundary here, or ohh I see that the client reacted very forcefully to something maybe I overstepped a boundary there. So I analyse my videos ahh and get a consciousness from that umm, and I have an inner supervisor always with me in the sessions.

Laura
Yep.

Participant
Ah try to it almost, it’s like during the session it fluctuates between me totally letting go in the music and playing music, being with the client. And then at another level I have, it’s like being at, being at many levels at the same time. I have a kind of inner supervisor that is checking with me is that alright when should I stop. “Ohh I heard something there” so I need to have an inner supervisor internalised supervisor that’s present in the sessions.

Laura
Yeah.

Participant
Yep.

Laura
That’s interesting.
Participant
Yep I’m pretty sure I have that. So I do let go, and sometimes I forget completely. It’s human to forget and just completely indulge in whatever happens, happens. But I have this other functional level inside that my ears are listening and my eyes are seeing to you know make sure that I don’t, do things that would be not so smart.

Laura
And can you think of, maybe when I guess a difficult or challenging situation arose around boundaries and around music, or music therapy.

Participant
Ahuh, yep. Umm actually the client that you just saw. In the beginning when I worked with him he could speak more fluently but very fast that words disappeared. Now, he couldn’t move, and he liked dancing and it seemed to me like he’s a very affectionate, physically affectionate person. And so, still now when I see him he reaches out with his hand, and, I can feel his tendency to want to hug and do more than that, and that was particularly in the beginning of the sessions, yes you can you need a hug but this could easily turn into something more than that.

Laura
Yeah.

Participant
So I was very aware of that. So I did give him a hand as today but I also indicated non-verbally the distance. And then what I did was, when he, when I got him to move, when I produced music I would sit behind the keyboard, and also, when we work around instruments that is a defined space between the two of us. And umm, I had in the back of my awareness that I was told, by the doctor who referred him that before he started with me he was actually abused by an aid.

Laura
Hmm.

Participant
In all ways. Sexually, monetarily, in each and every way. So he was exploited.

Laura
Hmm, yep.

Participant
Actually very, very warm sweet caring man, but it’s easy to exploit people like that. And that’s exactly what happened. And with that in mind, I also knew that I had to have very strong boundaries and I can maybe sing with him and share with him the music what I would have wanted to communicate with him bodily.

Laura
Hmm.

Participant
So in that way, yeah definitely. Ah now other boundaries could be that in music, and Mary Priestly has written about how love can actually be reinforcing that the client, like when you play music it can have an sensuality and maybe rhythmically ah, speak to sexual undertones or whatever, so it can evoke. So I know for instance that I worked with psychotic young people. Young men. And it the music that we made actually evoked that he wanted to masturbate.

Laura
Hmm.

Participant
So I had to find a way to say, ‘no, that’s not all right’. Umm, yet the music, the music actually encouraged him. So it spoke to some part of that person. Umm that may have been under stimulated or whatever. So music with it’s rhythms and err the ability to express love and sensuality can encouraged you too, people falling in love with you. And that’s fine but you have to know that that’s, then we work through that transference.

Laura
Yep. So it that how you would manage that? Would you work through it verbally? I guess it’s different every time but,

Participant
I can give you an example.

Laura
That’d be great.

Participant
Umm I worked with a client, who at a certain point who fell in love with him, with me. He was bipolar. And umm he wanted to have a session every day, he was at the hospital. And I said no, you can have a session once a week first of all. Secondly we did talk about how the music had evoked that need to be falling in love and the need to be with somebody else, and so I said to him that love that you are expressing towards me.

We need to I need to help you with internalise that, so that you fall in love with yourself. And you show that love and compassion towards yourself. That’s the goal of our future sessions, it’s wonderful that you have that capacity and I believe it’s important to be able to love yourself. And, first of all, and then you can fall in love with somebody else to and it’s very important that you don’t project your love on somebody else.

Laura
Hmm, yep.

Participant
Because if you loose that person then you’re miserable. So when umm, somebody fall in love with me I would work with it as it’s a projection but you pull… and you to that in many ways. It can be a long term work or it can be shorter.
Laura
Yeah.

Participant
Umm, actually I didn’t mention this, which suddenly came to mind. Some people start giving you gifts.

Laura
Hmm.

Participant
And I do share with them in the beginning, that I’m not supposed to receive gifts and it has a reason for it. And so it’s a hard one for a lot of people to understand but there is a deeper reason.

Laura
So you don’t accept gifts at all?

Participant
Nope. No. Umm maybe after we have finished our relationship a person will give me a car, or a poem or a drawing or whatever it is but I believe because I’m analytically trained that it can lead to a very challenging dynamic.

Laura
Yep.

Participant
Now you also have to think about if you work with children, they might wanna give you a little drawing that they’ve made at home as a thank you, I do accept that. It’s a little bit different with children I find. And gifts, but you do also want to be conscious about what it is that you are receiving and which context and what is it, a deeper. So yeah that’s one thing with boundaries.

Laura
Yeah so you think the gifts would umm change the realtionships, or people talk about dual relationships or

Participant
The dynamics. Yeah.

Laura
Yeah.

Participant
“and you know I gave you 20 dollars ore last time and umm because I think that you’re the greatest music therapis’, they idealise you maybe and you have to share that the fee is the fee and no less and no more.

Laura
Yep.

Participant
So yeah I mean the symbolic act of receiving a gift. Should be taken into consideration so we don’t get into a dependency relationship.

Laura
Yeah.

Participant
Another boundary umm, I don’t let people call me in between sessions unless it’s an emergency. And I try to limit people’s emails, I tell them they can send me an email but I don’t guarantee that I’m seeing it. I want the phone call. That’s a way of setting limits. Today where this thing about phone and texting and all this is so prevalent I think it’s even more important to set a boundary. A healthy boundary.

Laura
Yeah.

Participant
I’m not accessible 24 hours a day. And people can then concentrate what they need to work on in that one hour. Same thing with students in supervision. Write down your questions and then we can get into it. That’s a limit.

Laura
And that’s a, the boundaries are there as a protection for you as well as the client.

Participant
Yes. And they learn that it’s ok, to set a boundary for yourself and contain. Learn to contain the ability to contain yourself and not have to splinter splatter everything out. The ability to contain, self-containment can be very important.

Laura
So it can be a goal of the therapy?

Participant
Yeah definitely. Yeah and in the beginning of the relationship it can be very tricky. Umm I did work with clients that were suicidal in private practice. I don’t do that anymore. But I remember that in the beginning it was very hard because they had all these needs and it was very urgent and I was worried that if I didn’t take the phone call maybe that would be that. So I just stopped it, I stopped that. Stopped that after I finished work with these people that umm there’s a limit there. My limit is I don’t want to be worried sick working with that population. But in the hospital I could because there’s a back up system.

Laura
Hmm, yeah. That leads to another area which I was, umm, how do you think you’ve learnt to manage your boundaries? I mean just then you talked about some experiences that helped you to define what they are, but how do you think you’ve learnt it?
Participant
By my mistakes. And letting being seduced by some clients to do some things or override like, maybe several times the person keeps going over time and I learn and I think ‘oh my goodness now I’m late, late, late, with the next clients. So by my mistakes. Hmm I have learnt from my supervisor who is sharp as a knife the supervision ends in the middle of s session, ah ah sentence I mean. Um at 7.30 boom it’s finished. And he gets up and walks out. It’s very clear boundaries. So I’ve learned form my supervisor he’s very, very, very clear with boundaries, no social. We don’t have anything social together, nothing.

Laura
Yep.

Participant
And um that helps ah very much in particular me who is supervising umm, former students and whom I would like to socialise with. Yet now they’re my supervisee’s I can’t. It’s not ok. Unfortunately.

Laura
Hmm.

Participant
So umm yeah.

Laura
Yeah so being very strict helps you. You like that sort of defining boundaries.

Participant
It helps me to be disciplined subjectively. No I can’t be 100% objective because we are dealing with music together. But I can try to help myself to be as disciplined subject as possible. Have, have enough distance to look at the person clear enough and see them so much that other people can’t see because they see them everyday. So it helps my clinical view.

Laura
Hmm definitely. And that’s just developed, would you say over time and those mistakes?

Participant
Yes, yep. Yeah and from my own treatment in music therapy. Like I have done an individual music therapy analysis and a group music therapy analysis. And from experiencing the music therapists boundaries I’ve learnt from that too. Very helpful. I also took body psychotherapy training where I also was in my own body analysis and it helped my. I can tell you what happened there actually that was a profound experience.

Laura
Hmm, yeah.
Participant
I fell in love with my trainer. A gentleman. Wonderful man. And there was plenty of reasons why I did that. One was that I grew up without a father and he was a perfect father figure. Wonderful, good looking, great intelligent, in all aspects, so I fell in love with him. And to that point where I shared it with him that I was in love with him. And he said you’re not going to get me. And I’m not in love with you and we’re going to work on this. SO that love that you project on me can be internalised. And he was like very nice, friendly, clear and calm. So that’s where I leant big time.

Laura
Yeah it sounds similar to how you described before how you deal with it.

Participant
Yeah. So I remember that was a very big learning experience. And then I learned from also I learnt from somebody who made a big mistake. Umm, and made a big mess. I would say one of my former training, like the person I started my music therapy training analysis with, he made a big mistake, because he did have poor boundaries. And I got so upset because he shared what I had shared in the session with other people, and it turned out to be a very big thing.

And it got back to me, so I finished the relationship with the client because I felt I couldn’t trust him. So I learned that way that you have to be very careful and contain as a person. When you say to another person it’s confidential what happens here then you have to keep that promise and if there’s something very important and you need to share lets say a client at the hospital or here says I want to kill myself. I have to say I feel that it’s very important that I share this with your psychiatrist and maybe your mother or father whoever it is that the doctor or the team, you just shared something I am ethically obliged to share that.

Laura
Yeah.

Participant
But other than that keep the boundary as it’s a confidential space. And then when I work with children I always ask the children is it ok to share this music with the parents. And ahh if it’s not it’s not. So that’s a boundary also.

Laura
Hmm, confidentiality.

Participant
And it’s very, very difficult for me I find being a teacher at um the university because they have parties. And I happen to know what they shared in their seminar that is very private or what they’re struggling with, with this person or with that teacher or blah blah blah. So but I still have to keep my mouth shut and just be who I am but it’s a very hard thing. And maybe some of the teachers, I do have some of the teachers as supervisee’s. So it’s really very challenging and painful sometimes.

Laura
Yeah. That’s difficult when there’s dual relationships happening.
Participant
Yeah and we are such a small community so it’s doomed to be happening sometimes.

Laura
Yeah that’s right.

Participant
Umm for instance I have a supervisee who works in psychiatry and she happened to have a client who was the husband of one of my colleagues. And she had challenges with this person, working with this person working in her psychiatric facility. And that had to stay between her and me, but I know that about my colleague now and she has a husband or had a husband that blah, blah, blah, so in a very close knit community you will get some information that you just have to hold tightly and it’s important that you do it.

Laura
Yep, keep those boundaries maintained.

Participant
So, but it’ not easy.

Laura
It’s even you know, in a city like (New York) there’s a small community isn’t there.

Participant
Yeah, yeah. And I come from (Denmark) where I started the Aalborg university with my colleague who was my best friend. Is my best friend, she is my best friend. And she would have students living in her house, like renting space. I would not do that. But she did, she managed. But I would set a sharp limit there because you’re seeing the student the next day so I don’t know how it’s now but it seemed then that the boundaries were a little loose at the beginning, but I think they probably have become more, yep.

Laura
Yeah.

Participant
Ah but we were in a pinch, because err there only were the two of us when we started the education and maybe we didn’t think so much about those things. But we did think about that we’re not examining like examining that we have in training therapy and stuff like that. But there’s so many other things. And umm, ah, like after a class here sometimes people are still oh lets go out and have a glass of wine and or coffee and celebrate. Even then you have to think about do you want to do that because maybe you will say something when you become drunk or whatever (laughs)

Laura
(laughs)

Participant
So it’s really I think boundaries are really important. And nobody is perfect. You are likely to probably break a boundary at some point.

Laura

Yeah and it’s having the skills to manage it.

Participant

Yeah and be upfront about it also, if you should break a boundary. And now days I don’t know how it is in Australia but there’s something called ‘hipper’ here, which is patient confidentiality laws. So that you can’t disclose anything about anyone that might be revealing their identity in a public space.

Laura

Yep.

Participant

So.

Laura

Yeah it’s the same, to protect the client.

Participant

So there’s laws, rules and regulations.

Laura

That’s great I think you’ve covered a whole range of areas I think with boundaries, there’s so many levels to boundaries really.

Participant

And another thing that I thought about, ah breaking boundaries. I like to break some boundaries like I work with people from japan or Korea or Hong Kong. And sometime you need to work through things in your own language. So even if it’s uncomfortable I might ask the person to sing to them selves, they sign to their own inner child, in their own language. My language, but in your own language. So that it’s so much ore powerful. So I’m kinda breaking the barrier of language in that way but I may not understand, what’s said but you can hear, I can hear them it can be so much more therapeutically powerful if it’s that mother language. So yeah.

Laura

Yeah, interesting.

Participant

Yeah so breaking the boundaries can also be helpful sometimes when you work with people with obsessions, where things has to be in a certain way, always. Then once in a while you might want ot break a boundary and help them to get used to that that’s ok too sometimes. It doesn’t have to be there and that and this and that.

Laura

So sometime your role is to help them break through those boundaries.
Participant
And then go.

Laura
Yeah, hmm great. Is there anything else that you would like to add about boundaries or musical intimacy.

Participant
Umm, lets see. Umm talking about music and setting boundaries like working up to a big crescendo, like lets say sometimes I work with a group and I am the time keeper and we have to stop and we have to get the, I can’t get them to stop. Then I have certain way that I can get a group to stop, like maybe on a big drum or piano, big crescendo, ah boom. So that could be a boundary also.

Laura
Music’s a good way to facilitate that.

Participant
Yeah. A phrase has a boundary. So working with boundaries in terms of allowing the whole phrase to be there and it has practicing beginning, middle, and end. Like when you listen to some peoples music you’ll notice that it’s cut off. The way it ends it’s like boom. It’s not like legato. I pay attention to that and I will practice with them that it’s important not to, end like this. Like my supervisor does because it feels abrupt. But try to find a way, like legato.

Laura
To ease out.

Participant
Yeah. So endings is boundaries too. We help people to transition from one thing in the music to another. Umm negotiating how do you come from words to music, back to words, how do you negotiate those boundaries.

Laura
Yeah, moving fro one to the other.

Participant
And the last example that I want to mention is that sometimes you have clients that talk and talk and talk. You just can’t, you say why don’t we just get into music, and they’re like blah blah blah blah, then I’ll just take my guitar and my keyboard and the I’ll just set and start. So I’m breaking a boundary because they’re all blah blah blah balh.

Laura
That’s there’s boundary?

Participant
Yeah, it’s not helpful because we’re not processing anything.
Participant
Yeah so in that way I break up something to get into deeper internal process. Ah yeah. Let’s see what else. That’s on top of my head. Like I said some instruments can be more boundaries than others like a metalaphone or a xylophone, but some instrument doesn’t. Like this one, its’ like without boundaries, or the sound itself is without boundaries. So the instrument can like umm sometimes people who are blind I imagine that if they have visual challenges that that, how the boundary is how it feels like must be important for the client cooperation. If they can’t see how does this instrument feel, it’s boundaries, is it soft is it hard. Umm yeah. Anything else with the instrument’s… yeah I think that’s on top of my head, on what I can sort of think about. Can you think about some questions?

Laura
You’ve sort of covered everything that I wanted to go through. You know you’ve talked about the boundary issues in musical intimacy you talked a lot about those things, how you manage boundaries, what you see as boundaries and what you see with the instruments as well so it’s really yeah covered a lot of what I wanted to get through any way, yeah.

Participant
I just thought about one more. Like sometimes you want to do dialogical play to set a boundary like I play something and then you play something. And practicing that, practicing listening to whole sentences and then you get your feedback, so that’s also dialogic play. That’s that and then I want ot share one more thing also in that relation. A lot of music therapist thinks that they have to accompany the client all the time, I did mention that in the beginning. They don’t. They don’t. You can be boundareid and just be an active listener, and Um my boundary is a principle which I learned from Mary Priestly was if you can get the client to begin and end. Because of the control. Wait for them . I might sit and wait for five minutes because I know that client can take intuitive sometime, it’s so important.

Laura
Yeah.

Participant
Because they need to learn to turn the key around in the car and start driving. That has something to do with boundaries also. Yep. Ah yeah, that’s all. I think so.
Interview eight

Laura
Weel so maybe just for the recording I’ll just get you to explain where you work, what kind of setting, what kind of clients.

Participant
Uhuh, sure so, I work three days a week. Umm on a Tuesday morning I work umm in a secure unit of a hospital for adults with dual diagnosis of learning disability and mental health. So quite sort of severe end of the scale as well. Umm the rest of the time I’m here at the Glasgow clinic where I have a range of clients, well actually I’m saying a range of clients they’re actually, there’s usually a range.

I seem to have at the moment quite a, quite a group forming of young children with severe autism, it’s just the way, the way it’s developed. I have maybe five clients who are all under the age of six with Autism. So that’s a lot so my work id focussed on that at the moment. Umm I’m working with adults with profound and multiple learning disabilities. So wheelchair users non-verbal type of work. Umm I have a dementia client and old lady who I see, who’s, who’s lovely, it’s lovely work actually. Umm so, so, so quite a range over the, over the, over my carer I mean my youngest client has been like tow years old and, and, my oldest client has been about 80, so it’s been quite a, quite a big span.

Laura
Yep, seems to be the way of it. Yeah cool.

Participant
But that’s me at the moment anyway.

Laura
And your umm Nordoff-Robbins trained?

Participant
I am. I trained in Edinburgh so I’m Nordiff-Robbins trained. I wouldn’t say I’m a Nordoff-Robbins purist anymore but umm, yeah I was trained that way.

Laura
Yep. Are there any other approaches that you kind of adopt?

Participant
It’s probably bits and pieces all over. I mean it’s very person centred approach that I use. Umm yeah, bits and pieces really from all over.

Laura
Yep. It seems to be the, speaking to other people here it seems to be the way they do it.
Participant
I love sort of Gestalt therapy, I love that as a foundation I think it’s really interesting. Yeah lots of different bits.

Laura
Yep. And you’ve been working for was it seven years?

Participant
Ah eight probably. Just over eight, just over eight years. I started in August so.

Laura
Cool great.

Participant
Yeah it’s flown in. I don’t know where the times gone.

Laura
Yeah. Very good. Alright well I guess sometimes I start off with umm just asking you maybe why you want to participate in this study was there something about it? You said you made a few notes or something, some people have an answer some people don’t.

Participant
Yeah you know I was thinking cause I think my first instinct was just to say “no I just thought I’d take part”, but actually umm, thinking about boundaries and intimacy and musical intimacy I think looking back my interpretation of boundaries and you know what might, just the I work and the way I view my work. I think that’s actually changed quite a lot. Which I’m sure is normal umm since I, since I graduated.

I mean especially I was going to say especially because I’m Nordoff-Robbins trained, but I think any student who is straight out of uni you know has this very, idealistic and quite fixed. Not all the time. But mine was I can speak for my self it was quite fixed, you this is the way it should be and umm you know no matter what it was only after working for a number of years and you’re coming up against situations and you work with clients where the boundaries just either do not apply, at all, or you really have to refigure together, yourselves, you know together. And learning that that’s ok, was a big step for me (laughs). I’d just go “ooh, is this alright’. Are the music therapy police you know going to come along. So yeah I think that’s probably why I was drawn to it, thinking about it more.

Laura
Yeah that’s quite interesting that’s come up in other interviews talking about boundaries being quite different when you started and how they are now.

Participant
Ah, ok.

Laura
So I guess maybe you could reflect on how it’s changed. Like how do you think, or what’s influenced the change?
Participant
I think well as I say, umm, working in Edinburgh any student, you’re working in a kind of bubble. For me even, even on placement for me actually. And again I can only speak from my experience even though you’re out and you’re in a school or hospital or wherever you are. You’re still in this kind of bubble where you have to adhere to, oh you, you just do, you so.

You adhere to what you learnt, to what you’re hearing to what you’re thinking about and it’s all about the end product it’s all about the dissertation or the, you have these really clear, and obviously all these case studies that you hear about in class and it’s this very idealistic time, which how it should be, it’s how it should be for students. Because I think working as a music therapist is such a complex thing any way having those strict boundaries they have to be in place at that point.

Umm but then I remember my first job working in, you know one of my first placements was in a school with a behaviour unit, and umm I mean, all boundaries just wen out the window. The first, thing, the first, I mean the room was bigger than this and this quite a big room. It was a biiiig room which had sound and water and you know cooking equipment and it was just like this, and this is where they put the children when they were “bad” in inverted commas, and I had to sort of create a space and hold that space umm and really rethink cause my first instinct was “well I can’t work here”.

This room isn’t suitable I can’t work here (laughs). And everyone was like “what!”, umm yeah it was well you know” I must have a room and it has instruments and a piano and it must be sound proof and it must be this and it must be that”. Yeah so that was my, and it scared the hell out of me. I was like, I was absolutely, but such a learning curve. You know, and I spent that whole time I thin I was there a year just totally thinking I was doing it wrong. And feeling my way, so that was kind of ‘baptism by fire’ and over the years yeah just, I mean, I’m trying to think of all the different places that I’ve been. I mean day care centres whether it’s doing workshops and presentations weather it’s working in the clinic, umm.

And you just I say with each client it’s different. And oyu just have to keep reevaluating is this ok, you know how does this feel. Why I am allowing that why am I not allowing that. Umm and when you can talking it over with clients and yeah muddling through together and if not talking to parents and carers it’s just one client at a time and I think the boundaries kind of, they’re so palpable and they’re so fluid. Umm yeah now, umm I’m not sure if that answers your question. I think it’s just experience for me. It’s just been experience for me when the rules do not apply, so what does that mean and how do you move forward. Yeah so that’s how it’s been for me.

Laura
Yeah no, that’s interesting. You know and again I say it’s similar to what other people have experienced change over time and perhaps you have some challenging experiences and then that helps you re-evaluate and that kind of thing. I mean can you think of any, do you think of any examples does anything come to mind? I mean obviously you mentioned that room that was sort of the first one I guess.
Participant
Hmm boundaries. Ohh I did write an example down, who did I write it down for, hold on, cause I can never think of things on the spot. Umm, oh yes that’s right. Umm yes so one which was very clear, sorry your question was an example of how my boundaries changed or where I have to put clear boundaries…?

Laura
You can just talk about that example that you have obviously it was something around boundaries.

Participant
Ok, yep. Well I thought I mean I was just thinking about boundaries and one fo the times when I had to think about boundaries, when I had to be so strict with boundaries and every time, it was quite tiring work actually. I worked with a young man in a similar unit to where I work on Tuesday mornings. Umm it was slightly different but very similar in nature so umm learning disability mental health issues.

And this young man had been unfortunately that place where I used to work was officially supposed to be a short stay unit to kind of figure out in simple terms where the residents could o out in the community and get better. The reality was they would stay for years because there was nowhere for some of them. And one of these was a young man, I call him John, and he ahh, he came partly because of his schizophrenia but mainly because he had begun flashing women and being very inappropriate kind of sexual things and they weren’t sure where his understanding was at.

So that was kind of the basis of it. And ah, he really wanted to some to music therapy. Umm he didn’t, he didn’t want to play very much. He would listen to music and talk about it but for him, umm at first obviously it was very clear when he would start to stray into talk that was really inappropriate. You know he would start asking about my weekend and my husband and you know all that sort thing.

And you know for me, you know I was quite new I’d only been practicing maybe two or three years so I you know, I had to obviously put very clear boundaries down you know I’d never experienced that before. I’d have clients sort of ask about my weekend and I would say, but you know with him it would just lead down this path that you would just not want to go down. But then we worked together for about tow years and as time went on it became really hard to know what we could talk about and what we couldn’t because it would be something as simple as.

He would say “how are you” and I would say “I’m very well thank you and how are you?”. And he would say “Oh well if you’re well that means you have sex with your husband last night”. You know and it would be like ah, I we can’t even ask this question. So we really had to, and you know we talked about boundaries, everybody talked around him, You know what was appropriate and what was not.

Umm but it, but it, over the time I felt like the boundaries of what was safe if you like was becoming smaller and smaller and smaller. And I’d have to be really creative of how on earth we could spend our time together and have it be therapeutic in some sort of way. And trying to get that it was a, it was kind of like between a rock and a hard
place because you’re trying to create a therapeutic relationship with somebody who had no experience, well he had a therapeutic relationship before but even that kind of relationship was so difficult for him. How to have relationship with a female that was not based on sex. Was just (sigh), so that for me took a lot of thinking about and planning. So boundaries was such a huge, such a huge thing with that piece of work.

Laura
Yeah that sounds really, really

Participant
Yeah

Laura
Challenging.

Participant
It was, it really was. I would be exhausted after it because you would just be on high alert the whole time. Like what’s going on, how is this going to work, where are we going next and what does that mean and is that ok to say that, and it was just, it was challenging work. But he was probably the person who, ah boundaries was such a big thing.

Laura
So how did, I mean you sort of talked about it a little but how did you manage the boundaries?

Participant
Umm different ways. I think over the couple of years it developed. At first, yeah I think the first thing I did, you know obviously we did a lot of supervision about it, but I was just saying if there’s you know anything inappropriate you know one word, then it stops. You’re out. And umm it went about three months where we spent about thirty seconds together and he was out the door (laughs). So it wasn’t really working.

Umm so yeah just trying, it was, it was very odd. I mean this is a very odd comparison, it was almost like working with a child who had some kind of adhd, or it was like just steering him into other things. Trying to distract trying to you know, and then say if we had to, you know we eventually got to the point where we had maybe ten minutes of umm talking of listening and we would maybe have one song that we would listen to and talk about. And then reflecting back over the session to say look at what just happened, we just had this experience where nothing inappropriate was said and kind of “let’s finish there on a positive note” and then carry that on to next week. Umm. But yeah even the music was quite difficult because once we’d had the few months of me saying “no I’m sorry you don’t talk to me like that” music therapy finishes. And then the next step was maybe listening to a song, so many songs out there are about love, relationships and ah and it was like oh god! So finding like appropriate songs and oh, it was.

Laura
Yeah that would have been difficult.
Participant
It was. Yeah and again just kind of, it was such a fine line it was between what was ok and what was not, a really fine line. But by, I’d say by the end of the work you know he’d, we had developed you know from my point of view a closeness and a kind of understanding and an intimacy in a way that wasn’t based on that type of thing. You know we ended up having you maybe half hour sessions just listening to music and talking things through an he as is the way with these types of place they usually leave very quickly.

They usually leave with very little noticed. Usually I just turn up and the clients are gone. Umm but we actually had a couple of weeks notice so we were actually able to look back and reflect on things and yeah on how far he’d come and he seemed really, really pleased with himself and he seemed to understand a bit of what the different was I hope. Yeah but I’ll never know I suppose.

Laura
Yeah it’s hard that I think the umm, I mean what kind of musical things you said you listened to songs an that kind of thing.

Participant
Listened to songs and sometimes he would have my ipad and we would go on itunes or we would look through the music that I had. Umm and he would choose bits he found it very difficult to listen to any type of song for maybe a minute and a half. And So I would sometimes play for, particularly if he was feeling umm got at, he had, this sort of sense that everybody was getting at time all the time and nobody understood him. And if he was like that I would just go to the piano and just play so it was really nice to get on those days to just get away, cause it was all about the words it was tricky. So yeah I would play.

Laura
So he would play with you?

Participant
No, no, he didn’t have the confidence, he said he didn’t have the confidence to play. I’m not sure weather it was a control issue I’, not sure as I say we were just getting away from the music. I think we maybe had, I don’t know maybe five session, where he actually played something. But he would choose the smallest instrument I the room, you know an egg shaker or something. And just sit with it in his hand and yeah. It was difficult work (laughs).

Laura
Yeah it sounds it (laughs). Yeah I mean that example touched on one sort area tat’s quite sort of talked about in boundaries which is self disclosure which is how much you talk about yourself. So I was just wondering what kind of guides your decisions and thinking about.

Participant
Yeah again it’s kind of different for every client I suppose. A client like that obviously I was umm, much more interested in why he was so interested in you know my life and you know I felt, by the end of our work I felt that it was at least partly to
do with for him in his mind, sex equals love. And he hadn’t really had much of love
you know in his life. And just sex was that was symbolic of closeness and love and
you know that sort of thing. So i w as way more interested in why he was asking about
all that. And I would explain really clearly to him about all of that.

Umm I mean I think in the beginning I maybe said a little bit about my husband or
what we’d done on the weekend. Just to see how that, what that went. Weather that
initiated some kind of progress or did it, di it lead us down a sort of more fruitful path.
But it didn’t it really didn’t you know, it really didn’t so you know, close that book
pretty quickly. With other clients umm, I mean like I’ve worked in secondary schools
before. Teenage girls, yeah one in particular who was suicidal at the time was umm it
was, teenage girls very particularly with very mild learning disability. Kind of social
emotional behavioural problems.

I found in that setting it was sometimes helpful to share some of my life when hey
asked. Umm you know it wasn’t really appropriate it was much more of a looser,
again thinking about boundaries, it was much looser, it was much more open, much
more friendly. It had to be to develop the relationship and if I said “well I’m sorry I’m
not telling you about my life” they would have gone “right bye, out the door thanks”
(laughs).

No thanks they were into it, you know ah lovely wedding ring you know that sort of
thing, all that sort of thing. Umm so that really helped with kind of, and you know
and led into you know your boyfriend and what sort of music do you like. And it sort
of starts and all that. You know to a point. It was much more open and I was ok with
that. Ah with the lady in work with here who has dementia, I share a bit more with
her, to reassure her. Because she always, she see’s me she thinks I’m a young girl,
you know I think I look quite young and for my age.

And I don’t know if she thinks I’m her daughter or so it’s quite helpful for me to say
well actually no I’m 33 and I have a husband. You know that sort of things it kind of
helps re-establish in a way umm yeah she can, I think it helps her trust me in a way.
I’ve learnt if I don’t kind of tell her things she quite like unsure of me and I’ve learnt
that if I tell her a bit about myself in the moment and have that, and obviously with
someone with dementia she’ll forget but when we’re in the moment and she can hear
me talking about myself I think it instils a trust. Umm, yeah which wouldn’t be there.

So I do actually, I think I share more of myself than I did back at the beginning. I will,
umm. And parents as well I was just thinking cause I have these parents quite a few
very young clients um who’s parents are kind of struggling. Umm and there’s been a
couple of occasions where I feel like I have to, ah, yeah, it’s complicated almost wear
two hats at the same time.

Because the therapy side of things and the therapist part of me umm you know has to
be very defined and strong at times because the dynamics are just ‘few’ all over the
place. The there ahs to be that apart of me that’s human, and then you know they ask
me things, and what’s you’re experience about this and so you know I do share more
of my self that way too. And it’s important I think to do that, it’s a big part of the
work. That we’re all, it’s just so basic, but you know we’re all human we’re all you
know. Umm. Yeah so I share a lot more.
Laura
Yeah I mean that’s definitely other music therapists have talked about that the keeping it human and balancing that personal and professional kind of role.

Participant
Yeah, which is hard I think. And again you’re re-evaluating because some clients, some parents need that strong therapist type figure. Umm yeah we have one parent in particular who yeah, she really, she really, my sense from her is “ you’re in charge, you know what you’re doing, you’re the expert”. And you know it’s so easy to fall into that kind of role and that’s what you need me to be.

But actually you know this isn’t an exact science, it’s human nature, where all just kind of learning about each other and if I kind of took on that role, it’s kind of building us all up for a fall. Umm yeah so just being yeah being human and being fallible, and even making mistakes you know just saying to just. There’s this one kid who loves to climb so this room isn’t exactly ideal. She actually got herself on the blue divider thing and started climbing over it and I was like “oh god”. And umm you know one of my, I would say one of my quite strong boundaries is about touch and about body space and all that sort of thing. I just kind of like instinctively, mum was sitting there, and I just ran over and just hauled her off thinking oh my god she’s going to fall and break her neck. Umm, you know which ended up, you know I had an arm between her, cause she’s only three, and it was only afterwards I was like ‘oh should I have done that?”. I’m not quite sure.

And umm you know one of my, I would say one of my quite strong boundaries is about touch and about body space and all that sort of thing. I just kind of like instinctively, mum was sitting there, and I just ran over and just hauled her off thinking oh my god she’s going to fall and break her neck. Umm, you know which ended up, you know I had an arm between her, cause she’s only three, and it was only afterwards I was like ‘oh should I have done that?”. I’m not quite sure.

You know I had to say to mum afterwards you know I only did that because you know because you know I’m quite clear about physical boundaries. And mum was fine about it, but if that had happened and a parent wasn’t in the room I would obviously go out and say look this happened and yeah. So that’s quite a clear, one, a clear one for me I suppose. But obviously with children it can be really physical and really close which is lovely, umm but that’s another one where I’m constantly thinking why are we doing this and is this ok, could we do it some other way with you not sitting on my lap. That kind of way as well.

Laura
Yeah I mean that leads into another I guess with the musical intimacy. I mean I guess often with children touch is a big part of it, especially when using music.

Participant
Yeah. It’s a huuuge part of it. Huge part of it and umm, and I’ll see what I wrote on it cause I was quite, thinking about that quite a lot. Umm, yeah so I was thinking about all the young kids that I work with And touch is quite a big thing again with all the kids that I work with. They like to et inside the drum, the chairs and I think thinking about intimacy when you’re like 3 or 4 years old the only type of intimacy that they’re had is with their mum and possibly their dad, and I think having another women, I mean you know, it’s the amount of times verbal clients have called me mum, you know it’s like teachers. And they’re trying to figure out it can be, yeah and there’s been times recently the last couple of weeks even.
There’s been times when a session, when parents would sit over there and observe. I’ve actually deliberately brought them in because the children, from what I’m told, are being a lot more physical and affectionate to me. And of course parents sitting way over there watching, so kind of trying to steer that back into the family unit. And it’s worked quite well actually, yeah so trying to use the music, you know you’re always trying to have this therapeutic relationship, but it’s different with kids that young.

And when their parents are in the room and they’re saying “oh they’ve never done that before” and they’ve never babbled they’ve never, and you think right ok we need to focus this on the family unit. So it’s quite and important one. And I think the music yeah, because they’ve never, sort of my assumption, but because they’ve never experienced it before it brings up all these experiences of joy and intimacy and love, because they’ve never experience it before an it’s lovely that you know I mean that’s great and it’s useful but yeah, but yeah it needs to be about the parent child bond.

But yeah definitely noticed the last sort of while, when it clicks, when it clicks with umm that oh that I’m in charge and that whatever we’re doing you’re doing with me and it’s nothing to do with words which I struggle with and yeah, it’s a big part of it, a big part of it. I’m not sure that makes sense. But yeah the physical thing definitely. Playing the piano they’ll just do it instinctively, instead of sitting on a chair they’ll want to sit on your lap. And that’s lovely but just (does movement to move child out of her lap), just good, yeah. So you can do it, the same thing without the physical intimacy then yeah.

Laura
And then how would that compare to say other populations so, working elderly or with the other adults that you work with.

Participant
Umm yeah I was thinking about the lady that I work with who’s umm, who’s got dementia and she’s in her late seventies or early eighties I think. For her I mean, (sigh), I mean she struggles to put to sentences, when she’s having a good day, together. And she gets really distressed, she’s quite aware, you know when she can’t remember and umm. And from when I’ve observed her in the house where she lives and it’s a real, obviously a real barrier for any kind of intimacy with another and because the main way that people communicate is through words and umm, yeah she seems to me to be quite isolated in those moments of togetherness, I mean she, there was one moment I saw which I thought was, which, ah, made it, ah yeah, the word intimacy I think applied she was getting her nails painted by a staff member and there was just a lovely moment umm, where yeah I think she thought the staff member was her daughter and she kind of held her hand and there was this eye contact and it was when I thought yeah non-verbal intimacy is kind of there.

But yeah most of the time she feels quite isolated. But as I say struggles to put two sentences together but you know start singing “pack up your troubles in your old” you know she can do the whole thing. All five verses of flower of Scotland, and she’s just the different sort of person her eyes brighter, she more aware of who’s around her. She’s more aware of me and again we can meet in music even if it’s just very simple it’s me just kind of holding a drum and, but, but being in that shared space and then
she’ll say “oh that was wonderful” you know again to kind of reaffirm to, you know you kind of get lost in this moment of her giving you all of this.

And I think that moment of her being able to do it herself I think gives her a lot. But in those types of moments I feel really kind of, you know I feel close with her. Because she’s, and I don’t really like that term in the moment, like I think it’s used far to much, but, but yeah we really to feel in the moment.

I think one of your questions was what does musical intimacy feel like, and for me it like, it is that, it’s like time, time stands still. Again I can only do it from my point of view but for me that is the embodiment of being in the moment, it’s like everything stops. And you only have you two, there’s no, there’s the conscious kind of thinking process of what we’re doing, or why we’re doing it, what we’re doing next is that all just goes away and you’re just there. Umm yeah that’s what it feels like for me and then there’s this kind of (sigh) exhale at then end. And you’re kind of the clocks start ticking again. That’s what it kind of feels like for me, I can’t say what it feels like for clients but I have a lot of those with her. She’s ah, everything just kind of stops and we’re just there.

Laura
So that’s how you’d sort of talk about musical intimacy? I guess it’s something that you know I’m researching it so people are coming up with different ideas of you know what it means to them. So fro you it’s those moments? Is that was immediately comes to mind?

Participant
I think that’s the highest point And I mean again it obviously changes and fluxes and but kind of the most, the truest parts of intimacy where you really meet each other, for me it’s like a real yeah, you know the clocks stop or a vales been lifted or something is this moment or a few moments of like clarity umm and there’s alike a knowing between you, there might be eye contact, there might be yeah I think I get there are moments like that with the children that leave me in on doubt that something kind of really special just happed.

You know cause you’re working with children who don’t really make eye contact, you know who don; really stop still for a minute, you know they don’t really do that. And you have these magical moments where they just, where they play the drum and we’re looking at each other and it’s like yeah and you meet each other and it’s wonderful. Yeah that’s what it’s like for me. And of course there are times when you have , you know this feeling that yeah we were both kind of the same page and we, but that’s the kind of truest point of connection I think, for me.

And I think I would, I’m definitely a very sort of feeling type person. But I do I go with my gut A lot more and, and, and more than half the time I can’t really explain why but that’s kind of how I work. I need to kind of go with the feeling bit first and then I can go away and think about it and analyse it and I can talk like eloquently about it. But yeah it’s kind of, I very much a sort of feeling rather than thinking.

Laura
And would you say that that’s the really umm I guess what’s developed in terms of
your approach to boundaries you know, more going with your gut rather than your head, would you say?

Participant
Very much and I think supervision has helped me a lot. And I even remember, I remember the sort of session when that was a breakthrough you know learning that it’s ok, you know me learning, it’s not being told, but me learning that it’s ok to work like that. Because when you just yeah, when you just graduate I think there’s so much justification going on for your work, so much of the verbal and actually it’s ok you know what “I don’t know why I just did that” umm I know there was a reason fro it and something happened but give me an hour or two and I’ll go away and think about it and get back to you. And that’s, you know, that’s ok. As I’ve, as I’ve you know developed as a therapist there’s been you know you come across similar sort of situations and again that sort of repetition of learning “oh ok I did that in a similar situation” and kind of yeah, that’s probably why that did happen and probably why I did that, and I have got better at it so yeah. If that makes sense.

Laura
Yeah it does, it does. Yeah there’s a couple of differ ways I could follow with that but I’ll go with the musical intimacy first. So talking something where you go with these moments, music is quite intimate anyway, how then do you think about or approach boundaries in that kind of musical intimacy?

Participant
Hmm let me look at my note cause I did think about that. Yeah no, the only way I could really think about it really, was just, the main word that came to me was just honesty Again. Umm with musical intimacy I think we’ve spoken a bit about how my, my perception is that cane be a bit confused, you know a bit muddled with young children by other types of client’s that type of musical intimacy because obviously I’m a therapist and I have supervision and this is my job to t think about this sort of thing. I can look at things through that sort of separation from it.

Whereas with someone most clients probably it’s the first time and probably could be a very, as well as a nice feeling a very confusing one. And it kind of what does this mean, you know, thinking about John as well the guy that I talked about, so I think the way I approach it for me is just being, finding, yeah finding the most appropriate of conveying like honesty and with clients and with parents and with carers, umm. And again kind fo thinking about what feels right and what doesn’t. Umm so yeah, yeah just, just, just honesty.

So if for example if umm yeah like a child might want to come and cuddle me and kiss game and I’ll have to find a way on their level to kind of say well that’s lovely thank you but umm, yeah we do that with mommy, or we do that with daddy you know who else do you cuddle and kiss with? “Don’t cuddle and kiss with (Participant) we play music together “ you know kind of do all that kind of work. Obviously with an adult you know it would be very different.

You know I’m thinking of another adult that I worked with, with profound and complex needs, ah non-verbal umm would, would show after, after ahh, after an improvisation would show. He was small and skinny but whoa strong. And he wore a
sort of protective helmet because um for his skull. And he looked like this puny little guy and he would take his hand and grab the back of my neck and pull me towards him and kind of bump my head.

And this was his way of showing me that he was showing me that he was really happy and umm ah you know aside from being quite dangerous and quite painful, you know it really wasn’t appropriate. And you know so I you know and this guy yeah it was really quite hard for me to find a way to kind of negotiate that with him, and explain and kind of think of ways to show me, cause it was quite an ingrained behaviour you with other people.

Umm and yeah finding a way to, to, to you know we would talk about it. So we would try, and you know he was so quick, I would try and sort of anticipate and sort of grab his hand and you know start swinging our hands, you know something else really physical. You know with this kind of whiplash kind of thing. And again he would want to give me this bi wet sloppy kiss and kind of finding ways, you know singing lots songs about holding hands and about being friends and you sit there and I sit there and it can be really tricky.

Laura
So it almost sounds like a bit of kind of educational um stuff around what’s appropriate for their boundaries, you know for people who maybe aren’t as developed?

Participant
Yeah who are very venerable. Umm Absolutely I think cause, as I say it wasn’t just me he did that with. It was working with you know his support staff as well I remember it was it didn’t help that every member of the support staff were all on board it was dangerous and not appropriate for him, you know trying to help this venerable guy. But there was this one member of staff who encouraged him to do it.

Who thought it was you know funny or, so it didn’t, it was kind of two steps forward three steps back with that. Because he was getting these mixed signals. Because I think consistency is so important as well for these types of boundaries. Because we thought about it quite a lot and how to use the same kind of techniques. You know they would then, you know we made song about holding hands rather than hugging, so they began to use that at the house and everyone was on the same page and there was this one guy and you know he’s turn up with him and grabbing him and oh no.

But yeah., yeah protecting him because yeah it just helping him understand. But, but, but not wanting to detract from that sense of intimacy because you know my interpretation was that he was feeling quite close to me and we would have wonderful, and that wouldn’t help either you know cause we didn’t’ have two pianos at the time we just had one. And um so we would play together and you know so we were in very close proximity he didn’t like holding instruments, he didn’t like the sort of sensation of them, he didn’t like playing drum, piano was his thing. Umm and we would have like ten minute long improvisations which were great, umm and I you know we’d have that moment at the end of stillness and silence. And I’d be kind of a bit lost in and then before I knew it he’d have his had at the back and I was like ‘aah’ owe. Yeah I mean how do we kind of manage that.
Laura
Yeah I mean that, when you’re talking it remind me of some other people have talked about I think it’s hard when you’re working with other staff and maybe they have a different sense of boundaries.

Participant
Yeah it can be, it can be. Yeah so there’s that type of situation where I’ve talked about if we’re not all on the same page and you’re kind of you know swimming up stream. You know fighting a loosing battle. It’s quite difficult. You also have staff who I’ve had experience I’ve had a lot of supervision over the years because you, what I used to do, and in some cases I still do, but I’m a bit more cautious now. Was if to say if we were in here together alone and they were in the waiting area, and if we’d had a good session you know I’d come out and you know they would go to the car and someone would stay behind and I would say oh we had this great improvisation and they’d kind of say something to belittle it of to cut it down, oh they’s say oh he does that at home all the time. Oh yeah he does that with me. And you’d think ok.

Umm again sometimes yeah just quite sarcastic kinds of things and I’d think my sense is overall there’s maybe a bit of jealousy, which is if you’re, which I can understand, if you’re working with somebody day in day out and your in charge of feeding and toileting and all these kind of you know essential things but not very exciting or exotic things, and then you take you’re umm you know your person to music therapy and you know which can look fun and you know this blooming therapist comes out and is full of the joys of spring and all this, umm, maybe, maybe you don’t want to hear that so.

Umm yeah I think, I mean I’ve always been aware of speaking appropriately about clients but I think even more so, there’s something, even now, there’s something about keeping what happens in here. You know that feeling part of it cause I used to try and ut that into words maybe this sense of togetherness and explain how oh, he played two beats I played two beats, he reflected it back.

Whereas now I’m reluctant to do that, I’m much more reluctant and I just talk about the practical stuff, umm and just kind of let it be, because what happens you know in this sort of intimacy part of things yeah it’s it, sort of special for want of a better word. You know it’s different, it’s special and not everybody will take that on board and that’s fine umm, but yeah, it was, it was comments, there was a period of time when maybe a year or two ago where quite a few client support workers were doing that in different ways and it left me feeling belittled or quite, and I had a also of supervision around it.

Umm yeah so that again just kind of learning, cause when you’re a student you kind of learn about feeding back and everybody must know what going on, and actually it’s ok to almost like the more intense now or the more special the session the less I say about it umm because, you know it’s only mine, and it’s only the clients and that’s it and you know I have an obligation to say if anything you know dangerous happened or anything of particular note, but I don’t really go, yeah I put it in reports. Because that’s they can’t I’ve written it it’s out there, but I don’t umm and I think that’s a boundary that’s sprung up over the last couple of years. And again it’s sort of
protecting me and I think it’s sort of protecting the client as well.

Laura
Protecting the space of what you have?

Participant
Yeah, yeah. It used to be ah this amazing things happened and I want to share it with people. Oh you’re not ah interpreting quite the way I would like you to, and that’s their right but ah, it also had this knock on effect for me and I wondered what happened when they got in the car with the client and what was being emoted or said or I’ve got no control over that either. So the only thing that I can control is what I say about it. So I think that’s a shame that it happened quite a lot.

Laura
Yeah cool. Umm ne thing I wanted to ask about, you’ve sort of mentioned it a little bit, but I guess ways that have helped you to, I’m trying to think of the right word, to work through any boundary issues or work out your boundaries, and you have mentioned supervision umm do you think that that’s really helped in sort of umm working, you know helping you with your boundaries and the kind of thing?

Participant
Yeah I think so, I mean over the years I’ve had two, three, three different supervisor and all of them have had quite different takes. I mean one in particular has had very firm ideas, in just the way she works. She’s kind of Faurdian base psychotherapy, which is very interesting but very fixed. So, yeah it was interesting to get her take on boundaries but I wouldn’t say particularly helpful for me. You know we were very open and honest about that but because she has her own private clinic, there’s a clinic room, and if those kind of requirements aren’t met, kind of like how I was back in the beginning, and therapy not going to work, therapies not appropriate and that’s ok.

And I can totally see where she’s coming from. And I’m sure some music therapists must work like, you know in the work, they must have this kind of pure a a, you know, yeah so it didn’t really help me. Whereas another couple of therapists were much more able you know I take them and go, oh my god they want me to work I this space where the drama group goes and there’s no walls and we just have like a divider. And just like, yeah much more you know practical based way of working. And I think in this day and age if music therapy is to kind continuing growing and developing I mean it’s wonderful we have a community music therapist trained working.

And that’s been a big learning curve I think. Yeah I suppose in terms of boundaries but just in you know ways we can work and were we can work, and how we can work and how it can still be just as therapeutic and it’s so much, so much more interesting you know to work in these types of situation um and really kind of thought provoking. It’s like she runs a choir umm you know and I think, you know and we’ve talked about this, to be perfectly honest after I studied I was like that’s not music therapy. There’s no room with a piano and a drum (laughs).

But umm actually seeing it and talking about it with her and the was she thinks about it and that’s the way you know I feel we should be looking at things, so the
boundaries are you know expanding even more. You know it’s not, from my point of view it’s not what is happening it’s like the thinking that goes on behind it that makes it very therapeutic in a way, or is that a too simple way of saying it, I don’t know. Yeah not necessarily the what, it’s the kind of why and how that as I say for lots of people that would be well that’s a choir for people with learning disabilities.

But actually looking at her reports there’s so much going on. You know and it’s so person centred and you know she’s got so much going on behind it that she can back up and that the clients can back up and it’s wonderful. Umm but I, I had a bit of resistance to that at the beginning. Whereas now it’s year it’s great.

Laura
And maybe that’s with the, I mean how do you think boundaries go in these different settings?

Participant
Yeah I mean I don’t know for her, I’ve never been to see them rehearse or practice or anything, umm. I think she runs it much more like an open group because there’s support staff, and there’s all sorts of coming in and out. Yeah I’m not really sure as I say I’ve never really worked like that. I think it’s more to do with again, it’s almost like, her, her boundaries rather than like the choir, is kind of what makes it. Because there isn’t you know physical boundaries like this with a closed door. But her, her I think she holds her boundaries quite firmly about what she’s doing and why and what she won’t do and why. And I think that’s probably where, where, where the ending (showing a point in front of her), where the therapy happens I suppose, I don’t know weather it happens in that space in between. Umm what’s coming from each individual in the choice as a whole and where Jo kind of sets her boundaries, I wonder if that’s where the therapy happens I’m not sure. As I say I’ve never seen them rehearse but as I say I’ve seen them perform and I was kind of part of it for the commonwealth games. They had a big, big sing and they went and did, and it was just like that, all of the choice members are verbal and they can express themselves verbally. And one of them said you know it was the best day of their life performing with the big, big sing. And you just think that’s it, that’s it right there they’re being heard, they’re being met, they’re being supported. You know it’s just this much bigger scale. Which is great.

Laura
Yeah it’s interesting with the different approaches. Yep cool. Well great I’ve sort covered all the areas that I wanted to, but did you want to have a lot look at your notes and things if there were other things that you wanted to talk about.

Participant
Umm, yeah, we did all that about boundaries, I think that’s probably it.

Laura
Seems to be the way they work more like a conversation and we tend to cover everything.

Participant
Yeah. No I think, I think that’s it.
Laura
Actually I think I had one question at the end that if you were talking to students or someone about this sort of stuff what kind of advice would you give on boundaries and musical intimacy?

Participant
Oh yeah I wrote something down. Yeah so, I thought about that for a bit. Again it’s not very concrete. Just to think about following your gut and just kind of listening to that inner voice. I think there will always be some boundaries for each individual therapist which are probably way more fixed and concrete than others, and that’s ok. So just really taking each individual client as they are you know that there’s this huge spectrum of you know and they’re, I wouldn’t say there’s quite no right and no wrong cause there are a couple of wrongs in there, but Pretty much it’s listening to your kind of inner voice. Thinking about it, talking about it, getting supervision about and just seeing what’s right for you and just being really honest about it. I think that’s a big one as well. Being honest with yourself, being honest with your client, being honest with the support worker, the parents or whoever as to why you’re doing this or why you’re not doing this. Why it doesn’t feel right, why it does feel right, you know maybe why you’re going to make the boundaries just a bit more flexible for a short time or whatever you’re doing just being really transparent about it. Umm because, and that’s the way, that’s the way you learn. You know because and you will not necessarily make mistake but you will maybe regret something, or maybe really wish that you had done that or, and that’s how you learn, and just yeah that’s probably, probably what I’d say.

Laura
Yeah that’s great, I think that summed up a lot of what you were talking about so that’s great.
Interview nine

Cool I’d like to just start with getting you to explain what area you work in so with what population.

Yeah I have been working in the context of prisons. Ah um for about ten years in a prison area in the city and there’s also this project, music in custody and liberty which is kind of ah, after care, or after being.

To get um, back into the community rehabilitation

Yeah exactly, so that’s been my working area and that’s also been ah what my phd has been about and then I’ve been working with an action research project about ex inmates. That’s the main area.

And what would you call your approach, what kind of style is it? Would you call it community music therapy?

Yeah I think it’s very much linked to the community music therapy. And this project is maybe a good maybe good example of it because it started inside and you follow the whole process of, of coming out and then try to, yeah you can do music therapy while you have an open sentence and you can do it when you are finished with your sentence. So this thinking about social network and all that kind of thing is a very important part of it.

Yeah sounds like interesting work. And how long have you been a music therapist.

I’ve been ah, yeah, in 1998 I was finished and then I worked in like a cultural school for two years over a kind of range of things, in ages and also in what kind of diagnosis and health need, very, very broad so after two years I moved to Bergen and I stopped doing that and did prison.

Yeah it’s good. So it’s like 16 years?

Yeah, goes quickly.

It’s good to just get a bit of background of where you work. So I don’t know if you remember, my topic is, I’m looking at this idea of musical intimacy in our practice but also how music therapist work with boundaries around that. So if I could start with getting you to think about your own work and if you can think of ideas or examples that sort of link in with musical intimacy, yeah if we can start there?

Yeah, yeah. I think, probably one of the reasons why, you’re interviewing me about the topic, I’ve been doing this action research project and I’ve been really working very close and I’ve been very close into people that are venerable who have kind of a tough life. And also into, ah, maybe a little, ah unusual situations cause I’ve been, working in prison and I have been working in community and in the band room, but in this action research project I also worked in the home. So its, like, it’s like coming
close to people and come very close to people. Because when you’re working in a home you kind of get into a whole new area, and what you see and hear and ah experience is like ah, it’s, it’s, not the same in a way like a regular therapy situation.

So I, I, thought a lot about this intimacy, to get close and that’s one of, one of the things that I’ve been thinking about is that you, the boundary about all the things you hear and experience and getting exposed too, not all of the things is what you kind of maybe should have been exposed too or want have been exposed to but you can’t go away from it (laugh). So that’s one aspect I think.

And also that you, you, got a lot of roles, ah you, you’re you can be a music therapist, you can be arere searcher like I’ve been doing, and you can be a, and you can be a friend, and all of these roles are kind of melting together in a way. Especially I think that’s maybe a challenge in, in the whole context in a way, when to be what. But I think, I think there is a lot of challenge in there. And I think that this, intimacy, is more like a, not like something sexual or that kind of thing but more like ah, more like the private zone in a way, yeah what’s the private zone and what’s ah, what’s your, what’s my private zone in a way, so I think there’s a lot of reflections around those things.

As you’re working, there’s lots of reflections?

Yeah I guess part of that research project I’ve been, that’s. I think it’s very much a lot of, there’s a lot of benefits in getting that close also because you see what’s actually happened in real life situations. Ah but sometime it can be to, to real (laughs), it’s kind of both things at the same time. So that’s, I think, maybe these when you are being involved in something you don’t have to control over that can be, difficult and hard.

For instance if, if like, this working with ex inmates and getting to know the life within that culture in a way. That’s extremely yeah you learn a lot from that., but also you get, yeah you get into a situation that kind of feels not comfortable, you know feel comfortable with ah, like there’s coming people in you don’t know who these people are, what to do. You get, like one time there was this police come and it was like in the neighbours house, but these band members that I work with are kind of, the police is like the enemy.

So when the police know on your door and say “keep quiet because we are going to”, then they are kind of getting a lot of anger, because “why, why are you knocking on my door, I haven’t done anything”. And Also it’s, my own situation ok what’s the police doing here and was it kind, of was it some marijuana lying on the table there, so you are very unsecure. So that’s kind of my relation to the intimacy.

So there’s a lot happening because it’s in the home context?

Yeah, yeah. It was, it was going on for one year in the home like that. So, also you, I been traveling a lot, not a lot, but with the project to play in other cities and other bands that’s also this closeness in a way, you get very close in a way, you get very close and you kind of see what, yeah what is their everyday like struggles.
So you travel with the band? Kind of like on tour?

Yeah, yeah. Take the plane to (removed for confidentiality) for instance to play. And that’s very, I think, it’s the same, you get a lot of knowledge and I think you get a lot of important knowledge that you are extremely close so it’s kind of ah. So yeah I think we need to show that you are, kind of calm in a way. And not like very stressed, cause there’s so much stress else where, so it’s role figuring or modelling is kind of important when you are so close.

Yeah so in those I guess with that group, umm how do you maintain how do you think about those boundary kind of things? Cause obviously you’re very close to them and as you said there’s lots of roles going on, so how do you sort of keep that safeness, for them and for yourself as well?

I think I reflect a lot about ok what’s happening here. How can I deal with these things. And also I think it’s like, it’s, it’s a band community and it’s very, things are difficult and, I think the team should be shared. And that should also include me. So, yeah. I think, there’s, there are some kind of rules for things you cannot do, so you have to follow that, those rules like rules for researching rules for society, so that’s kind of, that makes some boundaries for ahh. But this, this relation stuff it’s not, I don’t know it’s lot of those things or not included it’s the laws in a way you have to reflect upon it yourself and you have to use like, if there are things that are, are difficult I can talk with my supervisor also so. It’s like, it’s thin line often, what you can do and what you can’t. Yeah.

Yeah I guess, really I’m interested in this are, when I started reading about boundaries it all seemed to be located in kind of a behavioural way of working, which didn’t seem to fit some of the new ways of working. So that’s why I’m really interested in like a community music therapy approach, what’s actually happening out there?

Because it’s like, there’s this doubleness in it I think. Because in one ah, I really think and I think I also make a point out of it in my phd, there’s this closeness and to be so into ah community together and to know each other very well and go in very, very close to each other, that’s really, maybe that’s one of the thing that makes the project so powerful also, and makes it like being successful in a way.

So, So most of all I think that’s the, that’s a good thing. But if its, you really need to be aware of ah, that you can, there are, the ethical consideration for instance you to be aware of that and you need to reflect and you need to know what your doing. And be very aware of that. And maybe a lot of things that I am doing is kind of very, maybe it’s in conflict traditional like treatment view, maybe, or maybe that’s opening up for something new.

I think obviously it’s great work that’s happening in this style. So it’s really interesting to hear when you talk about the two, sounds like at the one point you’re in the community and it’s quite intimate in that way but then you still do have that other, ethical, professional, reflection thing going on and then yeah the balancing of that, id that how it is?
Yeah, yeah, I think. And maybe that’s something about doing action research also. That you are involved together, you are, you are co-researchers. So you know it’s a flat structure in a way.

**So more even?**

Yeah, yeah. Ah, and it has to be this, you have to be quite reflexive the whole time I think.

**Can you talk about that? How are you reflexive during it?**

I think about it as, to kind of, ok, analyse the situations that are happening, ok what did happen, what’s my role, what was, was there something good about it, did I do something wrong, did I loose control, did I get too much control all of the things. It’s kind of like me sitting here talking to myself, yeah.

So it’s, I used to write like feeling those when I was like closely afterward and that I think also made kind of reflection, also just to get I ton the paper and ok what was that. And the decision of, you need to take some decision ok, how should I do that. So it’s, it’s not easy it’s really hard, hard work. And maybe this part of doing research on it also make you more reflexive on your role because, I think so.

**Because you’re doing research so you’re already reflecting that way?**

Yeah, yeah and also I need to kind of, I need to, I have to present for someone and I kind of yeah, I will get questioning “ok what is happening, why are you working in the home, isn’t that breaking into the private zone or” I have too keep reflecting on that because there are those kind of. It keeps your reflexives up I think. And also being, being doing it like, with co-researcher I need to ok, to get feedback all the time and get ok I’m going to talk now in a congress for something and this is what I want to speak. And then I can also say ok this is not what we mean. So it’s kind of, it is part of the, reflexives in group as well I think.

**Cause that’s part of the processes of actions research isn’t it?**

Yeah, yeah. So we’ve been talking about boundaries and ah, ethical challenges for me in the group.

**SO you bring it up with them?**

Yeah, yeah and I written about it an got feedback form that and have written and I got, handed it out and I got feedback

**To the group?**

Yeah, is this how it could be? Yeah. That’s maybe one, one important one. Bringing it up together.

**Talking about it together?**
Talking about it together. So, there is this, there is, I think there is something really good about doing it right and have all the participants in it. But you also do a lot of kind of hard work that is hard to get all into you, you travel together to get something, if people are struggling enough for instance, I needed to get them, so I travelled to their home and “can you come now” and “ok five minutes, ten minutes, twenty minutes”.

So there’s a lot of, a lot of, failure in the success. You do a lot of work that you kind of maybe feel there and then that’s it’s, that you’re getting kind of exhausted or something but it’s ah, I think it’s important, to do it. I think it, there’s a lot of, there’s to trust each other, there’s something there I think. Because I met, met this band that I’ve been doing action research with inside the prison, ah I think there was some very important meeting. Like in the, in the first time meeting, we talked, we have talked about it, kind of the band, the band leader, the first time I met him it was kind of by mistake. Cause I was going around in the prison to get a group together that I could do, yeah that should come to music therapy.

And ah I have got one name and I just ok I go into the cell and I said “hello I’m (removed for confidentiality) I’m music teacher here, do you want to join a group some band instrument together”. And he was kind of, he said to me afterwards that he was shocked because. He was, so angry at the time that he should have been, that no one should have come into his cell, there should have been like two officers to come into his cell because they were afraid of him. But that was, for him that was kind of the important thing that I just came into and just asked if you would join music because then he hadn’t that kind of. And he was of course I want to have music.

So that first starting, meeting point, ah created something and I think that was a kind of trust in each other. That also become very important like eight to ten years afterwards when we are in this project. Because we, I have, he know who I am, I know him. I’m also with this other ah band where we have had something together they know who I am they have been playing music with me inside prison. They know what I kind of, what attitudes what kind of person I am and I know at least something about them.

And I have been following in process, I’ve been following them when they have been inside. I’ve been following them when they have been outside in this project. And ah I’ve been following them when they have been released and when doing this action research project. So this line, in a way following them in a long line and to have this kind of knowledge about each other and trust in each other I think that’s it’s maybe yeah extremely important in dealing with challenging situations in private, with boundaries, intimacy. I think that’s kind of, because there’s something there shared together.

**So it sounds like you have that trust, relationship as a foundation?**

Yeah I think that’s kind of the key, in a way. And maybe that’s also why you can like do it in a private home and also travel together. Because it’s like it goes very much both ways I think, they need to trust me that I don’t like telling things that’s not for there good and they also not doing things that can harm me and I think that’s, I think we are both aware of that in a way.
So it sort of keeps that safety for both of you?

Yeah I think so, I think so. At least for me, we can reflect upon that together also.

Yeah so I’m also interested in the musical interactions and how they effect this whole process. SO what kind of things do you do musically with them? You mentioned it’s a band, is it improve is it song writing?

We do song writing. We do improvisation more in like a jamming form. We also do some like choral songs, yeah. And also we have been kind of getting a go to do concerts and telling stories so we’ve been working quite close on that concept. I those, there has been a big part of the musical interaction we have been quite, we go quite close into the songs that’s been written in terms of the band.

And getting into the details and yeah to prepare for a concert, so that’s been one important part. And also it’s, I think it’s like to kind of organise it. Because you can, you must take it out of what do we come today. And if we for instance we don’t have the lead singer here today, we have to mage without them. And I think, so when he hasn’t been there we have been doing a lot more of improvisation or jamming trying to make new songs, and often there comes like the guitarist he has a part that he written. And you have to just hang on to it. So that’s happening a lot I think. And, some of he’s thing develop so that it kind of gets into the next time.

So it sounds like there’s a lot of music going on, a lot of jamming?

Yeah there’s a lot of ah music going on, I think that’s kind of, that changed a little bit. When we were rehearsing in the private home we always started with like talking and ah, we were sitting in a group and then we went in to rehearse in another room. And we also did go through concerts like on dvd’s of the things that we have done and discussed it ok how can we improve it.

So the talking part was maybe more wistful or more there when it was in the home. But when we started to rehearse in like the community there was more, more like coming into the room and playing music and ah, maybe I got some information for things. But there wasn’t, mostly focussing on the music.

So it changed a bit?

Yeah I think it changed a bit yeah. And I think maybe that has something to do with, like the possibility ot kind of have one room for the music and one room for the talking. But in the band room maybe it’s more natural to just play. So it’s more like we’re talking like we do in pubs or in, or in a.. I think if I was going to go out there and just talk like daily what’s happening.

So how do you think being in a band, with them how does that sort of contribute to the idea of trust and the relationship?

I think there’s a lot in common with what I said earlier with following the whole process. Also in a musical sense, because we know each other we’re gona be
musically, so it’s kind of, I don’t know, this small things that you, that you just get in a way. You don’t need to explain. It’s like yeah me playing the bass and I have eye contact with the drummer and we are kin of the bass men, and there’s very small subtle things that we do, and I think we both kind of know ok if I see then he remembers that I should be doing like this.

And also a little bit about, maybe a little bit venerable also I’m not very automotive person but if I say something they listen. That doesn’t mean that I have to say so much. But I think with, I think there is something about searching about coming into a good, good groove. Because we have all experienced being there together an it’s like, there’s a good musical good, that you kind of, that you just want to be there and you can be there for a very long time and I think we have experienced that sometime. And I think that’s maybe something we unconsciously search for.

So on some level as a group you’re searching for that?

Yeah I think so. I think so. It makes it, it’s a lot about preparing to be on stage and kind of. I don’t know my knowledge is a little bit about sometimes stop the rushing in a way because these bands members are extremely, there’s this hyperactivity, bubbling all over. So they’re quite very forward and sometimes they don’t want to do a lot of things, and yeah that can be a benefit in many ways, but sometimes when preparing for a concert it’s important, to ok we can do this now but do we remember it there. And if we’re going to do it in the concert, ok we have to stop and be here and do it right and get the stop right and remember the things. And I think that’s maybe a little of my role also, that I can do that, that I can make that stop and I say ok, now we have to do this properly to get it right when it’s needed.

So you can take on that role when you need to?

Yeah, yeah. And that and the mixture of that and actually doing the concerts and experience ok yeah this is really going great. Or the song that we wasn’t totally prepared was the concert that wasn’t the best in that concert. So it’s about I think it preparing doing ahh, reflection is going makes sense in a way.

And so what’s it like, could you talk me through a performance? Cause you said you’ve been to Oslo or something to perform?

Yeah its, When we have been doing this performance in Oslo and some other places, we have been, we have like six seven songs and we also have like a story for each of the songs. And we have been working a lot like during, like a manuscript for the songs because of the lead singer kind of is the story-teller in the band. He’s quite getting, there’s not so much, he can go everywhere in a way. So we decided together that we maybe need to set something down here on paper, he never stick to the manuscript so but at least there’s something’s that you can hold onto there.

So we do, we have been ding some concert that has been quite like starting song, and story about, story about the song, a story about the first time I came into his cell and then the band stated in a way. And we try to tell a little bit of the story about the music, and also the story about the, the songs and the reason for bing sentences to prison. To have like a story line, yeah. So it’s quite, structured in a way. It’s very
strange cause it’s very structured but, but ah, in like very structure in with band members that are extremely unstructured. So you can structure but you can’t kind of, but you can’t decide what’s happening.

**Sounds interesting.**

Yeah it is. But maybe that’s also kind of, I think sometimes when we have done the performance it’s very, it’s a strong experience because it’s really, it’s a strong story and ah, life. The band has been living these stories in a way. So something is, happening or from also in the meeting with the audience. Because they get those, they hit something already in a way.

So it’s quite this tension that people are really into, when the story goes as well the songs goes. And it’s really this, I think this, I think applause it’s so ah, I think you can hear the applause if it’s like real applause. And I feel I really feel, and I think the band also feel really the real applause and that’s really and that’s really, very, very special. And I think that’s yeah, that makes the next part to go into the rehearsal, ok you remember ok it was a really good gig we did, great, ok. We must keep on going.

**So how does it affect the next, you know you have this great experience with performing, so then you go back and you keep going. How does it affect that process?**

I think it really, really when you have been done or you are like, I think you really high up, so there is a chance to kind of to come very long down in the first rehearsal in a way. And after and maybe you need two or three rehearsals to kind of come, come back to the world. Yeah it depends a little bit sometimes we have some concert for short periods in a way so then we just have to

**Keep going**

Yeah, yeah.

**So do you think, I’m sort of looking at this idea of musical intimacy. Do you think that fits in with some of those experiences you described? Like getting in the groove or the performance?**

Yeah I think so. I think, I think one kind of main message for the band member is it’s like it is the music that’s kind of, the power lies in the music. And of course I can say yes it’s important to talk an it’s important to, and it probably is. But the, but what, if they if there’s one thing that kind of got them out of criminality they’ll say “it’s the music”. So there’s something, there has to be something extremely powerful there and I, yeah I think there is something in that togetherness in the music, I think that’s important.

I think you come close and I think with the experiences we have been through I think it has been in that music community and that doing together community and that, the small things that we know and that we see the look of the eye the small, like this ok when we got this song and ok, you see I’ve been doing like this or. I think there is, there is something there. And I, I have an experience sometimes when we have kind
of, when we have been in the down period often because of personal problems and we have been like discuss things. I’ve been like, you don’t come in the discussion. It stops in a way it’s just being a one, just being like monologue.

Sometimes we have said, or I have said ok lets do some music, and often that kind of I don’t know opens things up again. And often you can hear that ok we are here for doing music. I think, I think I can hear a little bit about if there is extremely much frustration like I can kind of get to know a little bit about them just by playing and yeah, playing and watching. Yeah I think that. But it’s like, I don’t know it’s, you are going to write about it, but what is musical intimacy? What is it?

Well that’s what I’m trying to find out.

Yeah. But something about this, I think there is something about this closeness and being more close together. Share, you share things. I think we kind of, maybe we got I think we got some kind of body language when we are playing. Not kind of big gestures but very, very, small things and I think we, yeah, we getting to know each other very, very close yin also that kind of understanding.

Is that in the music you’re talking about?

Yeah, yeah. Like eye contact, like moving your body like, showing when to start showing when to stop, all that is kind of, yeah unspoken. And also like, check if everything’s all right, or we get a smile or, I don’t know there’s something about this atmosphere that you kind of get through that eye contact, smile yeah.

B Sounds like it’s a way of confirming, or checking in like you say

Yeah I think there is something there. And I think there is, I don’t know, I spoke earlier about getting in the groove that you kind of, I think you also, when you are there, when you are in that good groove I think you, I think often that is kind of common place to be. And then I don’t know if you are kind of looking maybe you’re just clearing it in a way.

So that’s kind of the groove, would you say it’s a closeness or more being together?

It’s like those things, being together. It’s little bit like, I think when you kind of get up in it and it, kind of disappear. Like a band disappearing together.

Yeah, yeah, so it’s like your sort of, what do you mean by disappear, can you describe it?

It’s like, it’s like, it’s like for instance my role or being aware, or seeing or checking in and all of that thing. When you’re kind of in this good groove you don’t, you don’t, reflect you just are part of it and you kind of, you don’t think, you just, you are just, and there’s a little, like this how many minutes, you can be there without kind of knowing how long time has been going also so it’s a kind of, it’s a very strong, it’s a strong experience I think. But it is yeah, hard to explain exactly what it is.
But yeah

But that’s your job.

Yeah that’s great I think I’ve sort of covered most of the questions that I had which was if you were to give advice about how to manage boundaries or musical intimacy or that kind of stuff in your way of working, is there anything else that you wanted to add?

I think it’s, it’s very interesting issues I think and maybe the ethical aspect is important also in yeah, part of the training of the music therapist, As you get to know about what’s in, what are the rules and what are the real life challenges. And ah yeah to reflect upon that. Because I think there is, there is something about like laws and rules and those things that it’s very important to have them, they can mange to catch up everything on how it actually is. So you need to kind of be reflective about that.
It would be go to just get a sense of where you work. So with what populations and your approach if have a specific approach, so if you could just talk about your work.

I’ve been working since 2001 in a psychiatric hospital in (removed for confidentiality). A private hospital in (removed for confidentiality), so the people I’ve been working with in mainly severe mental illness or serious mental illness. Schizophrenia, psychosis, personality disorder and yeah, that kind of diagnosis. And I’ve been working in one hospital, so working my way from a small, just 20% just one day a week to having a full position.

Umm so I’ve been working there since 2001 and this summer I moved to ah, inside the same hospital to, what we call dps, which is for people not staying in hospital, living at home and coming and getting their, it’s kind of this strict psychiatric. So umm, yeah the way I’ve been working I think it’s umm, it can be reflected in the (removed for confidentiality) tradition of music therapy.

So we have like Evan Ruud with a holistic approach which is very a foundation of my education and, and also Randi Rolsvjord has written about resource orientated music therapy, community music therapy thinking, even if I work in a clinical setting ahh, that I’ve been kind of the way I have been thinking about it. And I also completed a phd which is about kind of recovery, recovery work. So that kind of covers very much of the humanistic, community orientated, resource orientated so ahh. But also I have umm, like from working earlier and from also studding a little bit of psychology yeah I have, I think also in my way of thinking ah psychodynamic way, which lies underneath it maybe which I use more in supervision, where I would normally reflect upon those sorts of things, but not much directly.

So sort of bits from a few different things but sort of a base in humanistic with all the other bits coming in.

Yeah. And it fits pretty well together it’s not, it’s kind of one, kind of stable or. I’m not so confused, I think it had been a little bit difficult maybe I shouldn’t talk too much about that, in Norway we haven’t worked so much in mental health care before so starting to work there I was reading all the books about the psychoanalytical approach to it coming form Europe and so, it was a bit difficult in the beginning to try to figure out what should a Norwegian music therapist work, but now it’s getting easier when you get more literature.

Very interesting. I like to start off with, I’m looking at this idea of musical intimacy in practice. Um so really I’d like to get you to talk about your work and it’s really about the musical interactions. Musical intimacy it’s kind of a term I’m floating around so I really like to hear the stories and experiences of your practice around the musical interactions. So if you could just talk about your practice?

Yeah. Um it’s not easy, intimacy is not a word that I’m used to use when you talk about music therapy. So I’m also kind of interested in how this will go. But um I find
it very interesting to explore it, so umm, I can just like saying something about how I work, the setting. So yeah the way I work I think of it quite in a structure which is working in individual music sessions, having music groups, and doing music therapy environment, like a milieu music therapy.

Ah and the fourth is working with music therapy like community directive, because I work inside a closed ward and I work with how to connect the patients with music and ways of doing music outside. Umm, yeah so maybe the two that is most relevant to this discussion is working individually and having the music therapy groups. Umm so I work individually I have a music room, umm like many music therapist have.

Umm yeah with I think it’s more equip like a band room than maybe like a music therapists have. And what I didn’t say about my approach is that I work quite often with modern genres, pop rock, bebop jazz, kind of approach so it’s quite linked with genres like that. Umm and the music therapy group is a group that I have inside the ward so I have this trolley that I take up to the ward and I improvise music therapy session, very improvised with music and everything.

Umm so when I think about intimacy it’s, when I reflected on it before I was coming here on the bus, I was thinking that, yeah intimacy is I think it’s an important word, even thought I haven’t used it so much thought about it. But of course it’s like a room with 25 square meters of something and you have someone in sitting there on the chair, talking about music writing music, doing song-writing, doing improvising, all that stuff. Umm it’s, it can be, yeah, what we say intimacy, it can be intimate. In many ways probably, the first thing I was thinking about when you say intimacy is physical intimacy, I think that’s the most common way to use the word.

So and I’ve been reflecting quite a bit on that, I think I, I will talk about the individual setting with that. Umm, cause yeah like, I read a bit literature about psychotherapy and how other psychotherapists are thinking around therapy. So it’s like I’m very aware of how like the chair stands in the room, to get a like a 45 angle about, when we sit down talk and try to regulate to sit not too close and not too far away from the patient. And working with people with psychosis, people with umm, yeah also sexual abuse and various of, yeah situations, diagnosis and the history of the patients, which makes it very important for me to be aware of, of like the intimacy and how to, how close and how far away you should be. Umm, so I think I’m quite aware of that in how I play and yeah how I arrange the room before the patients come into the room. Umm

Which is a, are you saying it’s more of a safety thing? Because of those?

Ah not so much. I have an alarm on my always, I have a badge which is also has something to do with intimacy, ah because it states in someone way that I’m working there and there’s a security system in it. So but not so much, when I’m there I’m not so concerned, of course sometimes if the patient is agitated or like that but not so much about that. But more about making it umm, confidentially not confidential, no ah to make people feel relaxed, to not make, or to disturb.

So it’s my aim is always to, to make the setting so nothing interferes with the musiking and the good relationship to make the music therapy happen in the room so
there is not something disturbing, if I’m sitting too close, or the patient can’t see me, or most thinking about yeah that the door, the way out, yeah that the door should be easy to go for the patients. So it’s like if you get fight or flight response or something like that it’s easy to see the door easy to know where to go, it’s more just arranging the room.

And when I have done that I think it’s I don’t think, I don’t reflected too much about intimacy. I think. Umm if I just let my mind go now, it’s umm, and then this is issue arise also often talked about is psychiatric setting in supervision there. It’s like how if you meet somebody, so talking about physical intimacy. If you should shake their hand, if you should just say hi, so some patients don’t want to shake your hand so it’s umm, I’m always prepared that they won’t do it, so I always stick out my hand and say “Hello, how are you”, just be prepared that some people will refuse to do that. Umm and you also have patients that want to hug, um both boys and girls, especially if it’s been a long time since or if it’s the end of therapy and the last session.

And I don’t have any strict rules on that I, I both shake hands, sometimes I give a high five, if I do playing with a rap, a rapper or something yeah that feels natural, and reflecting about the relationship between us and everything but as long as it doesn’t disturb that or I can see that the patient is managing to separate me as a friend and as a professional.

If he understands that even if I do a high five I’m still a professional working there. Umm so I can do that and sometimes hugs, is always a little but more difficult to know what is right or wrong, but I sometimes it feels right and sometimes you see with people they’ve been going to therapy for like one year and it’s the last session and they want to say goodbye and a hug feels natural then it’s, that’s ok. So I think I’m quite aware of those physical intimacy things.

Sounds like it yeah.

And you need to be also in that kind of setting I think.

Yeah so physical intimacy is definitely one that has been talked about a lot. So what kind of other forms of intimacy do you see?

Ah… Well I’m thinking about, well you talk about that term, musical intimacy right, umm. Yeah the first that comes to my mind is that quite a few patients have a little problem with just singing or playing or start smooth especially in the first session when they don’t know me. Ah so you could describe that they are feeling, that this is an intimate setting kind of, so they feel embarrassed a little bit. Yeah just last week I had one patient that started to sing a bit in the microphone to show me what she had been learning And we just started therapy, I had therapy with her before but this was the second session. And she was closing her eyes and singing and then suddenly she just brush, would you say?

Get embarrassed?

Too ahh blush, to get red in the face. And she, so this was weird so this was not so I’m just a little bit shy or something like that she said. Which means that it’s intimate
in a way to just have one person sitting there hearing our songs, hearing your lyrics. So when I talk about it now, I can see that its, maybe it has something to do with intimacy but I’m not used to thinking that.

**I mean are there other words or things that you think about around that?**

Anxiety to pefor, do you have a word for that?

**Performance anxiety (laughs)**

(laugh), yeah and that was, my patients more often use that term to say oh I get a little bit anxious because I’m performing for you.

**What do you think it is about music or performing that is anxiety provoking for them?**

In the last case here she was talking very much about if I had heard if she had become very much better to sing so she was performing in a way she wanted feedback, she wanted me to state that wow how nice you sing. So she asked me about it she said can you hear it do you think I’m better than I was before. So that was more about that maybe than the intimacy part.

But I would think that, but also, so in that lasts session she was walking a bit around, standing up and walking a bit around, coming quite close to me and standing there talking, moving a bit back and walking a bit around the room as she was singing and as we were talking. So I guess you could say that, yeah, she was regulating and trying out and becoming comfortable in the room. It’s like since it was the second session. And the room was new to her and I was even though she knew me from before it was a new setting again, so that she had to use some time for that I would think.

**She was getting used to the space?**

Yeah.

**Yeah cool. Could you talk about what your musical interactions are like with your clients?**

Umm, yeah. Like one example of a musical interaction. I often get my clients to play drums, ahh drum kit. Here I am a drummer also, and use a lot of drums and have written about drums so this is maybe one thing you have to look into. So what you often do and yeah one example, on girl, one woman, is that I ask her first to see if all the drums work. So she hits them and makes sounds and yeah just to get started.

And then I play the bass guitar, she plays the drums. I ask her to count and we have this kind of bluesy improvisation that we do. Umm yeah so she counts and we start playing and umm, I’m playing the bass and she’s doing the drums. So I’m standing yeah right before a drum kit and it’s always a lot of smiling coming write soon I think, so she always had to get through the foot right and the hand right so she struggles.
And I use a bit of shouting ah cause I can in a band setting it’s quite usually to do some, “Yeah, that’s good, yeah, wow, woo”. Mostly to tell her that this is working and I like to be concrete and give her response. And also to let her know when I think it’s really happening when I think she is really playing things wells. And also it’s it of being there in the moment. She is always looking up, if she’s looking down playing she looks up to me and we have eye contact, umm and I think it’s um, during the playing we have this eye contact on and off I think, but after twelve bars or something like that we have some changes in the patterns that we play.

So we have done this so many time that she knows what is coming and it’s very much about tension release so it’s ah first giving a groove and playing a groove and then doing some “don, don don don”, synchronised. And yeah with her I often scream, or shout to her “oh I can’t hear you, can you play louder” cause she’s got a lot inside and she’ll often say that she got some tensions and she’s got some many things that she’s angry about. So we have these sometimes teasing her to play harder and to play like that. So after, at the end of this, or as a part of the improvisation. We do a call and response thing.

I ask her to start, sometimes she asks me to start, but most often she starts. And then it floats out from being kind of rock and rollish to being more free jazz, free improvisation. And that is quite, often we laugh a lot of when we do that cause she’s making up new sounds and hitting on the sides on the drum or on the wall or on the washer that’s standing close there, and I’m also doing strange things with the bass guitar, like tuning down or hitting on the back of the guitar and stuff. So that’s very funny we laugh and try to do different things like that.

And then we go back, I think that I count and we go back to the basic beat that we started with umm doing that and for a little while and then when have an outro thing that we do, and ending up in a rock and roll, like playing as hard and fast as we can and it’s totally chaos. And one hit or one band that we are doing synchronised. So that would be yeah often how we start as a first musical thing happening in the session.

So what do you think that’s like for her?

I’m asking them, when we bang and it’s finished I say how was that. And then she talked about that and said wow that was good, she doesn’t say now I’m here of that was good to really feel that I’m here, she almost will always say that it was so goo to get it all out. And then we talk a little bit about “I think that part worked very well today or it was very funny when you did that on the drums, I tried to do that do you remember that”. And we laugh about those things.

Oh and also because I asked her to play harder, faster and she’s kind of exhausted at the end of it, she’ll say oh my arm hurts, or it was a really had to hit hard this time and I loose my stick. So, but I always check how, how she was and of course in the beginning I didn’t it like that I had to try it out if it was ok if I shouted at her, if it was harder or faster. Yeah so that is one improvisation approach that I use quite often.

And do you think that kind of playing and experience effects the therapeutic relationship?
Umm I think it affects it in a positive way. I have umm a philosophy about =, about being a, umm, to be a musician and to be a real in a way. Yeah probably some better words for that, but umm..

Not authentic is it?

Yeah, authentic, yeah thank you. To be an authentic musician in it. So when we are playing I’m not, of course I’m also therapist and of course I also have these, umm, I’m thinking about what I am doing and is this ok and should I stop the improvisation or should it be longer. But at the same time I’m kind of trying to enjoy myself, umm trying to be authentic and to play the bass the best I can and to support her. So like kid of being in the band she’s the drummer and the bass player and we should make this work out as good as possible. And I get response from my patients on that yeah, it feels like playing, yeah like playing music not like therapy.

So it means that yeah I’m really trying to play my best and really trying to make it work and yeah she can feel this I think. This is not like playing on a lower level or this is not acing as if we play in a band or something but this is about doing as good as we can. And also of course it’s a lot of emotions and I know the patients history, the personal history of what they have been through and what they are struggling with in the moment. OS I think that is always kind of resonating in me.

I see how hard she hits and I really try to play music and to get it right and to play music like she wants to. It’s about very serious and often quite, yeah. Strong emotions and memories and ah, yeah, from yeah, loosing my words again, cause they have so many terrible things in their lives that is kind of resonating in the way they play and the way we play together, in many of those improvisations.

Yeah so how do you in those improvisation, cause it sounds like they have the ability to kind of access those strong emotions or experiences. Yeah I’m interested to know how you keep it safe for them in the moment, cause it does have potential to reach things that may be they don’t want to or maybe they do.

So how I?

Yeah you did mention checking in, but is there anything else around that?

Yeah I think I was more conscious about how I thought about it when I was more in experienced. So I think much of it is a silent knowledge that I don’t have to think so much about more because I’ve worked a lot with this client group. But I guess some of it have to look for or hear about when I’m playing. So if I see some gesture or expression on the face, or something in the music and especially with people with psychosis it’s about loosing them. Like some of the patients if their emotional pressure gets to high, they will dissociate, it’s like they will move out of their body and start losing contact with reality a bit, which means that there is too much emotional pressure.

So I’m very aware of that, ah and then I would stopping, so there have been times where I have stopped and asking if are you ok? And If they’re saying I think, or I don’t know and talking a little bit. But what I’ve found is that, and what also some of
the patients have been telling me, especially drums playing with both feet and both hands, is kind of the opposite of dissociating. Yeah they say it’s like “yeah I come more alive, I really feel that I’m here, I’m awaking, I can feel my body now after this we are playing”.

So I’m not so afraid of that as I was before I think, when I go more experience about that I see that playing drums like that is not provoking something like that. Also using ah, quite conscious of using, umm…, yeah to use rhythmic music, music with rhythm in it. So that you have a pulse, if you have like a twelve bar bass line, it’s repeating itself so after those twelve bars it starts all over again and it means that you can predict what is happening and makes it feel safe and comfortable.

Umm so all those kinds of things and also when I have played this for one and a half minute or so, then you get a new part, maybe the call and response thing that is also not playing it for like seven minutes which could I guess make some other patients loose a bit of time sense and stuff like that. So I think, with experience and so I’m doing much of the right things that are, prohibiting it from happening, so that it’s does get too intense.

So I guess creating structures and safety in the music?

So I’m thinking I’m making like a frame, so it’s like a picture. And if I present a frame that is clear enough and safe enough it’s ok for patients to draw a picture inside there, and it can be quite chaotic and it can be quite anything but as long as the frame is supporting it it’s much more safe and comfortable.

Yeah the other part of what I’m looking into with these ideas is umm looking at boundaries. So really trying to get a sense of how people think about boundaries, or if you have an approach or what’s your experience on it?

Yeah say something more about what you mean about boundaries?

So I can say why I’m interested in it. I’ve done some reading and the literature out there on boundaries is sort of quite based is more psychodynamic area and I’m interested to know if they actually fit how music therapist are working. Especially given that we use music. Which is why I’m looking at the musical intimacy thing. SO I can give you ideas of what traditionally of what people think boundaries are.

Yeah that would be a good way.

So I guess traditionally there are things about sharing stuff about yourself with your clients, so self –disclosure. I mean you mentioned before about friendship or dual relationships, things around gifts, the time of the session. There’s also, other participants have talked about their own boundaries and how they think about it.

Yeah, that’s good. That’s something that I remember that I must say also on the train. Cause music therapy is kind of not treatment and it’s kind of not just an activity and it kind of falls between those two chairs in a way. And I’m often hearing from clients
that they are not saying they go to music therapy, that they are going to play music or hey music teacher it’s great to see you again.

And they also, some of my clients just the other week in fact he was talking about maybe he could bring some friends down to music therapy cause he wanted to play in a concert, day of music it’s called in (removed for confidentiality). so many bands all over the place. And he wondered if I could be his drummer playing with him there and maybe he could get some of his friends there down in the music therapy room. So it’s, this illustrates I think that boundaries are not clear in one way, you could say that. And I think that, maybe I thought about it before that maybe I have to bring some boundaries and this is not good, he’s confused he looks at me as a musician or as a friend.

And it’s really, really important to take those, to take this seriously, but at the same time I think it’s quite nice, I mean I’m smiling when I say it because I think this is what a little bit of what you experience when you’re a patient in psychiatry is that it’s very man professionals, very many medications, things you have to play to that is not so positive that you don’t want to, you have lack of motivation, yeah really have a tough life. Quite many people within psychiatry, take their own lives.

And if you think of it like that I think that a person saying to you wow I really want to play music, I really want to, oh maybe I can invite some friends and we could do a concert”. Ah it’s so much life in it and the vitality and the hope and the, and that it’s so positives. And if we talk about boundaries here it’s at least I think it’s important to say that oh that is kind something that we should be afraid of, it’s scary that he don’t understand that I’m a professional and a professional music therapist. So it’s much more about negotiating and talking about these things and maybe accept and identity their need of friend I think.

That quite many of the people that I work with are isolated, live by them selves spent many times in the day, many using drugs or they have some kind of social alignment that they are in but not very intimate it’s in the intimate relationships, I would say. So that word pops up again that’s interesting cause, and then I think I can represent something of that, not being a friend, but maybe that’s on one said and you have like the professional, professional, on the other side.

And a term that is used a lot now is partnership relationship, which means it’s more mutual it’s about the therapist also learning things from the clients. And being respectful for what you, where you come from, what you learn and what you want to learn, what you want to do in music therapy. So those boundaries, I’m reflecting quite a lot on it all the time, but I’m much more comfortable now after working some years that it’s ok that the client don’t say music therapy and call me ahh, one guy call me, “yeah you’re my drummer, my drummer” slapping me on my back. And I think that’s, and sometimes I’ll say “yeah we would be a really good band and maybe we could go touring”. So I’m kind of going, so they are moving a little bit close to looking at me as a partner or band mate or I will also meeting them on that.

So I’m not very strict at trying to reduce those things. When that is said I also have had some conversations where it is necessary to draw a line. Yeah for example when this guy said he wants to bring his friends down to music therapy so they could
practice and do the music gig. I had to say that I’m working here, I also have a badge always visible, and I think that, that’s important because that, that kind of is a stamp on me or a sing that, that says something about what sort of a person I am or where I come from, my setting. So I had to say it’s wonderful that you want to do concert and wonder that you have friends you want to play with.

Ah my role is to be a music therapist here so I have my boss and they have rules in this house that people who are not a patient here they cannot come playing, and you can say that it’s a stupid thing I would agree that it would be fun to bring your friends down here and play that would be really fun but that’s how it is, but that’s how it is this is a hospital and I can’t do anything with it. And it’s also that I can’t meet patients in my spare time. So that’s how it is.

So it’s not too often but I think I could say five or six times during my practice as a professional music therapist that I had to draw those lines more clearly but that means that maybe I may have 100 patient or more, so it’s not so often really. So it means that they are also underestating that this is music therapy, tat this is the setting. But I’m not very afraid, now I’m talking a lot (laughs), oh I lost it… So it was about, was something, yeah, how much to share about who you are umm, say something about that again to get me back on track.

So that’s, they talk about it a bit so how much you share about your self with the client. I guess if you went from a really strict traditional view they wouldn’t share anything unless it was really important for the therapy process.

I think that is, that’s not a part of my tradition. Part of my tradition is about being much more authentic, I guess I think of it as I can say thing about myself, about what music I like about what concerts I’ve been too, those kinds of things I can say. So always to reflect on not saying it because I need to say it, because I need some attention or that’s a really funny story that I want to tell it, So I reflect on it that it had to be important for the therapeutic process.

But also I think a part of the therapeutic process is too, to get a more authentic relationship and if I’m just a professional showing my professional surface the relationship that I think is there I think is the most important thing happening in therapy. Then that won’t happen if they don’t see a person that they can relate too, if they just see a surface of a professional it’s much worse for them to get to know me. So I think I have to sharing, yeah I can if if somebody’s says that in like some music, I can say oh yeah I really like that music too.

If they say they have been to concert I can say that I was at the concert then and then and they can say wow how was it and share musical experiences like that. Umm so it’s more, there I have some boarders maybe going on religion, just the other week I had a patient who said she was saying that she was Christian, ah she likes to sing hymns, she was saying “I don’t know if it’s ok for you to sing songs like that” and then I said that I’ve been playing in a church choir so it’s, it’s ok for me to play songs like that, I’m used to that.

Which is saying quite a lot, where I come from and stuff it’s not like I would, I was feeling that that was closing to a boarder where I didn’t want to be more private I
think. So I wasn’t things like oh what kind of church is that oh yes, isn’t god wonderful that would be really crossing the boarder, praying together (laughs) so that would be. So yes I’m used to that, that is ok for me. So I think ah I can say quite a lot of times as long as it makes the relationship better that yeah I become visible as a person I think.

But it’s also something you have to negotiate all the time I think because, yeah and some days, like someday you can yeah have a bad Monday and feeling that you really want to talk about yourself (laughs). Right or if I have been playing in a band a long time myself and sometimes I can feel the urge to play a solo or play fast, or some technique, and then I soon realise that I only want to this for myself for my own purpose and my own good. And then I think it important to always be reflective when you do it. Yeah maybe it’s more to sy about that theme?

Yeah that definitely covers a lot of that stuff, it sound like it’s a bit more flexible in a way but there is also a point where, there is a line at some point, but it sounds like it’s quite different for each patient that you work with and it’s also negotiating through that.

Yeah I think so, ahh and you in mentally health care you would meet some client who you can feel they are more willing to cross boundaries but that’s kind of, if you talk about pathology if you talk about pathology then it’s kind of their in their pathology, it’s kind of their first level structure to cross it. So if you sense that then you become more strict from the very beginning umm, I think so, yeah so I thin I don’t have any experiences directly with it, yes maybe I do.

I had one patient that said that she was in love with me. So then you become very aware of boundaries from the very beginning, like to introduce you ask the music therapist you say that this is music therapy, so I think it’s more like you have a box of tools that you know are creating boundaries and with some patients you just take all the tools out and out them there and say that here is the boundary and may be you point it out and say it over and over again.

Whereas some patients maybe you don’t take it out at all, I would say and we just, yeah cause, most patients also have boundaries, they also have their ways of protecting themselves. It’s kind of in the resource orientated tradition I would think, may be I don’t know if it’s right to say or right to think, I would think that they also have resources on that, on making boundaries and on negotiating what kind of relationship, their relationship to me is.

So me being more open to say hello I’m a person who has a music therapy room here at the hospital and wants to play with you if you want to, umm and I have a badge which is important for me. Then I don’t think I have to work really hard and to be, to bring that up all the time. I think it’s ok to leave it quite open and just start to play and see how the relationship goes. And of course there’s some boundaries of course of being in a hospital having a badge as I’m the one who has the keys to every door in the house, I’m the one who is saying that the session is over, now I have to take you back to your room or to the ward.

So there’s a lot a lot of boundaries, maybe it would be different if I worked in private
practice. Maybe I would have to be more concerned with those things. But here is so many boundaries already so it, so yeah in the music therapy sessions it’s more about forgetting a little bit about those boundaries actually. I would think and like I said I think also in the resource orientated approach it’s important to acknowledge their capacity to set some boundaries too and for respecting that of course in the end it’s my duty,… it’s my job to set the boundaries and I’m responsibly if the boundaries are broken but it’s not just my responsibility to make all the boundaries it’s something you can negotiate and something you can corporate about.

**Yeah that’s where that negotiating really comes into it because it’s too parts.**

Yeah I would say, like I said try to define it more like a partnership than a therapist patient relationship. But that is within the frame of mental health care, and because many of those people being in mental health care, and because give them a diagnosis, they give them medication, and being a professional treating a patient. But in mental health we don’t think about it, like being a surgeon and fixing it in a mechanical way and fixing it, because that becomes part of the problem with the patient, they get people all the time wanting to treat them that yeah they suffer from that. So they need, that’s why it’s become so important to think about how the relationship is then and to open up for it to be more like a partnership relationship, not being too strict on pointing out that you are a very strict patient, cause that’s quite harmful.

**And so you say, sounds like you’re sort of saying that your approach or that way of working in mental health really influence your approach to boundaries, would you say?**

Hmm yeah, I would say so. So it’s about finding out of acknowledging what are there needs and what would promote health for them in the best way. And for these people making the relationship more authentic promotes health in a better than being more strict, old school professional would. Yeah cause that’s what they need, they need authentic people, there’s also research that is saying that, what was important for you to get better in your recovery process, and they say “yeah it was that one psychiatrists that landed me some money for food because I didn’t have food for that day and I paid it back the next day” and so she did something she crossed the boarder, so there’s some article or two, which I can show you.

**Yeah that’s b great.**

Ahh crossing boarders was the best help. Of that’s quite interesting. Yeah so I say at least it needs, one should always be reflecting on it and one should challenge a little bit they’re maybe it the structure that was, maybe from more psychoanalytical thinking. But also when I was starting working in mental health care in the 1990’s I was instructed that I should never say anything personal to the patient, right cause they can use it against you, if you say you have children hey can track you to kill your children. So people have been very afraid and frightened about sharing because are thinking that these patients can become monsters and they can harm you and you must just stay clinical and professional, which I think is very wrong.
It doesn’t seem to fit with your

No it doesn’t, and ah, in some setting you can understand that boundaries becomes important. But at least I think different ways of creating those boundaries than yeah. And you need to use yourself as a human being, with the context that you come from, and with the life you have lived you need to bring come of that into it. If not you’re just meeting a clinical robot who is not very easy to make a relationship too.

Well that’s great I think I have covered the areas that I wanted too, unless there is anything else that you wanted to talk about?

No, I think that’s all (laughs). It’s nice, it’s like a little journey that you get into. It’s interesting to think about these things that. . . It’s something that you really need to be aware of. Of course can be too clients…. I have one more example. The first session there was this female patient that I was talking about earlier. So the first session that she had with me it was maybe two years since I had seen her. So the first session we had she brought me coffee.

So she brought me a cafe latté, costing like 30 kroner, which is, it’s not expensive but it’s a little bit and ah, that was a little bit, cause that’s what you do with a friend, so the first things that came to mind was oh coffee can I accept it. Umm, but I was thinking that a little bit because I have been raised in the psychiatric tradition where this would be like alarm clock should go if something like that happened.

But my reflection on that is that she was really happy to see me again, really happy to get music therapy cause she had been having around talking to a lot of people to get music therapy to get music cause she was not really in that system, so she had to really talk herself into it. So she was really happy, really happy to meet me, I got a hug, I got a coffee, but then when all of that and I sat down and I accepted the coffee. I saw how this was for her important I think because she had the possibility to to give me something, to be the one giving me something.

In all of that session she was very clear, it was very clear that she wanted to present herself as a much better functioning patient now than before, “see how I have recovered” that was kind of the message. And the coffee was part of it I think “now I can actually buy a coffee and I can give it you, I really like to see you again”. And it would be a problem if she did it every time and if she bought me cookies or more expensive things with it. But she didn’t the next session she didn’t buy me coffee, so accepting that and drinking that, and siting down with her and talking again. I think it was important for the relationship.

And she had a possibility to be an active part in regulating that and to offer me something, so I see no problems with that. Even though I had the whole reflection thing going on at least in the first five minutes, should I feel guilty, should I pay back, should I refuse, should I everything, but I think for having the aim of having a good therapeutic relationship it was something good I think.

Yeah sounds like it was important.

Yeah and it’s about mutual relationship and it’s a part of becoming more mutual. But
maybe you have to correct something, maybe you have to go in and yeah put down some boundaries later on but it’s, I think it’s a little but like that, like you have a little tool box or a, if boundaries is a little way it’s like sometimes it can be really low it can be almost that you don’t see it just the badge on my belt.

Sometimes you really need to take out a lot of blocks and take it quite high, but maybe just for a week or two and then you can build it down again. So it has to be dynamic and flexible I think the boundaries it’s not something that is set an is there for all time. And What patient, if you kind of see how there everyday life, and people have said it in interviews that they get people inviting them to therapy where they can talk about their things, they always receive medication, receive care, receive everything, receive money and you feel so worthless, some being able to do something for someone else.

And that it also something with music therapy they can play they can sing, if you record a cd or a song and give it to someone the feeling of yes I’m a person I have something to give to other, I’m not worthless anymore. In that way it’s um stands to the therapeutic goals to let be able to give something. So there self esteem is so low so this can give them some self esteem.
Alright. Great well it would be good to umm, if you could just explain a bit about where you work. So with what populations umm and umm and your kind of approach to music therapy work.

Hmm. I have been working with children for the last year, ah as a part of my PhD. And before that I was working on school with children who had special needs from umm seven to sixteen years old. So a special school and umm I like to work ah, partly with things that I can ah, umm, in my project now I ah, try to find out if music can, if singing can stimulate and ah better the speech for these children. And this can, ‘mole’, this can be ah I do test before and after and then I can look and see.

Yep see if there’s a difference

And partly I like to work with music in that way. But ah today I’ve been working with elderly people. That’s ah whole other thing, and I’m only working with ah this social processes. If they can be happy for an hour. So it depends on, in which situation I am in. Ah and it depends on the age of course. If I work in a school then I have to have special goals that I work towards. And ah, but in other cases I work with umm, a lady who have umm big psychological problems and that’s in private sessions.

She ah come to me once a week, and then she’s just lying on a bed, she’s very weak, she’s just lying on a bed and singing and for a half an hour she can stand up and she can sing and ah she feels strengthened by this experience. And she says that every time, I think ah she’s so tired, ah I need this music to get on my feet again, and then she says, “ah I’m happy a few days and then I’m down”. So that’s, then it’s not, there’s no point to make her a really good singer or have that perspective. But I work as a music, a singing teacher, that’s what she sees in me, I’m her singing teacher, but I working with music therapy, umm perspective, ah music therapy?

Approaches?

Ah yeah, yeah. And ah but I think it’s important for her that I work, that she gets and ah, ah, that she feels that I’m working with her voice technique and stuff like that, because then if she umm, and she get this, good feeling? And she get this happy like that.

Yeah cause it’s like a goal for her?

Yep, yep. She ah says that she has been umm working with a lot of a traditional ah singing teachers and that wont work. I think it’s because they have another way of working. Yeah.

Yeah

And now of course I, I play in her temple, and in her try to meet her expression in the song and I put on some voice to her voice my voice. Stuff like that. So it’s kind of broad, broad experience.
Yeah, depending on where you work?

Yeah.

Nah it sounds really interesting. Yeah that lady that work sounds really interesting. Yeah, it’s nice.

And she has been having ahh, she has been taking her two daughters with her and they are, these last time and they are really good singers, yeah. And they have been singing together with her, and umm yeah umm making different voices that they are singing and great ahh yeah, choral thing.

Doing harmony?

Yeah.

Oh that’s great, it must be nice work. And how long have you been a music therapist?

I was finished in 2008, so six years, yeah.

Nah it’s good. Great well usually I like to start with umm talking about this idea of musical intimacy, umm I know we sort of talked a bit about it yesterday, umm so when I say musical intimacy I’d like you to sort of think about your practice and if there are any examples or anything that pops into your head umm just to talk about what. Sort of what it might mean in your practice, or with your clients. Umm yeah just some musical intimacy or musical interactions that might be intimate or that kind of thing.

You mean physical intimate? Or?

Well it can be so that’s one aspect to it, umm that’s come up in other interviews. Umm or yeah it could be other things as well. So people have come up with some different answers.

Yeah ok. Do you want me to talk about it now?

Yeah.

Ah my experience with musical intimacy, when I was, I’ve been working with 15 to 16 year old boys with ah, aggression and adhd, is that right?

Yep.

And ah Asperger. And that was kind of rushed and that was my first job I had after I was finished in 2008. And that was ah I was thinking a lot about these things then because I was ah, not ah, ah, grounded. I was not safe, I felt unsure as a music therapist my profession wasn’t ah ready I felt, what am I supposed to do with these kids? Because I we had leaned a lot about having music with ah kids who had a bigger difference a bigger ah umm, who were weaker, or a multi- multi?
Multi disabilities?

And I had not this ah, I’ve not any practical experience with ah bigger children with who was almost normal yeah. Just has some few, yeah. And I came into the music room and they were like no I don’t want music it’s, because then of course I was not music therapist I was a music teacher because they didn’t want any therapy. Of course. And ah “no I don’t want music that’s so childish”, “oh I think, I thought we was going to make a band? I said. “Ah band”, then they were they were changing their attitude and were like we’re going to have a name of the band and what is our image, and they were, they had some suits that they wanted to put on every music session but back to intimacy.

Ah two of these boys they were ah starting to getting physical with me, they wanted to sit on my lap ah, while I was playing the guitar and ah giving hugs all the time, that was not, ah that was not, I didn’t feel that that was right in that session. Because that setting, because they were so big boys and I had eight of them at the same time and that was kind of threatening actually. And ah one of these boys who had autism, he was ah he wanted to have that ah, he wanted to have ah, he wanted me to go with him to cinema and stuff like that after school, because we were getting friends I was really, I wanted to be a friend, because I feel like when we are having music together it’s not the classical teacher and student, we’re a band and we’re playing music together and it’s harmony and we’re at the same level and we’re friends, I’m working with this.

But ah actually that was so not very smart of me to be on the same level as these students because then I was not the grown up person anymore, and I was one of the group and, and he was really angry at me that I didn’t want to join him at cinema and when I was taking the bus home they were following me and waiting with me at the bus station, and everybody, not everybody, three of them wanted hugs, when I was leaving. And other teachers, they was looking at me well “what are you doing, this is not good”. And I was happy because they liked me because the first day they were umm giving me attitude that “no I don’t want to join you and this is stupid”. And when I had turned this around I was so happy and I just tried to nurture that harmony.

Yeah for sure.

And ah after a while ah, a male was working with me. That changed everything. And that was really nice because he was older he was 50 or so and had a long experience and he was “no you got to be more strength, strict” and ah “you’re the boss, you’re the one who’s leading this so”. Because I was ah “oh you want to play that yeah over there we take this one” “oh you don’t want to play the thing that I want you to play, ok then we just take that away, lets play the thing that you want to play”. I was too much that direction I think.

And so I learnt a lot from him, but they didn’t like him then. So we had a great umm, we worked together very fine because he was the guy who managed to get through all the songs that we wanted them to learn. And they came to me with songs that they wanted to learn and we had a yeah, balance between. But when I was working alone it was too much a buddy, yeah. But then ah I left this job and I started at the special
school, and then I was small children about seven, eight, nine years old.

And the, many of these girls they were so shy and they was oh this is scary when they were alone with me, then I used a lot of time just to get them to be, feel safe in the room and feel safe with me and then I went back to the buddy thing because ah with these girls because they were so shy I almost crying the first time because, oh this is so frightening. Ah and then what I had to be almost like a mom with them I felt, but then again when these girls were in a bigger setting, the more children I had to be more teacher person again and more stick and not the mom, because and that what, umm… that was kind of hard because these girls they wanted to sit on my lap and stuff when were, were a big group. And that couldn’t work because then it would be total chaos in the group. If everybody sort of had that connection with me. So eventually I tried to calm the mother situation down and then more the teacher status or something.

Yep.

And then there’s a last project with ah my phd project when I was, I’ve been working with children for five to six years, then ah, I’ve been very concerned about, I’m not sure if concerned is the right word but I’ve been umm, ah, it was really important that they were feeling safe again of course because it was me alone with the children who didn’t know me, from the start. And ah but when they were two ah safe, there was checking out the boundaries in what ah “what can I do now, can I throw the drum at the window can I do this at the piano” that, can I kick ah the door and stuff like that.

So testing you?

Yeah umm very much because I’m not umm that authority. Never when I work as a music therapist. I’m too little actually, I better work on that to be a little more a teacher person than. But at the same time I can see that that’s a positive thing that they’re safe and they actually dare to do these things and ah of course there’s big differences between these children some children I could be straight away start to play and a 1234 and sing the song. But ah some other children they were very shy and came into the music therapy room looking down at the floor and ah hiding their faces in their hands so. So it depends.

It changes a lot. Yeah it’s really interesting I think with that first example it kind of, yeah it’s really what I’m looking into is that how does using music, so you formed the band, so then essentially you almost went down on their safe level but then how do you kind of negotiate the boundaries around that? Umm is what it sort of sounded like. So I guess how do you think about boundaries with your work, I’m mean with that kind of work and the work you’re doing now?

Hmm if I understand you correct, so you’re asking me about different boundaries in relation to ahh this therapy setting, how I distance myself to the children?

Yeah, yeah.

In this work that I have been doing now has been really close. Ah I’ve been friends with some parents, I’ve been there are dinners afterwards and that’s been really close
and I’ve been friends with the parents on facebook, umm ah not all but the parents who have been really positive and wanted me to have contact with them. And wanted to thank me afterwards and I was inviting to ah hot dogs and summer party. Umm so and I feel like with small children it’s not a problem I met a lot of them after the sessions was over at the beach, “oh there’s the teacher” and they’re running towards me while I was sleeping on my pillow, sleeping on the sand, yeah.

And that’s not, that’s just nice, but if, if these children. I had been these 16 year old boys that would have been not ok for me and ah I was so stupid that I accepted a friend request from two of these boys. Because we were getting real good along and I had been working there for two years. And I was accepting and some days after it was comments on all my pictures and I had too, because they have special needs of course they don’t, ah they can write some funny things (laughs).

And I, but I’m umm, I want to say hello to them if I meet them today, but I don’t want to do anything, to go to café that’s not, that’s not what I want. They, I live in another place now than I did then, so it’s not ah a big problem for me, but if I had been living in that place that I’d been working today, I think it could be sometimes a bit stressing. Because, they looked at me as one, in the class, and apart of this is that there was some ah cultural events in the school. Where it was an integrated special integrated ah school in the ordinary school. Yeah.

Yep, ok.

So the thought was that these children with special needs was going to play with the other kids that didn’t have special needs. And then practice life they didn’t want to play. The children who was normal, they didn’t want to play with these other kids. Because then the playroom was not that good, of course. So they was really annoyed and angry at these cultural events because nobody wanted to corporate with them. So then “I, I want to play with you” I said.

So we were a band in every setting I was playing the guitar and they was playing some drums and singing and yeah, that’s really a gathering thing to do, I don’t know if it’s the right word, but we created band identity in that kind of way for these boys, and they felt really cool afterwards so it was we wanted to write down autographs and yeah. And that was really nice but ah at the same way I felt a bit embarrassed in front of the other teachers because they, I heard almost everyday, “you’re not their friend you know, remember that you’re their teacher because in the, in the post that was between, you have one class and there’s a post you’re outside and in the end you’re in a new class. I mean this post is when they were outside and take some air and, then I was many days I was ah I needed the post as well and I was, and then I went with these boys in their pauses too (laughs).

And then I heard, maybe it’s ah, an idea to be with the teacher instead, instead of being with the students. And I was like why, why is that a good idea because I’m a worker I was thinking like that. Because yeah I still get paid even though I had a pause. But it’s some, whole other thing to be with them at my spare time. But then I have to say this, because I was at the same school there was some other kids that had almost the same relation to I was at their meeting with their parents, two different kids and two different meetings, and the parents was upset because they hadn’t a place for the kids
to stay at the weekend, one a week and every third weekend. They had a right to have their children somewhere else so they can some family time with the children,

**Yeah, yeah some respite?**

Yeah, yeah. “I can be, they can come to me I said”. So, so but then I get paid, so that was a different thing I felt. So but at the same time then the boys in the band was ahh “but you’re with these two, two guys in your spare time but you don’t want ot go with me to the cinema? You don’t like me?” So I had some ahh, yeah some things there. And that was because maybe I was ahh I was only 22 years old, that was total different, yeah.

It sounds difficult though, I mean you’re using music and you’re wanting them to get excited and participate and be in it so it’s like, it’s like you’re kind of ticking off music therapy things but then yeah it seemed like maybe they didn’t have the understanding the relationship, that was made it difficult yeah.

Yeah, yeah.

**So then you got that other teacher came in and so that was, would say that was a kind of strategy to kind of mange that?**

No, ahh that was ahh sent from heaven (laughs). Because suddenly one day and I work with him, I have worked with him ever since, but on the private projects outside the school. And ahh no because he was ahh he had been working in a band called “The simils” which is really famous in Norway, it’s a band that has umm has been alive for thirsty years and he has been working there in twenty years and has a lot of experiences. And umm so he was ahh so calm and I was so stressed out of these classes, because eight boys and then they were physical and they were all over the place and they’re fighting with each other and there was no other grown up person there I was alone, and I had no experience and they were and they wanted to sing songs that I didn’t, I hadn’t heard them before stuff like that so I was, I was in the beginning I almost lay awake at night when I “oh no it’s that time tomorrow, ok I just get through the day and then yeah” And when this guy came everything changed and I, one part of it is that I didn’t have to do all things alone and I was so these sessions, classes was much more relaxing for me.

Can be a part of, yeah two working together is so differeParticipant and then the boys was never wanted to sit on my lap or ahh, or cuddling with my hair, they did that as well, and I tried to give me a lot fo hugs and kiss me on the check and it was more and more and more and more. And umm unfortuParticipant ely one of the guys he was working at the school, he used me as an example in the sexual classes, for these boys. “And when she is standing like this ahh we feel ahh”, and they told me after a while, “ahh this is why you have been so physical the last time” because, no, that’s why I quitted the job actually because it was sexual harassment so yeah, it was not nice.

**Oh no.**

Yeah it was not nice. Yeah so this new job at the special school that was really nice
and ahh nothing like that at all. Much more umm integrity and the people that was working there was working for the children, not working to drink coffee with each other. I felt it was a lot of that enviromonet in the other place. I though “what are the other people doing” everybody’s sitting around drinking coffee. That’s why I was also with the boys in the pauses, because I didn’t want to sit around and drinking coffee and get ahh, yeah.

**Yeah I can understand.**

So the environment of the school has a huge impact on my boundaries and intimacy.

**So it sounds like you didn’t have much support?**

Nothing at all until this guy can, but he only worked for one day a week. It was looking forward to that day and every week because that, umm I had someone to work with and talk with and somebody saw my work because I was alone all the time, because I, that was my choice because when other people, grown up people were assistants they were reading magazines, or eating or flirting with each other, it was horrible environment.

Or they said things like “ah it’s a boring song” while we were playing so I said “do you know what, and I’m not that good in conflicts, so I said do you what I like to be with children alone I feel like I can get a better response. So they were happy to have some spare time. But on this other place again, the new place that I was working on, then you had to have umm, you had to be a pedagogy, you had to have some background from pedagogy, is that a word?

**Yeah so from teaching?**

Yeah, or you can just hang around like it was in the other place and you had a principal who was really integrated and, yeah. So the whole environment in the other place was much more serious and they worked ahh really really hard with each child.

**Yeah, it sounds like a much better place.**

Yeah it was heaven and hell. And then I was umm much calmer in the situation with one to one because In know that if there’s a problem I have somebody to talk to. And I did that with one girl who was bitting a lot. And I was afraid of her, ahh and she ahh, she always started to bite her hand before she started to tried to bite somebody else. And I saw teachers everyday with really big marks on their hands who was working with her.

So I said “I can’t be working with her because I’m so afraid”. “Of course that’s ok”. That was nice and on the other place there were really dangerous big girls, sixteen year old girls. And I was pregnant she was tried to kick my stomach all the time, that was ahh kind of the same experience. But then I had “oh so you can’t manage her, hahaha”. Well I had ahh two kids in my stomch so I think it’s massive, because I was sweating, I was so nervous when I was working with her because she was so aggressive and strong. And ahh then you can’t have these great musical experinces because you’re not relaxed I think.
How long did you stay in the job?

One year (laughs).

Wow, that’s tough.

It was kind of tough, it really was. I remember that I tried to be some kind of hero, because I saw all the children was just, they was just sitting there. Not everybody had this umm, there were some teacher who were working there. But in very many situations umm the people who was working with these children was um yeah do some something. And they was off for a little trip five minutes and then back at the table and then the other were drinking coffee and talking with each other.

So I was, I remember that I came directly form this school I had a vision that I was going help somebody, I’m going to make a difference, and I had these big thoughts and I was shocked about, in this how it is, ok. And I remember that I tried to integrate all the children so when I had a, an hour where I was suppose to yeah do some paperwork or something I was like “do you want music” cause I felt so sorry for these children who was just sitting there.

It sounds like yeah that context really created a lot of challenges for you?

And the grown ups were actually the biggest challenges because they were “oh relax they can’t be doctors anyways” that was the, “don’t stress, these children, give him a ball”. SO yeah the whole environment was really damaging my spirits.

Must be good to be out.

(laughs) yeah.

Yeah I mean I guess other participants, maybe not to the same extent, but have talked about how challenging experiences really helped them to shape and how they practice with their boundaries now. Do you think that experience and sort of shaped how you work or?

Umm yeah I think this experience, in combination of having two kids, has had an influence on my boundaries, as I work as a music therapist because umm I don’t ah, take all that shit (Laughs) as you say any more. Because before I was like you’re like ten or twenty years older of course yeah I’ll listen to you, I was really, I never go into a conflict, I don’t do that now either but ah maybe I have been a little bit more tough to say that this won’t work. But ah I still have ah something to learn. Yeah.

Yeah, I think it’s, some other participants have said that they’re always learning, so it’s always evolving.

But I won’t give the students my phone number anymore, I did that in the beginning because I didn’t see that that was a problem and I don’t accept friend requests. And umm yeah but I always of course say hello to them on the street if they say hello to me first. I don’t ah, ah, I don’t ah walk ah to them and say hello, but of course if they
are walking up to me, and I say hey how are you and stuff like that, nice to meet you, bye, bye.

Yeah I guess you now have a really clear idea of what you will accept and what you won’t do, what’s comfortable with you.

And that’s something in the middle when I have been working with children who has been around ten to twelve, they’re not, young adults, they’re not teenagers, and they’re not little children. And the many of these kids has been as the same way as the little kids that I’ve been working with, sitting on my lap, but that, that has been, I don’t want them to do that. And I have seen that a pattern that many of these kids that want to have a lot of physical intimacy they don’t want to play.

And they almost use this physical intimacy to don’t play. Because if they are, if they give me a hug then they don’t sing, if they are afraid of singing in the microphone or they don’t, they just want a break. Yeah so that’s something to be aware of I think, and it’s yeah it’s ok then a hug and now you’re sitting on the chair besides me, we’re playing the piano, because if they want to sit on my lap in very many situations they won’t play.

So it’s a kind of strategy that you use?

Yeah, and I think that it’s not ok to, to do things that is not normal I want to do them less normal. It’s not normal that ah, a boy or a girl of fourteen years old is sitting lap on a strangers, that’s not normal and If I accept that then I, I’m not good to her I think or him. Because then they will continue this behaviour in other situations where it can be really strange so ah they have to learn it form their teachers and therapists.

Yeah. So it sort of sounds like you see age a certain thing for setting boundaries, do you agree? But then when they’re in that middle stage it’s sort of trickier to work out where the boundary is.

But in the same way it’s not, yeah I try to have as little physical contact as possible but it’s not normal for me if a child is crying or upset of afraid, of course, I don’t go towards them I give them a hug. But I’m standing really close so if they want a hug they can hug me. But umm I had a really nice experience about this intimacy thing today, because this was intimacy in the musical perspective. We were singing, I was in the elderly home and we were sing what a wonderful world, Louise Armstrong and one elderly woman she was 94 I think and she had dementia and was totally gone. She didn’t know her name and but she was smiling and we tried to get her to play the drum and in the concert today and suddenly I heard (sings) and she was humming.

And I said to colleague “hey give her a microphone” and ah I was playing the piano and he put the microphone in front of her and she was singing in a different rhythm than I was, I quitted my, or I tuned down my singing in volume. Singing really low volume, and then suddenly she was singing loud and really loud and she was in pitch. It was, and ah at the last phrases she was “what a wonderful world, yes I think to myself what wonderful (world, client)” really loud, and I haven’t heard her speak at all, and I felt the tears in my eyes, and I felt that that was an intimate experience because yeah we were really close, yeah that was one thing, but it was ah wow, it was
so, it was such a big emotional feeling for her as well as us and after this experience she said “you better watch this instruments because it’s made of glass, because they can fall down and be broken”, and I was like what?

She said that whole sentence?

Yeah afterwards and because we had I had heard her speak but it was like “hi”, “hello and yes”, so she had a voice but that was a cognitive observation or cognitive yeah. So it was, wow she’s suddenly normal, not dementia of some seconds, no that was really good.

Yeah it definitely sounds like a very, yeah intimate experience yeah through the music?

Yeah and the nurses who has been working with her they was all like, (gasp), I don’t know the word?

Surprise, socked?

Shocked, yeah.

And it happened in the performance to the family.

Because she had never wanted to do that when we were practicing cause we were practicing for three days, and suddenly the day she was singing, and I thought of her children and I was so, i

Oh it sounds great. Very good. Yeah some very varied experiences.

Oh I have one experience, if you want one more?

Yes please, yeah.

Because I was working a little a while in a female, that was, this school has a practical that they send their to different areas, to different places. That we’re going to be music therapy in different contexts. And I was some months in a jail with female, inmates. And I got really close with some of these women as well. And we were singing a blues, and they said, “now I think you should sing”. And I was just improvising some lyrics ah my man is so hard to me or stuff like that. “Huh, does your man treat you bad?”

We gota get him huh”. It was like, they were like, this was a music therapy thing for the women who have been outside who had been in jail for a very long time and then once a week they could meet to play together after they have been outside of the jail so it was not inside the jail. But many of them hadn’t been long out, out for a along time. And I played in a puck band at that time and they wanted to come to the concert. Now I, I don’t know if I like if they’re coming to this concert.

Because they are kind of, they’re very lovely ladies but they have a lot of temperate, aggression, and I’m not safe that they’re going to behave and they’re my friends at
this concert so I, I had a lot of issues about how, and my boyfriend at that time he was kind of scared because I told this when I came home that the, these women want to kick your ass because sang a song today that my man id hurting my, but I told them of course that no this is just a lyric I, it’s not real. “But if it is something, we’re going to take him ok”. Yeah.

An then I experience that I, yeah, you have to be really, you have to be really, it’s important that you’re not always get so intimate that you’re working with. I experienced at that time. Because ah I was getting. I was starting to get a little afraid that I was walking around. Because I felt that they liked me, and we had a great time and played a concert together and stuff. But I was like (gasp), because I was getting some text messages from some of these women who wanted to meet me, and I thought that that was, I didn’t want to do that. Then I was afraid that she was going to be angry at me because I hadn’t answered all of her text messages. Yeah, it all went ok, but I remember that I was thinking a lot of this situations.

Hmm, and it sounds like maybe the way you become aware of it you kind of feel it, would you say?

Yeah, yeah.

That sort of comes through in all of your examples is you can..

My heart is ahh beating faster and I’m getting sweaty, so yeah I really feel it. Yeah. And I is this people friends, or are they somebody that I work with? This question is coming up, yeah. And these women they are, they were older than me but they had no special needs or something so they’re normal woman so we could be friends but at the same time we couldn’t be friends, I felt. That would do something to the dynamic of the group as well. If I had been with them on my spare time, and I hadn’t been the instructor that I wanted to be I think.

Hmm and do you think that it is music that you’re using and it’s like a band or jamming or something, do you think that sometimes umm, maybe it contributes to blurring the boundaries a bit?

Oh yeah, because ah. Yeah absolutely. Because ah music in itself is inviting and I feel it’s inviting and it’s a social thing to do together and ah, of course many bands have a leader but that’s normal way to play in normal bands. And ah the way I’ve been working when we have almost been equal I’ve just been umm an organiser a fixing ah umm, some harmony stuff and helping them to play and then suddenly they can play alone and then we’re just playing together and I don’t have to point at the notes and ah yeah that it totally different than being a maths teacher, where you don’t have this equableness, that I experience that we have in music therapy sessions, in very many ways.

Umm they, they can umm, they decide, for example what kind of material you shall work with, that’s a band thing with normal friends so yeah that’s a, that’s what we do in bands as well and that everybody’s contributing to what we’re going to play and what they want to play on their instruments. I think that’s important perspective that they’re contributing, that they think they can. If that is to print out some note, print
out some lyrics, if that’s some that gives them pleasure the go ahead. Special in that setting, when the point was that they were going to do something once a week to, to experience, practicing to be social in normal settings. Because many of these woman don’t know how to be social without being on some drugs. And that was a criterion that they couldn’t be in, if they had taken something.

Yeah, yep. But yeah I think it is difficult, that yeah music is a social thing, so then yeah when your going in as the music therapist, I mean other people have talked about having to do many roles at once kind of thing, do you feel that as well?

Ah in the band with these ladies, I felt part of me was the psychologist, cause they were fighting a lot but ah they were fighting less in this band than they were doing outside because they had something to work with together. And ah I was a musician of course, I was an organiser, and ah a friend. Yeah, yeah. And ah with the small children, I feel like a caring person, not a mom, but a caring person.

And ah of course a musician, kind of a psychologist and kind of therapist. Because very many of these children have suddenly been afraid and starting to show me with their body language that ah I don’t want anymore, and now, now I’m going to cry. I can see it on their lips and I use this, every time I see these signs and I have to change what I’m doing of course and take my chair and sit beside them because that can be a threatening thing for many. And I have a song book were we can look at the pictures of the words that they’re singing and then it’s not that frightening any more, I experienced that. Every time they have stopped shaking and crying when I have done these things cause the mood was something else and the focus is not on you anymore, so. I don’t know if that answered a question?

I think so, talking about roles.

So yeah, but I feel like the band colleague and friend is very high on my professionalism as a music therapist, to be a musician and a friend, but they are the lead singer always of course, so I am just somebody in the background who is helping them to shine.

Yeah be supporting.

Accompanying.

Yeah I think we’ve covered most of what I sort of wanted to look at, it’s really just looking at these ideas around musical intimacy and boundaries.

I haven’t on these things for a long so it was really good to go through it again. I haven’t been thinking about this since. Because I just felt this ah, kind of afraid, nervous feeling especially with these ladies, when they wanted to go to concerts with me and with these boys on the other school. Ah but I tend to just forget it when I’m not in the environment anymore.

Yeah, I mean it sounds like it’s almost a way, like you know when your boundaries, like you know when there’s something at the boundary or
something?

But it’s really important to be aware of these things.

Yeah and awareness have definitely come up in the other interviews, it’s that always being aware of what’s going on and checking in and that sort of stuff. So is there anything else that you wanted to add around these ideas or anything?

No I think I have said a lot of things (laughs).

Well thank you for sharing, it’s really great to learn from these experiences.

I think if you summarise that the, the environment the other people who are working around you at your school, has had a huge impact on how I have been working as a music therapist, my boundaries, because they have influence on the students that I’m working with.

So it works both ways really.

Yeah, understand?

Yeah that that environment has really effected the students in a certain way, but also made you want to work in a certain way as well because you didn’t like how the teachers where working.

And in the other context where I felt safe and I felt like wow everybody’s really they are really working for each student to come as far as they can. It was so much more integrity and in the teachers, they were proud of the work and yeah loved their work actually. And then I had a lower stress level because I felt like yeah we’re a team and we’re doing this together and I’m not alone. And they had really, really good assistants as well in my lasses who was singing a long with the children and playing along not sitting in a corner and talking, just sitting there in the case of aggression something would happen of course these students were aggressive and they were aware of their aggressiveness ok, he said that ok if he hit somebody I’ll take him ok, he said things like that in front of me and the student.

And of course I said no, no, he’s always a good boy just hgo out, write something of something. Because before I said that of course he did that every time. When I said no he’s not going to hit somebody of course he is such a good boy and I talked, I said very, I tried to talk very positive in from of the boy I said he’s so good at singing he’s not going to fight anybody because he practiced the singing because we’re going to have a concert in two weeks. So we have just a schedule so just.

There was no aggression at all. If you say to the children you’re going to be like that, ot like lie, of course you’re going to do that, of course that influenced my work. In the beginning I didn’t ah I wasn’t tough enough to say that you can do something else and he was happy because then he had spare time so I wasn’t harsh. I should have been harsh. But the guy who was working with me later, he was “why are you saying that”, he was asking questions because he was not a 20 year old and he was 50 and had been working with this for a long time, it was so, it was so good for me. That somebody
said something yep.

**Yeah it sounds like having a team that’s on the same page, that's working together, is a really big help would you say?**

Yeah, yeah. Not working against you. And if you try to make a difference you don’t here “oh calm they can’t be something anyway” so yeah that’s quite depressing because ok there is no point in doing anything then, shall we just take a walk in stead. Great.

**Very tough, especially for your first job.**

Yeah my first job I was shocked is this how it is to me a music therapist (laughs) I didn’t want this.

**You made it though.**

Yeah I learnt a lot, about grown ups. (laughs) how they can be. Oh it wasn’t that much wrong with the children actually it was the grown ups I had the problem with. Ahh one with one, with one I had a problem with very many of the grown ups but only one student, that was the girl who was kicking my stomach when I was pregnant. But none of the other was a problem before I was dragged into the sexual ahh teaching ahh yeah, horrible.

I can laugh at it today but it was so crazy, it was oh god, so respect less. I think now as it has been some years, I think that these teacher, because suddenly these boys who was always looking as trouble makers, they were standing singing and playing. They didn’t like I felt like they was kind of jealous actually because through the music we managed to get this positive energies from the boys and I felt like he was trying to ruin that.

And somebody has said that as well, trying to ruin your good project because he has been working with these boys for six years and they have been trouble makers, and suddenly they put on a suit, they had suits in the closet in my room and they wanted to be a band and it was a really into this new thing. Then now he wanted to say stuff about me so they would behave, because that was the guy who was sitting in the corner and was saying that he was going to take these boys when they did something wrong, not if. Yeah. So he, what a guy.

**What a place. Very interesting and challenging. It sounds like you have some lovely work now.**
So maybe if I could just get you to explain with what population and that kind of thing?

Um I work in a state run facility, with is basically and institution which is residential for people that have intellectual and developmental disabilities. And they also, many clients also have physical disabilities and a lot of the clients have a mental illness in addition to their intellectual and developmental disabilities. And umm lately a lot of our clients are getting older and more ill, so we also have a lot of people in addition to all of that have medical stuff going on.

Umm quite a large collection around the autism spectrum. And the ages, we have a couple of new people, but most people are from like late 20’s on up to like 80 or so. We do the memorial services and we do an awful lot of them because of the medical stuff. And a lot, most of the people that I work with really 99% do not use speech to communicate. Or have some speech but it’s not always easy to follow. I would definitely it’s not always easy to follow. So um yes and the faculty has been around since 1969. It’s actually three years younger than me (laughs) but wow I guess I’ve been around for quite a while. But yes that’s the kind of facility it is and I mean do you need a sense of what’s there or?

No I think that’s just the general population that you work with. Umm

It’s residential.

I mean I guess you say there’s a lot of medical stuff, is it ever considered palliative work?

Yeah we do, sometimes. There’s a few people that have do not resuscitate orders. I know I have one client right now who they just put on hospice because she’s had cancer for a while and they feel like she’s really not going to get much better. So she’s in hospice so I guess that would be considered palliative. Umm. Hmm I’m not sure, you know it’s hard to say with the particular population, I work with people who have a lot of, who are very medically frail and fragile but we really have an awesome collection of nurses who make sure to keep them alive and well.

And like one group of guys who I see is all on tracks or vents and you know they’re not necessarily trying to heal them because they’re not going to get better, and I know all of them were functional at another point, because I’ve worked there long enough to remember when they’re bodies were a little less intensely compromised. But at the same time I don’t think it’s really had, you know it might be because I don’t really deal with the medical parts, I avoid the medical parts as much as possible because it’s very medical model, and umm it might be that it’s some what palliative cause that implies that it’s just to keep people comfortable so yeah.

Yeah I mean I work in palliative care as well and I work with people that have a lot of issues which may end up causing the end but they won’t be considered palliative.

Right I think it’s not really articulated specifically but I’m, technically yes I guess it
must be considered palliative because that’s the scene. Do you also work with people with disabilities?

No, oh I’ve one or two but mainly it’s people with cancer or mnd and stuff like that.

I have a client who has that. And you can’t check and see what the problem is because he’s done so much self injury really got a lot of metal in his face so they can’t do an mri to find out what exactly the problem is. On the plus side he’s really doing well in music therapy (laughs).

Yep. Great so that pretty much covers where you work and it’s interesting. And how long have you been a music therapist?

Um there for 26 years and for about a year before that I worked in a nursing home so 27 years.

Yeah, great. Was there anything in particular that drew you to participate in this interview? I mean I remember you talked about that you worked with non-verbal clients.

Yeah I mean I think largely umm partly because it’s qualitative and I’m just obsessed with qualitative research (laughs), and partly because I love that it’s music based and it focuses on music and umm in the USA there isn’t quite as much of a focus on working psychodynamicly, and umm while I think people talk about music and they talk about boundaries they don’t talk about it that way, so it’s just interesting.

Plus you know it just I think music is the whole reason that we do the work we do, and because we believe in it and to you know and because I work with people who don’t use speech in large part the music and the musical relationship and the relationship that develops through the music I think, it’s the work. It’s pretty much all of the work. So umm, I mean I don’t use, are you going to be asking about my general approach? Or should I explain it?

Yeah you can explain it.

Cause I don’t use a Nordoff Robbins approach which is very music based. Umm I um, I use sort of a blend of object relations and just a general psychodynamic approach. Basically the way I work is relationally. I believe the relationship is what heals and umm, I pay very close attention to countertransference and most of my work is just paying attention. And listening and finding ways to listen through music. It’s probably the best way I can describe it.

Yeah great, it’s interesting hearing about what approach people take, because I, I got the sense that in America it’s very behavioural?

It is. It really, really is (laughs). Especially with these group of people, it really it. Do you see why we have to wait for the Australian contingent to come and safe us from ourselves (laughs). I don’t know if you’re part of music therapists unite but every time I see some of the questions I just want to bang my head.
If you happen to be largely on the east coast, it’s slightly less so. Like if you went to NY, well let me put it this way, if anybody responded to that probably the behavioural people because they really. I mean when I talk about musical countertransference I just get blank statements, like I don’t understand how you’re hearing this. I don’t how you’re getting that (Laughs). Let’s start at the very beginning (sings, laughs).

Yep, yep (laughs).

Sorry it’s how I think, musically.

No that’s fine. Song pop into my head all the time.

Isn’t that great! I will wax on poetically about that eventually when you get ot that part.

Very good. Yeah so I’ interested in this idea of musical intimacy. So for one I’m just trying to get people thoughts on wheather that makes sense in your ontex, if you have examples, what it might include for you, umm. So you can think a bit and jst talk about it.

I never just think I always just talk what I think (laughs). I mean I do think but it’s usually in writings on this. Umm just the idea of musical int

Yeah.

Yes it makes sense to me. Umm with regard to songs popping into head, I mean I think as music therapist we think musically and when we’re engaged in interactions with the people umm we kind of, it’s hard to explain which is why people and star at me blankly. But I think it’s through the miracle of projective identification and through countertransference and just through connection with people.

And just because I think we have like a whole huge collection of songs in our brains, we process things via songs. Umm I, I cause a lot of my work is reflecting and just hyper paying attention. Again because my clients don’t use speech so, so much of my work is trying to look at what going on with the person and try to understand what I’m seeing , well what does it mean for you when you’re umm, oh I’m trying to think, when you’re in this room and you’re screaming.

One of the gentlemen, this is a brand spanking new group, um talk about avoiding intimacy, here making sure the whole group avoids intimacy umm and it often happens that I’m there and there the last thing on a Saturday and it often happens that his family has visited. And so I’m showing up after they have a) filled him up with food and b) left him for the manieth time. So, so what does it mean that this gentleman needs to scream and yell the whole time I’m there and just really fight any effort at connecting. What does it mean for example that another group of people are having a really hard time umm, cause they’re all waiting for me to do something.

Or someone is trying to grope themselves in the middle of music therapy, which is if you work with this particular population you get a lot. Or someone, like again,
yesterday was international clean up a lot of poop and pee day and nobody told me to mark it on my calendar cause let me tell you I would not have worn a skirt and sandals (laughs). You know you're just like oh for god’s sake (laugh) you know it is never dull (laughs).

Yep (laughs)

But umm, but I’m sorry I’m getting kind of away from it, I’m trying to get at the fact that through that process of listening very closely and trying to understand what does that mean umm, songs emerge. And I still think a lot of it has to do with projective identification and umm well I think there’s a lot of reasons they emerge. Part of the reason I like having these conversation because it helps me articulate what in the hell I’m doing so that I can try to convey it someday somewhat more sensibly and clearly.

Yeah could you just explain the projective identification for me, what do you mean by that?

Umm well, if I’m understanding if correctly projective identification often happens when somebody is not fully aware of their feelings and unconsciously induce those feelings in the person they’re with. Does that sound like what you understand projective identification to be?

Yeah.

Good we’re on the same page. And um and I think, you know I mean certainly I was sitting with a client yesterday who was, when I first got there she was banging her head on the floor. And um I, first of her to her great credit she let me take her with me to her session, which is in the front room. And we made it ten seconds and she wanted to leave but she managed to wait cause we were working on, ok can you wait. So and I thought here’s a person who’s autistic maybe just having an image would help her and um weather it was the relationship or not and we’ve worked hard to build this relationship umm she stayed and umm, as we moved past umm, some of the intensity I suddenly realised that I was feeling very, very, sad.

And I didn’t come in there feeling sad I was actually really proud of her, because she was able to get it together, stop bashing her head so she didn’t need to have a helmet on and to help her think, ok is more important to you that I hear you or is it more important to you that I focus on you hurting yourself. So the fact that she was able to do that was fantastic. So I realised that the sadness was not mine and umm, so I did, the song that came to my mind was halleluiah.

Umm I didn’t sing it, I just kind of played through it and hummed through it. And um and even cooler than that, cause it really was cool, it was a great session, she ah what I had done was used different instruments to signify different feeling states. And we’ve really practiced that and I’ve always used the same instruments in every single session because I’m sorry I can’t remember 40000 things and I remind her repeatedly and for a long time she was holding the frustrated angry instrument, the maraca, and what told me I was on the right track was that I stopped feeling sad and she was I think able to just kind of acknowledge it for herself. And dammit she picked up the cabassa, which is exactly the instrument that talks about sadness and disappointment,
score! She understood me and we’re on the right track.

And so she owned it and you know we’ve been talking about this idea of just holding on the feelings and what’s it like to just hold on to it, other than to just ignore it. Yeah so I think that that pretty accurately described musical intimacy. I mean I think there’s a huge intimacy in that and umm I you know working with people in various stages of relationship building, I guess thinking of the guy who’s still screaming and I’ve only worked with them for a month, so when you consider the people I’ve worked with for literally 25 years that like zero.

I know him he recognises me, but that group, it’s a rough group and I’ve worked individually with a bunch of the guys in the group and I work currently with one of those guys and umm, but and he’s the reason that I was asked to work with this group because he really needs support in a bad way. And he has another music therapist, the guy who left, he does a lot better with men, so umm I said I’ll working with him with the group because individually he’ll kill me, he literally will kill me and I don’t want to die (laughing). I’m 48 and I don’t recover as quickly as I used to. But I mean you can hear how much he’s avoiding the musical intimacy.

I mean would you say that’s him putting up his boundaries?

Absolutely. Letting me know I’m not ready for this and you back off. I’m still dealing with people leaving. And so in the weeks where his family hasn’t been there, no I’m not going to say anything yet because it’s just too early to tell, I’d love to say it was easier it really wasn’t, he also has a lot of new staff, he also is autistic, hello change! You know ah. So everybody there is having a really hard time, everybody is. The lady who was nagging her head is having a hard time because she’s kind of obsessed with one of her staff people as soon as we got back she was banging her head again, but she kept it together for 45 minutes even though I was cleaning my maraca vigorously for a very long time.

But it sounds, I’ll see if I understand your idea of musical intimacy. I think I do from that example it sounds very clear to me. That um, going with her to the session you felt that sadness sortof thing

That was while we were in the session

Um but a way for you to sort of reflect that you understood that, that you felt that you played that song, that song came to mind, is that right?

Well keep going, well.

Well correct me if I’m wrong

Well not that you’re wrong, umm I guess because I’ve done this for so long and now I’m thinking I’ve been doing it for almost as long as you have been alive yike (laughs). And I can legitimately say to people I’ve been a music therapist longer than you’ve been alive. Umm but what I think that’s so cool is that because like musical intimacy, I love the work that I do and I’m still enthusiastic and probably more enthusiastic more now than I was when I first started. But umm I digress, umm, I
guess because I’ve been a music therapist for so long I usually trust my gut. And so if a song comes up so, so, so many times it’s been spot on.

That I usually, usually will air on the side of playing it. And if I don’t play it I will go back usually I can’t do it in the music room because they blocked off our computers but I’ll go and check the lyrics of a song and I will almost invariably think holy cow look at that. Didn’t see that coming that was spot of, that kind of a thing. I’m not sure that the words to that particular song are right I haven’t checked them yet, but umm another song that has come up in her session and I did use yesterday was part of your world from that Disney movie umm,

**Not the little mermaid?**

Yes with the fish, not the fish the mermaid but yes. The song has come up a number of times, she uses a wheelchair she can get in and out of it cause but it’s just easier for her to use the wheelchair and she’ll zip around in it. So in the room where we work I try to rearrange the table a bit cause she’ll, when she’s trying to settle down or when she’s thinking about things, she likes to do wheelies well I guess not wheelies but she likes to sip around the table, but she kept getting stuck at the couch. And we were talking cause she has a fairly wide chair cause she’s a pretty agile woman, a little skinny thing you can attach her to her chair and she can squirm out of it.

And believe me she frustrates a lot of people, quite a lot of people. Umm but she kept getting stuck because he chair is kinda wide and she negotiate the turn very well but she kept getting stuck so we were again talking about pause, wait and think about so ok this isn’t working let me back up and think about it this and the song that again came to mind was the part of the song ‘flipping your fins you don’t get too far, they’re required for jumping dancing’.

Um just that particular part, and so I just sang that particular part because it seemed just right plus I know that sort of frustration she wanted to be very part of the world of this particular staff member that she’s currently obsessing over and she does this regularly she obsesses over a staff person and wants to go and be with them endlessly and umm she can’t and then gets very upset when the other staff person has to deal with other clients and and attacks the other clients and scratches and yangs and I got one of the scratches here.

I had an unhappy face it was very weird one day she did scratch me, and she somehow managed to scratch it I not an unhappy, and I don’t know how it happened, in fact I have a blog post about it I took a picture of it, cause it was just so unbelievable that there was an unhappy face on my arm. But um she, you know so that idea of wanting to be par of your world and also possibly, I mean there’s so many levels of it and so you know that kind of implies that there’s level sof intimacy there but umm that said I think, you know working with someone and trying to figure out when it’s ok and I guess that gets into boundaries.

When is it ok to get that initiate, and sing a song that you know is pretty really intense and when is it not umm is not, is sometimes hard to figure. Um another new roup of people whom I’m working with and one of them is umm, in her hey day really did a lot of, I’ve got a lot of clients who have really done a lot of damage to
themselves. You can see from her face she has hurt herself terribly and she’s now I 
don’t know if it’s of a result, it might be as a result that she’s blind. She uses a 
wheelchair, she did not used to use a wheelchair her body is really not what it used to 
be and umm I’ve been told she tends to just kind of resist being told, resists going to 
activities, resists doing pretty much anything.

She comes to music therapy and she does, she been like “hmm” hello at us and you 
know and then she would seem like she was asleep during the majority of the session 
and might chime in at the end often sounds like she’s kind of weepy. The song that 
came up that one day I the group and it’s a small group it’s only four women. Umm 
was ahh shine on you crazy diamond, the pi k Floyd song. The songs are crazy and 
that song is one that had periodically come up but for some reason I sang it and I 
explained that it was a sing that was written I think for Sid barret who used to be a 
part of pink Floyd and had a mental illness and was really just not able to be a part of 
this group anymore.

So I didn’t do a lot of explaining but I sang the song and she cried and cried but umm, 
but I think it increased the intimacy, umm I worked with them I would say it’s going 
on about a year, about a year. I did not work with her before. Only one of them was, 
one of the ladies I knew before at another cottage. But I mean the other three I mean I 
just knew them by sight, I didn’t really know them.

Umm I just know this particular woman’s reputation because how can I, a friend of 
mine described it very nicely, high profile client. Cause you know they’re people who 
are literally one-to-ones for years, because their behaviour was really out of control 
that they needed a lot of support. Umm but she was crying and crying and wanted to 
just hold onto my hand for a long time it was hard for her to leave I thought, that she 
would want to create some distance which is often what seems to happen, we have 
intimacy and then oh, you know my clients let me know ok we’re back to just back 
away and but she didn’t actually, and she was fairly vocal in the last session.

I mean this was like two or three weeks ago, so last week she was actually quite 
involved. So I think it actually increased the intimacy so umm I think for me a lot of 
times the musical intimacy is expressed through songs that come up. Umm sometimes 
it happens when we’re improvising. With one group I have one gentleman who the 
way that he was improvising. He’s new to the group, he’s someone that I worked with 
individually cause he kept kicking me me my shin were just like perpetually bruised 
and I think he was unhappy about our having to stop working together but he umm, 
his mum really wanted him to have music therapy so the other music therapist who 
left, a guy, and he was working with him but he left and she was like, please can you 
fit him in somewhere and I said I’ll try again how about we try him with a group. 

Cause I really truly did not have any more space in my case load because it’s insane 
now because, there’s only two of us and a whole crap load of other things that we 
have to do on top of that. So umm, so he tends to sit in the session and I can’t even 
demonstrate it because I can’t bend as much as he does, but he pulls his knees all up 
and covered that and if it’s not that he’s over by the windowsill with his head still 
covered up and he was tapping, he is so musical it’s ridiculous and he speaks so, so, 
quietly and so I’m 90% of the times I can’t hear him but I can hear if he’s singing 
what I’ve been singing.
Umm, but one day the group we started a blues improvisation and he, he was just (knocking) back and fourth with me. For just ages and it was amazing and he could of gone, we all could of gone on for another age but unfortunately time prevailed and we had to stop. But I mean it was juts, he was just so connected through the music. He kept sure, he made sure the boundary was pretty safe cause he was over by the window you know with his back to us, with his head covered in his shirt and everything but he was there in the music.

So it was kind of like there’s boundaries and intimacy at the same time. So it was kind of he’ll let me know when it’s ok and when it’s not and so the last couple of weeks he’s just been kinda got a little bit of (knocking) yesterday but he was just, I mean it was all provocative and let me try to get myself kicked out of here by licking everything in sight. And I told him you know you can leave and go into the other room and lick your chair if you really want, but he didn’t really want to go and the clients are cool (laughs), they’re really are.

So what do you think that’s like for him having that opportunity to connect in that way when he wants?

Umm, I think he values the relationship. Umm, it’s hard to say with him, he is someone, you know and I just think it’s so fascinating that the music that comes up in everybody’s session is so different, what’s it’s like to be with each person is so different that, and he is someone who often after sessions I think “oh I failed him, I don’t know what I’m doing, I’m screwing this up, you know I’m convinced this is all wrong and I’m driving him insane, and I’m getting on his nerves”.

And I’m like why am I thinking that? And it’s like your incompetent just stop that (laughs), and you know I would think it’s all me, except that I don’t have that with every single client and umm, and so yes it’s probably partially me and that’s probably what I should add about projective identification is umm, it comes up, it is induced in another person if that is a part of that persons emotional, or psychological makeup, shall we say. So I mean umm, I’ll own the fact that I’m neurotic and I sit there and I say oh that sucks I didn’t do a good enough job.

I mean you’re in there for five hours before we even began and you’ll keep he aring it. Umm but it’s just particularly intense after him and I think after another person who I think also has hug shame issues. Um and I think this particular person might have huge shame issues. He’s only just recently re-joined, or just joined a group at all. I’ve never worked with him in a group I’ve only ever worked with him as a pri, just individually. And my god we struggled but I mean, I think he values the relationship and I think he’s so musical that I think he appreciates being able to connect in a way that feels familiar and safe. But that he can also maintain, I think he appreciates it.

I think that would be the one work answer, sorry verses my 45 minute dissertation on it, I think he appreciates it. I mean, again you know like with the other person who, that I played hallelujah with, if she didn’t trust me and we’ve gone through, we’ve gone through it believe me. The day when she scratched me umm was a rough time I left there I was angry for three straight days after that. I am very really annoyed with my clients and that’s something that I talk about with my clinical supervisor, what do
you think that’s about, you know just like and delve into that because I think well cool, hmm.

You know is that my need is it my clients need for me not to be angry. And so this time she very clearly needed it for me to be pissed off, and I think she needed to know you know if, weather it was ok for her to be pissed off. If I can say that properly. Umm in the sense if you’re not someone who has an awful lot of anger in you and you’re not someone who can hate then I can’t trust you to be someone who can handle my hatred and my anger.

So testing you to see what you can handle?

And she has been the queen of testing, believe me, believe me. So we have struggled and I would like to just add parenthetically that working in an institution where the world is all behaviour, behaviour, behaviour, where it’s all about behaviourism it’s rough because it really, ah, I’ll say it nicely, confounds people that you know why are you just standing there with her, why aren’t you doing something?

And why aren’t you making music right now? And it’s like well silence is a part of music, and you know the idea that, I don’t know if your experience will probably if you work with people who at the end of life, you probably have had to work a lot with silence. Cause I know when my dad was at the end of his life there was a lot of silence because he wasn’t able to speak anymore so I, you know, I just sat with him. But you know silence with different people sounds different musically, and sounds different and feels different. And you know how wonderful that as music therapists we get to be able play that, and get to hear that and help people hear what is the silence about and what is, which is another form of intimacy.

That’s right yeah.

To be silent with someone.

Yeah and especially for people that are non-verbal is interesting, what does that communicate.

Absoluutly I tease and say sometimes I have the most verbal non-verbal clients on earth.. Because umm though they don’t use speech there are days when it’s very clear I’m not talking to you right now, and they’re days where “you need to listen to me lady” (laughs), and it’s very clear. When you listen and when you’re present and you wouldn’t hear that unless you had not achieved a level of musical intimacy. And I know part of this is the boundaries and you’ll probably ask me about that soon and I’ll probably stumble over that more.

But that’s, I did just think of something though. You’re talking about the musical intimacy, I guess how much to you think of it that it’s music or that it’s the relationship or it’s both, or how do you think about that.

I think it’s probably both, most of my clients don’t really don’t have the experience of someone trying to listen to them and understand what they are saying. Most people don’t have that when they’re working in direct care and they have to keep track of
where people are, make sure nobody kills anybody, nobody’s hurting themselves, make sure people are clean, fed, toileted, you know, those are their main approaches. Yes there are some who do it more sensitively than others and yes they get to have a sense of what normal looks like for this person and what I’m upset looks like for this person.

But to have someone really sitting there and pointedly saying I’m going to be listening to you and attending to you and trying to understand what you’re telling me, umm and I use music to do that is such and unusual experience that I think part of it is just the novelty, frankly of “wow, check this out it’s possible to be heard” and it, and sometimes it runs into trouble because umm, one of the cottages where I work was all annoyed with me and scapegoating away and “this client is awful when you bring her back from music, she’s really hard to manage”, and these are the words they use, “she’s hard to manage, she won’t keep her clothes on” well she won’t really keep her clothes on with me either sometimes and holey cow yesterday thank god she managed to keep her shirt on because she was about to strip it off butt naked in the middle of the wrong room.

And yes I had an emergency jacket to offer her but oh my god. Umm it’s never, never dull. But you know they were all annoyed with me and I though well you know maybe part of the problem is that she likes being listened too. And she’s testing to see well will other people listen to me. Which is great because it means she’s generalising this and she’s thinking about it, which is freaking fantastic! I mean I had another client assault me, well I was trying to prevent him form doing something really raunchy to the other men in the group and he assaulted me so I had to ah, use whatever is called, I don’t know what it was called back then I think it was personal restraint techniques, I had to basically keep him from killing all of us. And umm dam he head butted me, I learned very quickly move your dam head out of the way.

And umm very incongruously we were in this altercation that felt like it was going on forever so it was basically keeping him safe, keeping me safe and the other guys safe. I happened to notice the clock and I happen to say wow it’s time to leave. And thinking what the hell am I going to do now, and he stopped, dead got up, fixed his pants readjusted and walked out the door. And I though shit! That was all I had to do it was time to leave? So I said to him the next time I saw if you want to leave, you come and let me know and pull me to the door. He did that there after and the staff was furious with me. “He’s not allowed to sit out there”, I was like he’s just sitting there, “he’s not allowed to sit out there, he can’t leave our sessions so he can’t leave yours”. So I mean I get insane frustration form people when it just doesn’t make sense to them and, and maybe that’s a little too parenthetical but it’s, I think that probably works into the whole boundaries thing.

Yeah I mean just the few example you’ve given then of quite I guess challenging situations, are kind of I guess extreme examples of boundary crossings.

I work in an institution. We’re all about the extremes, extremes are us (laughs).

Yeah, yeah. So I’m, I was going to ask you about challenging situations I mean you’ve described s few already,
Oh I’ve got bunches, just bunches.

**But um how do you approach boundaries? Within a place that is very challenging?**

Well and boundaries are a challenge there because umm, it’s an institution, I have keys to my client’s houses and they don’t. Umm if I were to go walk into the bathroom none of my clients would freak out at least no outwardly so much of their lives has been you know people have access to me and umm I don’t know if you’ve ever, you probably wouldn’t have nay reason to be cause this is not your population.

**I’ve worked in a special school.**

Oh well, there’s a gentle by the name of Dave Hingsburger who has talked a lot, he talks a lot about boundaries and umm the ethics of touch and umm sexuality in people with disabilities and he, I don’t know if you’ve heard of him but he, he’s done some really great talks, so if you happen to break into that collective again you know he’s worth a read. Umm but he, he talks about how for many folks with disabilities boundaries are there skins, cause you know anyone can have access to me. Many of my clients probably have abuse histories may have sexual abuse histories, a lot of it I don’t know.

Because a lot of it is not ah charted, you know it’s not in the charts. You know it’s not spoken about unless you happen to have heard someone say “oh yeah he went to camp and he was molested at camp” and you know why doesn’t, why aren’t we working from a trauma focus here you know that kind of business. So all of that contributes to, and sometimes families have very kind of weak boundaries.

A lot of our clients don’t see their families so you know when they do there’s a whole, a lot of trauma and loss issues. Umm, ahh there’s it’s very hard to negotiate boundaries there because there, cause the other thing is like this particular group, this new group. Inevitably someone or another needs a bathroom and if there’s no staff person with me, I’m it and I can’t leave a person you know wet, you know I can’t I mean sometimes I can, so many times the guys will put me in that position I had a client many years ago who I don’t work with anymore, who used to wet himself incessantly in music therapy and so because, and there’s also the whole issue with who do you think you are you don’t have to change anyone. You get that whole snotty attitude.

And I actually was in college worked in direct care. And you know I don’t love cleaning up giant messes but you know it’s not fair to expect one person, if there’s giant catastrophe or someone’s going to be walking through a giant mess and you need to do something, you do it cause that’s life and you know you do what you gotta do. So those, the boundaries are often very nebulas. Umm and also working in an institution, sorry there’s working in an institution there’s, institutions are like boundary hell. I can want to maintain boundaries to the best of my ability and I try and it’s hard. Umm some of, lets face it I’ve there 26 years everybody knows my personal business.

They know when I got married, they knew when I got divorced. I was married to
someone who worked there, they knew who he was fallanduring with, I mean so we’d come home and say so hun who are we sleeping with today, some of it was not true, some of it was true I mean. They know your personal business, talk about it in front of the clients they gossip about it in front of the clients, there are no boundaries. So I try very hard, very hard to maintain boundaries in session.

That said one of the bigger challenging situations of boundaries is umm, and it directly is connected with the whole thing with musical intimacy when you establish intimacy musically with someone, especially someone who doesn’t have opportunities for intimacy, is an adult and wants to have relationships with people, we run into people having huge giant strong feelings about me as a music therapist and the lovely sexual transference stuff that goes on. And umm and that can be really hard to deal with, because and you know on the one hand sure it’s very gratifying to have clients who are happy to be there and who appreciated you a great deal.

On the other hand you know there are boundaries to and you know constantly having to explain to someone who’s having a real hard time getting that’s not our relationship, please put it away (laughs) and tell me in the music. It’s challenging. Umm so does that kind of, like in 300000 words or less explain the, like where, like is that kind of answering the question that you’re asking?

Yeah, it kind of explains yeah what the boundaries are in your setting really.

Or aren’t.

Yeah or aren’t, the way it is there. And yeah I guess how do you manage that? You mentioned supervision?

I have supervision. I just try to be mindful of it. I have a lot of community music groups, my boundaries are probably a little less in the community music groups. I think, you know it’s something I’ve talked about with other therapists, not music therapists. Umm as much, because a lot of music therapists in this particular part of the world, ah you know really remarkably, if you’re working behaviourally or activity wise, boundaries aren’t the same kind of issue. Umm, if you have seen things like on music therapists unite, one of the ladies often refers to her clients as her friends. Umm and I know she’s been a music therapist for like 39 years, she puts my 26 years to shame. And you know and she does good work.

You know she respect people who autistic she respects people who are developmentally disabled but she really umm, for her boundaries are very different from mine. People in private practice seem to have, and I would think you know what a fantastic opportunity to actually have boundaries. But you know when your going into somebody’s home the boundaries are again kind of hard to maintain. You know like one of the people I supervise has a baby and she just had to terminate working with someone, she didn’t really want to have to terminate working with her but because of logistics she had too, and the person, the persons mum obviously saw when she was pregnant, you know had the baby and the boundaries are hard to maintain and I don’t, and it’s not that people aren’t taught about boundaries here they are but you know I’ve taught continuing ed things at conferences where people are like working in hospice or working with kids and they’re very hands on and the fact
of the matter is I’m probably a lot more hands on.

A lot of my clients hold onto my hand to get from point a to point b. Partly because, partly because it’s a safety issues I have clients who will dart into traffic and get killed. Umm and we have a lot of staff people who don’t seem to realise that. And are busy on their telephones driving around. Umm and partly because I figure, and that is something I talked about with my clinical supervisor, umm, you know if hand, is holding onto my hand ok?

And is that something that really, is just going to help this person and their connection with me. If someone doesn’t use speech is it a way for this person to say I feel safe with you umm, that said there are some people who cling, or some people, and you know holding hands really helps you know a lot about a person as well. I mean if you hold onto someone’s hand you know if they’re, they’re aroused, you know if they’re not really there, and you know if they’re really intensely there and having. I have a lot of people also who have a really hard time with sensory issues, so they might not always know, you know because they don’t have a good proprioception sense of things.

The lady who tends to get naked a lot has awful proprioception she lately, she uses a wheelchair when she’s out of the cottage but she, when I push her over to the music room she’ll take my hand and yank it around and you know I’m trying to walk, and she usually is trying to walk or not walking around sitting under her blanket, which is really why her staff was mad.

Why aren’t you making her a good better client so she is more compliant and sitting there under her blanket, you’re playing the wrong music, she wants banging music”. Please!. At any rate, tense mwah?? (laughs) At any rate umm so again I, I thought is this a boundary issue? If it was a guy I would probably be nervous but then again I still you know my clients express themselves in very different ways and the other gentleman that I worked with and I’ve worked with him for a million years really literally like, I’ve know him for 26 years. I may not have worked with him every year but I’ve known him for a long time.

And the way that he expresses his level of comfort with me, is he bumps into me. He’ll just kind of, actually he’ll back into me cause he’s kind of very, very, very sensitive about being touched because all the, a lot of my clients don’t like tough anyway so I don’t get in there personal space. You know I don’t, I don’t, you know unless I’m worried about someone I don’t usually bother them and I do tend to worry it’s true but, somebody who’s usually very gently, he’s using paging through a magazine or flapping his back pack and he’ll just kind of gently back into me and I’ll see him looking at me form the corner of his eye, when I’m on the right track.

Umm I had another gentleman who I thought what the hells going on, every time I’m sitting here he keeps banging into me. There is nothing wrong with his vision. And you know and again that’s a way that my clients I think let me know, that I feel safe with you. Umm the lady who uses the, you know I was singing hallelujah to, she I don’t usually have her attached to her chair and she’ll often sit sideways she’ll sometimes just rest her hand on my hand as we’re walking.
Umm and it is a very intimate gesture, but she’s not obsessed with me, thank god. At some point maybe who knows, but if she is we’ll deal. Umm, so in terms of boundaries I think I have to be sort of flexible sometimes to hear what’s going on. Or if someone is pulling me in some direction, you know therapy can’t always take place in your perfect little therapy situation. Case in point often times if I can’t take someone to the music room for some reason we have to go work in umm, one of the dorm rooms. So there we are working in a bedroom for gods sake. So there’s some people I try to avoid working in bedrooms with because I know for them it would be an issue. Umm and for some people it’s not as much of an issue. So boundaries are very complex. And again did I answer your question cause.

Yep, yep. It leads onto another question that I have. Which is based on a lot of the reading that I’ve done about boundaries that are written about in music therapy, draw from other fields like psychotherapy or that kind of thing.

And that’s if people actually studied that particular approach. Most people here are all about the, lets go neurologic music therapy, which isn’t really music and really isn’t music therapy but whatever (sigh).

Yeah so a lot of their ideas seem to be quite directive and sort of have ideas about you know, you should try to avoid using touch, not receive gifts, you should not have dual relationships, that kind of thing. So I am interested to see if those ideas actually fit with how music therapists are practicing and if that sort of fits in with your approach to boundaries or what you think about those things. You were sort of talking a little bit about it in terms of you feel the need to be flexible and different contexts perhaps call for different boundaries

And different people.

Yeah different people.

And I guess I’m probably a little more comfortable with the women being a little more clingy than I am with the men but again it depends where people are developmentally. Umm cause sometimes I get a sense that for someone they’re sexualising it, and so I’m very careful and I’ll say no I’m afraid you can’t do that. Umm and for someone else where I don’t really think they’re sexualising it umm, I won’t be as you know, back off. I always tell them, listen obviously, I mean to me that’s obvious. I mean to me you can’t sit here in the middle of music therapy and masturbate, that’s just not going to happen if you’re telling me that’s more important that’s fine we’ll go back to the cottage but umm, if you need to talk about it, you can talk about it in the music.

If you need for us to address, we’ll address it. You have to stay dressed when you’re in music therapy so if you’re going to be undressed we have to leave. You know that kind of thing. Umm my clients don’t tend to bring gifts, cause it’s an institution. Umm but I try to be very mindful of the time boundaries. Umm, so umm I’ll let people know you know we have about ten minutes, we have five minutes you know I’m hearing you’re having a hard time leaving sometimes I’ll be flexible depending on what’s going on and you know if I’m going to be going away and that persons really having a melt down and they’re about to freak out I will try to support them.
Because my clients can’t call me on the phone if they’re having a really hard time. Although sometimes it really feels as though they do. Cause they really live in my head. Sometimes. So umm I kinda see this as times they’re calling me and letting me know and I’ll address it with them and say you know it was really hard for you to leave in our session last week and what do you think that was about. Or you know I was away on vacation can we look at that together and obviously since they don’t use speech it’s hard to do that. But at least I’m putting it out there and we’re saying it out loud so I know and you know that there was a little bit of a boundary violation there and I don’t usually use the word boundaries but umm. And we talk about like if I get hit umm, which is a huge boundary violation. I many, many years ago I worked with a man who I my answering your question?

Yep, yep.

Who I worked with a man who has since died, may he rest in peace. But he umm, he slapped me across the face one day and I burst into tears it hurt like hell, he had these huge hands he’s bigger than I am. And I said you hurt me and um, and I said you can’t do that. You know it’s very hard to work with someone if I have to worry about you hitting me, I can’t listen to you.

Umm I didn’t want to give up on working with him, although I knew that he could be pretty rough but umm, and he also didn’t not use speech, other than “b”, and umm “airplane”. And umm he, but I, you know I think that is a way of establishing the boundary and interestingly the next time I saw him I was walking through his group because I was trying to get to someone else in another group and he saw me, and he leaped up and he came over and he took my hand and he pushed it against his face like he just wanted to make the point that he heard me so like “here you can hit me back” (laughs).

Paybacks a bitch I know but I can take it” (laughs). But it was so sweet on the other hand because he heard me and he stopped trying to hit me. And I said if you feel like you’re so upset that you can’t control yourself, let me know you want to leave, that’s ok. Hitting me is not ok. I mean so I work with clients who’s boundaries have been so violated, you know I mean, really literally people will get ah they’re clothing changed if there’s a room like this with a bed, the doors right open so that the staff can keep an eye on everybody else.

Or if the person uses a wheel chair, you know the gentleman who has some unmade neuromuscular condition going on. He had some gadget, he had some kind of a special hoist, chair lift that just lifts him up, and they just brought him out into the room in front of, it happened to be that the rest of the group was outside yesterday, but I was walking and I was like “oh I’m sorry”, so I walked out quickly and you know. His personal business all there, I mean it’s not like I haven’t seen an awful lot of naked people, and awful lot of naked people. But you know and had to clean people up but there it is. Oh I’m sorry I never finished the thing with the guy who peed.

Oh, ok.
He kept peeing incessantly in our session and I went to go you know because I knew that staff would wine at me, I kept changing him. So finally I caught on that lets stop changing this man because I think this is happening on purpose. So I stopped changing him and I said to the staff listen I you know I understand that it may not be really fun but do me a favour change him, because I think that as soon as you change him he’ll stop doing this. And he stopped so umm, so sometimes it’s you have to go through it, to get to what the person is trying to let you know. So umm, and that was the person who kept bumping into me, who is you know, he’s very tactile defensive, did not like being touched. But would bump into me. He would walk around in circles that are smaller and he would just keep bumping into me. Looking like he didn’t give a flying crap that I was there, but he was bumping into me.

So you know so, so I’m still going to say yes I try to maintain boundaries but within the context of I have to understand what this person is telling me. Umm so sometimes I will say you know I’m hearing that you want to be close. But like for another example for a client who has a tremendous crush on me. He umm, well I haven’t entirely figured in out but he does tend, he for a long time kept fighting with me at the door. And I finally realised that it was just cause he wanted to, that was a way that he could be physically close to me that was tolerable.

For him cause he’s also very sensitive to touch, but he doesn’t mind. He was someone who used to sit, when he was a part of a group, he would sit mashed into the guy next to him who would instead of you pushing him off of him, would sit there look at like do something and he would just mash himself into him. So really he craves connection, and you know so many of my clients desperately need occupational therapy that address that, but you know most of our occupational therapists work on adaptive equipment, or you know just hand splints.

They really don’t work on the sensory integration stuff, we just had someone bumped over who’s a sensory integration specialist, and we’re like thank god! So you know fortunately just hard to cath. So there are a lot of sensory issues with my clients that I want to just acknowledge, some of the crashing, and some of the clinging, some of the boundary violations really are about sensory, organisational issues. Or disorganisation issues, so some of it is that.

But anyway the person that has a monster crush on me. So there was a lot of crashing into me, when I start to talk about that he does it a lot less. Umm so I guess one of the ways that I manage the boundaries is I bring it up, I bring up the boundaries as part of the session I talk about it with them. And sometimes they get it and sometimes they don’t, and sometimes they get it and they stop for a while and then they still wanna you know crash into me. I’ve had session where he tried to grab my shirt and look down my shirt and I was like umm that isn’t a part of our work.

Umm I regularly have to ask him please don’t grope yourself and umm, it takes a very long, very long, looong time with my clients. Umm, because, and oh the counter-transfertential guilt is intense. You know nobody loves me and it’s true they’re not lying, I mean people in is family haven’t visited him for 20 years. Or who show up once in a while or whose staff are just always you know, you move here. And basically every other place in their life is loud music blaring, tv blaring, people shouting over it and oyu know they just come into the music room where it’s quiet
where I turn the lights down, where I’m listening where of course they’re going to feel like they’re special and wonderful and they are special and wonderful and trying to figure out how to affirm someone’s personal fabulousness yet maintain the boundaries so they’re not getting the wrong impression is very, very hard with my clients.

Umm one of things I have tried recently is kind of reminding this particular person is that you know what’s good about you is good about you because you’ve worked hard to achieve it. It’s not because something I did, or didn’t, I’m not giving you your coolness, I’m not giving you you’re creativity I’m not, that’s not coming from me it’s something that comes from who you are. An from the life you’ve experience and the experiences you’ve had. So I’m not sure he’s quite getting that but that’s one way I’ve tried recently in terms of trying to help him negotiate this. And the feelings and to try to help maintain the boundaries cause a lot of times I’m stumped. Cause it’s hard to know.

**Yep, definitely.**

It makes the work very interesting, but it really, it can be hard. Cause then I go home and think aww I did that wrong now he’s going to get the wrong impression, maybe this is my issue, maybe I’m communicating something that’s making him think that, this is all you know. And maybe I’m the one who just because I really like working with him I’m conveying something or I’m expressing my gratification to much or it’s just like you know obsess, obsess, obsess… obsess amen. You know.

**But I mean I guess you know you’ve been working there for 25, 26 years or whatever.**

Yeah my god it’s like two and a half decades. It’s a little daunting to know that. But you know for them not to know me would be weird. I mean there are new clients that I’m working with we don’t get that many new clients but new to me in terms of music therapy. But umm, but yeah I’ve worked with a lot of people. I mean I have a lot of clients who have monster crushes on me.

**It’s difficult.**

It is. It really is and again, it’s particularly hard because it really is gratifying to know that I made a difference to this person um especially when you don’t get a lot of validation from staff. Umm other than, and staff make it even harder saying “oh there’s your girlfriend” oh god. It’s like he loves you Rioa”. We do therapy together and yes we’ve worked hard to build our relationship sometimes the staff is who I have to set the boundaries with. It’s very difficult. And they’re like “what’s your problem Rios, why aren’t you just closing his zipper”. (sigh, laugh).

For one thing what am I teaching this man that anyone stranger will be your personal person to pick up your clothes and zipping up your clothes. It’s like oh god. Truly when there’s no one else there ok fine I guess I have to do your zipper, I guess have to get you changed. I’ll avert my eyes as best I can and try to do this in as respectful of a way as possible and then address it. With the particular group that I was talking about with the guy who screams a lot we aren’t even there yet. I mean we can’t even
calm the group down enough to be able, well that particular person down enough to be able to get to ok so what’s it like for you here I am your music therapist.

And It’s all very nice for me to sit there and say guys I’m, I’m not your direct care person, this is something that your direct care people would do, they’re really putting me in that position and I’m sure that’s apart of the process and I just want to get through this with them and I’ll probably have more grey hair by the end of this year. And probably have bruses because they are a rough little group. Seven grown men.

**Yeah that would be tough.**

Grown cranky men who are stuck in one room which is not that much bigger than this. I know.

**That’s challenging enough the space?**

Yeah, and I can’t even take them into another space because it would be insane trying to bring them to the music room. Especially on a Saturday when a lot of times they have a staff person who’s been there since the morning. Because the staff person is called out or the staff member is there brand new who just got bumped into the institution and then they’re going to have a whole new crap of new people. And you know six or seven autistic guys with a lot of new staff.

**Really hard.**

So sometimes the boundaries have to be violated but so, so sometimes having music to help build the intimacy is helpful. It’s necessary. I mean I think they hear me, cause when I went home one day I thought I heard this song ‘pacing the cage’ and I thought woow that’s really a great song. And I sang it and, and here’s a way that my clients will elt me know that I’m not ready.

The person who ahd the monster crush on me, or still has. Whenever I played songs in the past that felt a little too intimate he’d stop me from playing. He’s jump up run over to the door, or throw music on the ground or just come over and pull on the guitar and I said goo I’m glad you’re able to let me know stop. So I really work with me clients to fins way at the very beginning ok I need to stop. It’s a lot harder in groups.

Um because I can’t really as easily. I mean there have been, I did say to the group obviously an hour is too much, lets go with thirst minutes. I know it’s going ot be hello and good bye but I have clients where I had to start with the lady who strips, we literally started with ok lets try five minutes. Ok lets try six minutes, ok lets try seven minutes and we worked our way p and sometimes we have to go back to ok lets try five minutes again. So umm my clients, working on helping my clients to be able to establish boundaries is also I guess a part of it as well now I’m thinking about it. It’s important they have a way to say no to me. Or a way to say lets stop, or stop playing.

*help them communicate.*

And just to help them know there’s a concept as boundaries. There is and you know I
will apologise if I violate your boundary and where they get to point where they’re able to let me know, through they’re actions usually, that that was awful, that was annoying me. Umm I always make sure to acknowledge what was it like was it messed up? What was it like for you that I said the wrong thing there, or that I misunderstood. Or that umm or that I wasn’t as available to you that day or whatever. And obviously they can’t tell me. But they find ways, they really, really, find ways. And I still maintain they’re the most verbal group of non-verbal people on earth.

Yeah I would agree with you.

If you’ve ever worked with this group of people and you pay close attention then they let you know.

Yep they let you know.

I just, I love that this one guy he comes in and he just, he does not use speech but it’s pretty dam clear “I’m not looking at you, did you catch that I’m to looking at you because I’m not looking at you”. Or when he’s upset he’ll have his hands in his ears, I don’t want to hear you. You know it’s like well I know it’s not noisy in here cause no ones talking, so obviously something’s up setting you. But I think that that’s just brilliant.

Well they’ve got to find ways don’t they.

Absolutely and I think with the projective identification I think sometimes my clients really very intentionally, especially if you tell them is that kind of what going on. And acknowledge it out loud, really work hard to help me get that. And I try to remind them you know if I’m as angry as you are I may not be able to help you because I’m busy worrying about being mad. I’m not really worried about your mad then I’m worried about my mad.

Working with like the lady who was banging her head, I can’t pay attention to what’s going on for you. Which is more important for you. I try to tell the staff that but no they come wandering over and say “do you see this helmet, do you want this helmet?” oh gad. Does anyone in the freaking world want a helmet on them. You know ok maybe three people who have sensory problems. I mean this is the stuff I see every single day. I mean 90% of the stuff I could tell you happened in the last week. It’s just.

It’s a challenging environment.

It really is. And yet here I still am, I like it. The environment sucks but long ago I had to say I work for my clients and not for the sate of new jersey. Because otherwise I truly would have lost my mind. I mean I haven’t lost my mind yet. The state of new jersey has been a little bit trying.
Interview thirteen

So it would be great if you could start off with just describing where you work, just for the recording, and your general style or approach to your practice.

OK I am working in the school in a special group with children who are very disabled, I’m not quite sure, multiple

Multiple disabilities?

Yep and I am working one to one and I’m working in groups or many, all of them. And we also have another special group at the school, better function children who is joining us in the music. We start in the mornings with the music, I’m not sure in English, all together in the morning. And then we go away to one to one.

I think its important for me as a music therapist that I can totally in the moment, I think its very important that I create a place for us to be where both is joining in and have things secondary in the situation (?). So my job as a music therapist is to get that happen and the child has very small signals, can grow in the situation, yes, and that I can reach each one of them.

I think that its important that the way I am using the music that I’m not drowning the children in it. But though I have to be… I’m not sure how to say in English, the child has to look at me and know who I am, that I am… it’s difficult to say. I’m not sure that he let you, that’s one thing, we are… it’s important that I see the child as a person and the person is seeing me as a person, that’s a way to (describe) it.

Authentic? Sort of?

Yes. You have to be authentic as a therapist, I think.

So then you can meet them on the same sort of level, is that what you mean?

Yes, I think so.

And I using everything to get in contact with them, breathe and I have a child now who is not able to do anything at all, he can move his eyes very little, he just lays like this, very straight, and we are communicating through him, his breath, we are improvising around his breath, and I am having him on my ?? Holding him tight, trying to breathe the way he breathes, and perhaps I can bring in something new in that breathe, how can I make him relax more, he is very stiff; and I hope that he will have an understanding that he can bring something into the situation with his breathing. Yes that’s the only thing he can do…. I think I’ve never had a child that’s so, has so small signals like this, that I am used to children with small signals but this new dimension in it. But its very exciting I think, and Its very important that I’m not just “ooh” … I can do so much and he can do so little and I had to hold myself back so I don’t over-awe? him.

So I’m very interesting in finding, who is that person? And that’s for all the children I have, I have six children, one to one, or five? One to one, and then all six in the group, so two, I’m having all the children. I cannot always have one to one with them.

So sometimes small groups.
Yes.

Very interesting. Very good very good. The first part of what I’m looking into is this idea of musical intimacy in our practice, so first I’d like you to just think about that and it sort of sounds like what you started to describe anyway, but, yeah if you could just think about it in your practice, and if you have any examples about what it could be, yeah just reflect on that.

I have a story about another child, because she was coming into me and she was very angry. Very, very, angry. And she could tell me that because her sounds. And I started to get angry, I started to create her anger, very big with her. Great piano playing, and scream… and she has a little sign she says (makes a clicking sound) when she wants more, so she was then (click click click) the whole hour when I was angry, I was angry… thirty minutes. I was totally exhausted ?? I think intimacy I was brought into her temper, or something. I think it was personal because she was very angry and I was answering her on that level. It could have scared her. But I don’t think… she was very content when she went out of the hour.

I think when I work with children who has small signals I have to be very close to them. Very concrete intimacy; I have to be there. And I think that’s how I can get to them. To me that’s intimacy?? I cannot be afraid of using my body or my voice or everything. If I had a tail I will use that too, I think, and that’s how we?? The intimacy, everything.

What is difficult is that my children can tell me if I have gone to there, if I am a bit too intimate. I’m trying to read them, so I say OK, now… so I think it’s important for me to work near and more far away, so I can regulate that, I can help them to regulate, because they have no choice in being intimate, when I think, physically, because then it helps in all situations. And to find a way to not get too close if I don’t have to, then they also have a right to have some… that I am backing off… of course I have to be here but I also have to back off, I have to respect their… privacy.

But I’m into all situations with them, I’m taking them to the bathroom, I do everything… this is very intimate that way, but that was perhaps a very concrete example of intimacy. Or are thinking more about…

Yeah I’m looking into it. So it’s really what your experience is of it. I mean the physical intimacy that’s definitely come up a lot, that’s something I think we all think about and can relate to. But yeah I mean if there are other things I mean you talked about, I guess, communication and being able to reach them, I guess. Maybe you could talk about that.

How I reach them? How I think I can reach them?

I think I can reach them by using my voice, using my voice lots. I’m thinking of going into a rhythm, same tune, rhythm... I think if I can relax in my body I communicate that I’m well with the situation. If you think it’s difficult to hold something so tight, you have to find another way I think, and that’s what I was talking about, about, the authenticity ?? of the music therapist. Who am I as a music therapist, what is OK for me to do. I’m saying that to my students too, that they have to look inside themselves; what am I comfortable with; for example if they

Saliva?
Yes, Saliva or something, some of the students think that this is (groan) and then you communicate a lot to do that. So you really have to work on yourself, what is OK for me to do and sometimes I have to go through my forces? of course, because I think it’s very important to… when I communicate with other actors? That I can be authentic, that I can communicate in a way that’s right for me to do too.

Because I think when I have with children no language, they read my feelings, they read my body language, they read all the other things that aren’t spoken words. What is a spoken word, it’s just sound. That’s because I think it’s very important what I’m doing with my whole body, how do I…

And I think another thing is to wait… I can relaxing and waiting for something to happen so I just don’t have to do something all the time because that’s very, very, important. If I have a child that I have no idea what to do with this child I just holding it, in my arms, and looking, “hello, we, together here? What happen now? “ and then most of the times they’ll do something that I can use.

So that’s one thing, for some years I didn’t use words at all, but that was not good I think because it’s natural for me to use words, again, what is authentic. I think you can use words as a music therapist, I think that’s important because it’s something to make a narrative or a situation or something clearer for the child, when I use the word it’s for me. How could I use the word in a way that brings meaning to the child as well. Because if you are in (sings) Row Row Row your boat, I use words and I do the movements, to combine words and movements, words and sounds. Yeah.

And I think I have to, as therapist I have to take my personal things other ways because I have to be clear to meet someone else. If I have with me lots of problems or something in my head when I go into it, I’m trying to not have that, I’m trying to ….

So you consciously put it aside, is that?

I think so, yes, I have to take that out another place. Of course I can be sorry sometimes. And which I will notice I think. It’s not, I think that the child only needs me to be happy… it’s not that. But it hasn’t had to overtake the situation, that’s the thing I think about.

I have to think I’m here for them, I’m a professional and a… I felt sorry and I have some problems I have to, I can’t think of the words. Or writing about it in the end of the hour if it’s upsetting you just come into the situation in some…

If I’m starting to cry, I think sometimes that can be good too, it’s something, I have do that so much. To show that you are touched by something, I think it’s important that… how can I bring meaning to the child, and what the child is doing, yeah. And my communication I think should be that I am creating meaning together with the child and answering what they come in with.

It makes sense, it makes sense. Good very good.

The other part of what I’m looking into is music therapists approaches to boundaries, it already sounds like some of what you’re saying, I can already hear your approach coming through, like knowing yourself, and putting other stuff aside and that sort of thing; but yeah, so how do you think about boundaries,
what does it include for you?
Is boundary… has that to do with the relationship to the child

Yeah, the idea is… I guess the relationship, really, keeping it safe for yourself and for the client as well.

I think you should allow yourself to get bonded to the clients. To look for the authentic thing. But again you have to be sure that your own personal stuff is not belonging in the you have to take that away.

I think it’s very important that the therapist is a safe person. The client has to trust us in the situation. And if I bring a lot of personal stuff into it, it’s me taking over again I think, I think you should be very aware of being taken over something in the situation. I think that’s the one thing I’m thinking that’s important. The boundary in itself I think it’s a nice thing and I think it’s very important, to get involved, and getting into the boundary with the client. But it depends on the way your are working. In my case after 7 years then they start at another school so then I just have to let them leave, and sometimes they also die, many of them die very young so, something I just for 1 or 2 years and then the child can pass away. That’s a tough one.

I think I’ve been working for a long time and it’s easy for me now to let go, when I know. Now it’s the end. Ok, in the autumn you are going to another school. And in the spring I have… but before perhaps I’m not so afraid anymore to be an intimate person for the child to the end. Before I think I was more so, I just… but I think that is wrong, because I’m there, I’m still there until the 20 of June, and then I should act like that. Because it’s a good experience for the child to bring with him or her to the next place. That I am the person I used to be. Always.

If I was working as a psychiatrist or something I think I’d have to lock the situation, perhaps, in another way

But yeah, I haven’t the control over what the child really think, because she can’t tell me.

But I think I’m less afraid to the boundaries now than I was before I think. Because I think it’s a part of the process to get involved and to get closer I think.

But I have to do it in a caring way that I’m not the main person here.

Yeah, that it’s still about them.

Yeah, I think that’s important.

So it’s interesting what you say about your approach sort of changing, do you know why it changed or how it sort of evolved from that more stand offish to being closer?

I think I’ve been working for 20 years and I think it’s important to have balance in life. I am doing things in my spare time is totally different … I think it has to do with being a whole person, and that’s a life project for us all I think, and when I get older I think I’m going more whole. I’m accepting different sides of me. I can let another person in in another way than I could when I was 25, because I think I cleaned up something in my head. Not all things, of course, because things can happen in life.
But I think I have many good experiences with giving to a child… I think I got more energy by giving. But I have to balance it, and I have to fill in other place, but I think I’m getting filled with a child as well because… now I forgot your question.

I think I’m less afraid of the boundary now than I was before. If the child dies I know that I have given the child what I can give it. And I think it’s good to be elder. You’re more relaxed, things that you can just throw away, not important. This is important. Being here and very now is important. I think in the whole of life not only in work. That’s something I’m working for I think.

That’s very interesting I think, it’s come up a bit about, speaking to music therapists about when they first started they were very strict about it, they had these very clear ideas about what it should be, but then with experience and sort of growing and whatever, sort of being more comfortable with getting closer which sounds like your experience. It sounds like you had very positive experiences along the way that showed you it was OK, maybe. Is that right?

Yes that’s right… I think movement is very important. I’m training in judo and aikido and I’m very used to use my body in different ways. And being in centre I think that’s very important. To give up from the centre and take it in to the centre. Because sometimes I think that when I’m working with my children I don’t have to think what is meaning. I think some sort of meaning is just to be together and take in the other person. What is it physically doing with me, and don’t think so much. You’ve taken some signals from the child and then you give back. And I think when you work for a while you are safer in doing that. You trust your stomach much more now than earlier I think. And I think I’m not so afraid that nothing will happen because when I was younger I thought “oh nothing’s happening, and trying to do something else, and no that didn’t work either, what am I doing.” But now I’m thinking “oh, nothing’s happening. Hmm. Just sit and wait together. See what’s happening. See what comes up.” That’s the biggest difference I think.

And what is meaning. Is meaning to do a lot of things or is meaning just to do nothing, just to be together. There’s lots of meaning the way you are being together.

And so to get to those meaningful moments I guess, is for you to be more authentic and there with the client.

Yeah.

What is meaning when you have a big disability. I think before I used to think that our words were more alike than perhaps I think it is now. What is it to be multiple retarded. How do you experience the world when your brain is in disorder? Because we have been using the mother and child theory a lot, and I think that’s a good thing, there’s much we can take from that one. But what does it really mean, that you are disabled? Being disabled? How is the world for you then? How do you receive… I’m not sure. Perhaps it’s a bigger difference than I think. If I was going to another planet and everything was totally different what would I

So is your work trying to understand a bit, what is meaningful what is meaning for them?

In a way. But what is meaningful is to be together. Is that meaningful enough? You can feel me I can feel you. And whom and I who can create the meaning, when it’s a
brain who is working in perhaps a total different way. That’s a new question I’ve been thinking about in the last year or something. Two last years. But… yes it is different. In what way I don’t know.

**But it’s quite hard, with your children, because they can’t communicate.**

They can’t tell me, no. They can tell me by their breath or sounds or the way their body is, is it stiff or relaxed or they can tell me.

But how is it. Mystery.

**I think you talked a little at the start, but what kind of musical things do you do?**

I’m singing a lot, I’m using the drums, I’m using the slits? Drums, I’m laying the child upon it and I’m playing and because the vibrations?? The body and the vibrations and I think.. with the child I was talking about who is only breathing. I think that I try to imitate his breathing with my playing on the slit drum. I’m using instruments easy to move. I’m using scarves and balls and… you’re sitting and you’re moving together with the child… a trampoline? And something is hanging in the roof and it’s a big round thing that you’re sitting on and it’s moving together, round and round, and forward and back.

**Is it material?**

Yes it’s material

**I think I’ve seen that.**

Yes. And we have a big ?? suitcase, flying suitcase ??... it’s like something is hanging…

So I use movement and sound, slit drum and other drums, piano, guitar, flute and kalimba. And it’s vibrating to the body as well and it’s very relaxing.. I’m curious about sounds, I’m trying different sounds with the children to see how they react on it. So I can go in shops and buy some sounds, some new sounds.

I’m using both I’m improvising with voice and drums and rhythm and movement and I’m doing more songs … if it seems like the child thinks that’s a good idea I’m using that. So I do both.

I think I’ve been more aware now that I’m doing a fewer things before I could use the piano, woohoo, big chords. I think I’m more… if a child likes it I do it. Like the one who was angry and I was playing her anger out that’s ok. But I think it’s important that I let the music… sometimes music is the most important thing.

I had a child, she was improvising with her sounds and she loves it; loved it, I don’t have her anymore. But then I was playing different styles of music, and she reacted very positively on that thing. So then she was singing with her voice in her way and I was playing classical jazz different styles and she loved it. Then I do it.

**So she was responding.**

Yes she was. And she was (clicking) so I was sure that she did it. It’s not all the children who have that kind of signals. But they can tell me in one way or another
way they can tell me something.

But I think I’m starting on with fewer things now than before. Just to be together, I often start with that. And if I do very much other things I don’t feel very good about it. I do it sometimes. But I think then I was the one who took over the show. I’m not down with that…. Sometimes if can be right if a child needs that I am very… that I play and I’m very

**Directive? Leading?**

Yeah, structuring?

So it depends on the child I think.

**So sometimes you sit with them and kind of let them lead and watch for signs from them, and other times you need to provide the structure?**

Yeah.

Some of them need structure in that way. But there are always some structure over time. When you are together with a child you create our own structure together I think. And it’s many ways to have structure – one thing is to have songs that are written and another structure is to moving around the room. I move there, there and there... different places in the room to do different things.

Sometimes the structure is breathe, how we breathe together, how I react on the breathe, over time I think we be more likely.

I think you have to… it can’t just be the same structure, the same structure… sometimes it’s ok I think if you have offices or something. That there have to be a room for other things as well. So a lot of structure is

**Possible?**

Yeah. It can’t only be structured. But perhaps it can’t only be improvisation. But I think it’s structure in improvisations too. They have to be room for changing structures I think. If the child wants to. If it feels right. And that is together we’re being here and now. And you can take it in if the child wants a change if... I’m doing other things I used to do… some days aren’t like that if you are tired or something. But I think we have to work for it to be not like that.

I’m looking into boundaries and I’m interested to learn about challenging situations, so are there any ones you can think about that were, with a particular client or something, that was challenging and how you worked through that?

Challenging in the boundaries or the boundaries creating challenging?

**Could be both. It could be that the client is challenging your boundaries or something, or perhaps something you were doing together, I don’t know. If there’s something, if you could think of an example or…**

Hmm.

A concrete challenging is when the girl I was telling you about started to click for
some reason. She understood that she could tell me “yes I want more” by clicking, that was a challenge I think. Is that kind you think, perhaps?

**Yep**

I think it’s more challenging, it can be challenging… with the children I work with I think it takes a long time to make the boundaries. And then I had to let the boundaries be so they can know it, and they can recognise it, and it can create some structure and they can have some... when the child understands that something he or she is doing do something with me, I think that’s a challenging. They discover that “wow when I do that, she do that”. That’s a challenge over time.

It can take a lot of time before they reach that point. It takes a lot of working over time so that they can feel… I feel that they challenged.

But when they recognise they can do something like I’m answering them, I think that’s a challenging, that’s… that a hope will appear. And it appears, with the children I’m working with.

I think when the girl came in I was very angry and I played her anger for 30 minutes, I think she went “woah” when she went out… she was very content… that challenged her I think, she was not angry at all when she went out.

And then she understood that I could hold her feelings I think. I don’t think that she thought that she could do that because I was very… I think that’s some sort of challenge that I can experience in my work.

And sometimes if I am doing something wrong that I’m being too… sometimes I’m doing something that the child doesn’t like at all then I have to work to get back the relationship. But I haven’t experienced that a lot of times. It’s small things. But I think that’s the way I experience the challenge. They understand that they can, something they do has an effect on the environment I think.

**Getting to that point.**

Yeah. But I think they can be also small things that changing in the breathe, with the little boy I’ve got now, doing nothing that he… I hope he will experience that his breathing is doing something with me and that he can get into the situation but we haven’t been together for so many times so I think we have to work on with that.

**So that’s maybe a challenge in your work is that is takes a long time.**

It takes time, it takes years sometimes. And suddenly “wow, what if I do that, then I can give a sound and I can…”

Or I can relax in my whole body with the child is very relaxing, that can be a challenge, if we are together and after a while they get very relaxed. But I have to read the body language all the time… and my way of thinking it, that’s what I can hold on to.

**It seems like you’re very aware.**

I have to be very aware a lot, yes. Through all the day.
I think I can’t answer so much more?

**Yeah no that’s good, that’s good. How about the space that you set up, you mentioned that you have a few things around, how do you think about the space to get that meeting, how do you set up and that sort of thing?**

I have a room that I’m in, it can be different things with one of the children. I have the slit drum in the big case, that’s the piano it’s against the wall and various slits drum beside the piano and then I have the trampoline here next to the drum and then I have the ?? hanging in the room and can do a lot of movement. And perhaps I am with the piano at the very first.

So an example for a session is we start with the piano… or I can create different lots of instruments by the wall and setting the child in the middle of it. So I have a girl who I started with the piano she loves the piano and singing and … and then we go to this thing hanging on the roof, and doing lots of movements and then we go to all the instruments and then she plays the drums and other things. Yeah. And at the end she is sitting near to me, out of her chair and on my lap and we finish. That’s an example.

Another example I can set the guitar, drums and instruments at the floor, if I have a child that can move herself, and then they can go to what they want to. But it’s often a combination of movement and playing and different experiences with what they can do with their bodies…. I give them different experiences of their bodies in the room, that’s something I have in mind.

So it almost sounds like its set up in a circle. And is that a conscious thing… I mean that could be seen as a boundary as well, creating that. Do you see it as that? How do you think about that?

Yes I think it is because when they come into my session they know that they are in this room and that we are going to different places and are going to do different things. Different places. I think that creates the boundaries. Then they know me, that’s the way they know me.

In other times I have a whole group and I do different things, and training, just training. So we do different things when they get into that room and they see the set up they think “oh I’m here again” now we can start. At least I think that is something to do with them, that they can recognise it, and that is part of a boundary. What you are doing is a boundary I think.

And we’re doing something fun with the bodies. I think that’s too

**What kind of things do you do?**

We are doing big movements, small movements. Jumping on that, jumping ??? jumping… some of them like that very much. So I think they think that’s funny.

Well maybe I’ll just sort of sum up a bit to see if I’ve kind of got the right impression of everything you’ve been talking about. So obviously we started off talking a bit about musical intimacy sort of things and you talk about how you get very close to clients, but then also getting to that point of communication as well, and learning their signals, and all that sort of stuff. And then I guess thinking about your approach to boundaries around that sounds like its more
intuitive or from the gut now, and that’s evolved over time, when you started you used to be a bit stricter, and now you sort of just go with it because you’ve had positive experiences and you feel its better to be authentic with them, to meet them.

Yes

Yeah, it’s very interesting. I think I sort of covered most of my questions that I had unless there was anything else you wanted to add about these ideas of musical intimacy and boundaries?

I’m looking forward to reading what you’re writing, I think it is a very interesting thing to do a PhD on.

And I hope I have understand it the right way.

I think you have, yeah.

Oh yeah that’s right and you also talked about it’s important to know yourself and know what you can do what you will do and that kind of thing.

Yeah I guess is kind of personal boundaries isn’t it.

Yeah I think so. It’s important for therapists I think to think over your own things.

There was one question which you’ve pretty much covered but if you were to give advice on working with musical intimacy and boundaries in your work, was there anything else you would say or what advice would you give?

Perhaps I’ve said it already but I think it’s very important to create a situation just being together. I think that it’s many things second cover up on you and just are together. What happen when you’re just together. Perhaps that’s very unsafe for some people in some settings, I don’t know. I think a lot of what I do to lay down my head, I have a picture that I, OK, they are there, that’s you and me, what can I… difficult to say.

I’m not thinking so much, just being together and see what happens. To be safe enough as a therapist to dare to do that.

I think its especially important when you are working with child’s with very small signals. It’s not a very balanced relationship. How to get a balanced relationship when you’re working with children with very small signals. I think it’s important to let take away my “oh I’m a very good musician”- no. “I understand you so well” – no. Well you and me, here and now, what happened I think.

And that you are listening to your own voice as well. What does my own voice tell me now in this situation. I think that’s my voice.

OK we can finish up there if you’re happy.

Yeah I don’t think I have so much more to say.
Interview fourteen

I usually get people to explain a bit about where they work, so if you could just explain a bit about this setting

I’m I’ve been a music therapist for 28 years, but I’ve only worked as a music therapist in 16. Ah this was my in this place was my first full time music therapist job. I’ve had some smaller jobs in other places. But ah this is a school for people with disabilities, both physically and psychological. And umm they have special needs, a lot of them. And my, what I’ve been doing here is mainly working with the people here without language.

And I also did have a, a group of people of with who, are mentally, schizophrenia young people, ah I don’t have them anymore. I did last year so I’ve been working with people with severe handicaps, multiple handicaps. And with people suffering from dementia and the people with autism, and that’s what this school says that we will offer that too all pupils with this type of handicaps.

And then I have some spare time where I can offer it to all the groups and they can ask me for help, if they have a pupil who doesn’t feel, feel at ease or comfortable in their class or if something suddenly happens then they can, I maybe can offer some help. And that’s individual and I also do what we call umm, well it’s not the right word in English but if I say examining or when the pupils come here we have twelve weeks to and overview of there…

Assessment?

Yes assessment, maybe more like it. And I do assessments with the people with multiple handicaps, because it can be very difficult for the other assesses to make this assessment. And I think it’s very happy, helpful. We work together and…

So it’s a very multidisciplinary team?

Yeah, yep. What I do, what I also do is what I was telling you about with sort of the band, band. Playing with the young people, playing in bands with umm, from many different groups.

So with many different disabilities?

Diagnosis. Can be quite difficult but we make it work in the music. I also work with a little bit, we have people from other countries like refuges with traumas. I did that for a year or two, not very long. Yeah.

Interesting work.

Yes and umm, but they were very venerable. So just seeing me one hour per week, it doesn’t function very well. They were too, they umm, they’re, quite often they didn’t come and it was too difficult.

Well that’s a big range of work.
Yes and that’s why I usually say I don’t have any peak, umm, what do you call it?

**So you mean any one population that you work with?**

Yeah, that I’m really, really clever or ahh. I have a lot of tools in my bag (laughs).

**Yeah that’s good.**

We have two, in the school, we have both these young people on a kind of education, esteeoo we call it in Danish, it’s an education that is specially arranged for each young. And they umm they can stay here for three years but a lot of them doesn’t, because it’s individual and then maybe they need something else or they need to be in a kind of umm practice where they can be, where you can find out whether they are able to work or not. So it’s very individual. And then we have another law, the law? This is under one set of laws and then we have another set of laws who maybe have a need for maybe learning to read or learning after umm a stroke to use computers or to use other kinds of helping, what do you call, helping?

**Aids?**

Yeah. And we have the people suffering from dementia and these people with brain damage an the people with traumatic refuges. And so there’s another set of laws for these people and then they can stay here for as long as it takes to make them function better in their lives.

**Sounds like a good place, a good supporting program.**

Yes I think it is. And for me as a music therapist there’s something special that I often tell the people who come here and just looking at the music therapy. That I have some restrictions about what kind of work that I can do. I don’t do really, umm what do you call it, existentialistic work. I have to, the things I do has to be in connection with what the teachers are doing.

If I take one of the pupils form class because they asked me to as I told you before then we will have a goal that in the end is about getting back in the classroom. Or function better. So I can’t just, sometimes I have some people where I can see oh there’s really some personal music therapy needed and then I can, I can give them to some of my colleagues outside the school. And that’s something, sometimes it’s really horrible. But I think it’s sometimes important that you know the rules or the boundaries or where you work.

**So that’s your role?**

It’s my role. I can do music therapy but it is in the school.

**And aligned with their goals.**

Yeah and it’s not just there, ok. I don’t know if I explained it ok. And sometimes you know it is existentialistic but umm yeah.
But it’s primarily about fitting in with the goals of what the teacher and the team.

Yeah, yep.

Yeah I think that’s very similar to other school work in Australia. Yeah I worked in a special school as well and I had to fit into the goals that the teacher had as well.

Yeah not that you have to clear everything, that you need to have the same goals. But it has to be a goal inside the context. Because quite often you see that in this room, we can suddenly, you that, we can suddenly see experience that they show us something that they do not show in the classroom, and that’s of course ok. And the way through for the teachers also. I can be a help for the teachers, saying try this or do this or I think this would be a way to approach these people.

Great.

I’ve had a look at these questions and I’ve been here for such a long time that I just try to think of the examples, which would be nice or good to exemplify.

So where I really start is to talking about musical intimacy. And what I’ve found to be the best is to get you think about the musical interactions, maybe ones that are more special or something and just describe how they are for you in your work.

Yeah. Intimacy. I think I was just thinking if that is right, that I don’t know if that is right, but I think that is always present in the music therapy. Almost, always present in some way. And if you don’t get that, or you don’t get the alliance, or you don’t get the relationship you can’t work. So that’s the first thing. But then I thought a little further and I think what I maybe experience the, it mostly, strongest is with the people with autism and also with these people with very severe handicaps. Because they do not have any other, rooms, or places, ahh it’s necessary hmm, umm.

So it provides something for them?

Yes and I think and maybe, mainly with these people, you quite often. Well when I say autism it’s not the with the ones with high, not Aspergers, it’s also with cognitive deficits and umm, well not using language then you talk from your heart or another place and it’s a language that they really understand and a language that they use themselves. So going into that sphere with music then, then it is I find it quite, it is quite intimate. Quite often with you, you get in contact, I get in contact with my own feelings very quick of being loving and caring, feeling protective and umm, and what do you call it, mother, mother like and I get very very, satisfied or happy or I feel lucky, not lucky but like happy when I can find a way through their, what do you call it, some of them just closes don with their body as well.

When I can see now they open up and they, they let me in kind of way. I find that, I find that very intimate and I have to be very careful and I have to be very protective when that happens. And we can have maybe also with the people with autism
suddenly you have this, you can try and try a lot of things and maybe once in a while you get this moment where they just look at you and you know now we’re connected and no we’re together. That’s what I think about when I have to describe this intimacy. I’ve also experienced it with some of the other people but that’s in when you come to talk about boundaries maybe.

Because then I thought about also this, that I think it’s always here in some way because when they go in this room there is this, umm, I don’t lock the door. Well sometimes I do right now because we have one pupil who doesn’t respect the closes doors. But I say this is room for you and me and whatever might occur in the room doesn’t have to come out of this room. And umm, but that was what I ask you but both in the music but outside the music, I think this room is kind of intimate.

And people can show, show their needs, what they really really want to do. I was thinking about it for instance a girl who came with umm, she had umm anorexia and she was very, very pleasing young girl and she wanted to be just right in everything that she did. And people were just telling, she was very, very good in drawing and people were oh we want to buy some of your drawings and she really hated it. Because that was what was really inside. So when she came in this room she had to be very ugly and play very, we played ugly music. Because that was her need. And I think, that was I don’t know if you agree but I think that was maybe something intimate, something we were sharing.

**It sounds like if it was a part of herself that she doesn’t show anyone else**

Yes exactly, yes. And also what we’re, what we’re part of being, the healing that she could be both, very nice young girl but also she could be a bitch if she wanted to that she didn’t need to please all the time. And also playing together, it’s a special kind of, it is a language and it opens up to the feelings. Well that’s the first rule of music therapy, but that was what I was thinking about with your questions. Then very, very often playing together you just get a hug or a kiss or umm… People wanting you, to tell you a lot of things from their world and from their perspective of being and is that ok.

**Yeah.**

I’ve wrote a lot of pupils but I’m not sure if that is that kind of intimacy you mean.

**I guess I don’t have a definition of what it is so I;’m looking for your experience of what it might be. So if you want to talk about some examples of what it might be that would be great.**

I had this multi-handicapped young girl. And when she came here she was juts what I call closed down, also in her body she was just like this (curled up). You couldn’t get eye contact with her. And because I’m so old as I am or experienced I know that you don’t just give up because you doesn’t give you any responses for half a year. I knew she was in there and I was just playing and singing about her and what I saw. And gradually she just, she just took the hands down and she, on the good days she could give me the eye contact and, well it got better and better I could play and she could sing to her and she could answer me with her voice umm and made an immense
impression in me because I was thinking why did it have to be like this, why did she have to be so closed down. Because when she was born she was not at all like that.

But I don’t think that anybody had tried to understand what she was showing or saying or and then you get like this. If people don’t understand you then you have to turn off. Then seeing her coming alive was, was vey touching. Well that, it’s just a story I brought in mind when you were asking because I think I was touched very much by it. And I kind of I wouldn’t say that I loved her, but I did professionally. And she’s one I quite often thin about because you, and her story really touched me. And umm it is not at all like I was crying when she adhd to leave or something like that but she meant a lot.

And that’s interesting because, I mean to me that sounds, that’s a very musically intimate experience because at the beginning that was all you had was the music, because she wouldn’t use eye contact or anything?

Yep. But I had the feeling, I had the feeling that she was listening. I could see that she was listening sometimes I would just see this little smile around her mouth. And so I knew she was listening.

So then, how did the music help to open her up as you say?

Because I was very aware of her little signs. And I could mirror the sings in the music saying I saw you, I know you’re there, come on play with me. Yes mirroring and umm, and then when she had these little outburst, or vocalised I could answer her. And that’s also saying I see you I hear you and I could see that was helpful. I could see that mirroring her was helpful and also she liked, I could see that she liked music very much. I knew that her parents had sung for her as a little girl. So I had written them and asked them for some of the songs that I knew she really liked and I was singing them to her. So I think the music was helpful in in many ways because also then we could, she would kind of ah like what is it called when they do this… self stimulating behaviour

Like a calming a self soothing behaviours?

Yeah. And then when I started, when she did that and ah sometimes when she saw her you would think that was automatically or that just something yeah will, just to calm herself or please herself or to keep awake. But then when I gave her a little shaker and then she started off doing this with not listening to me but then after a while she started to listening to me and we could gradually have this kind of dialogue with the and umm, she always and I could see that she listened and she responded to me and what I was doing. And we could move from there to some instruments and then, that way, so the music was first playing to her and then vocalising and that, was, well that was the way we did it with her.

So you established the connection or the relationship.

Yes. But then well it didn’t last. Because then, well that’s kind of horrible to think about because then when she adhd to stop here she got into kind of psychotic state. And she was just screaming and she wouldn’t sleep. And I thought about it is it
because she doesn’t come here anymore because she also, she also went into a psychotic state over a summer holiday.

And when we then started again she got better. I think she maybe was depressed. She had this, you know where, I’m not sure weather that’s the reason, what she had, when people don’t move at all like psychotic people and she could do that for hours, I think she was really, really depressed. Because I visited her once the place where she live. And it wasn’t a good place because they didn’t really try to talk with her or try to understand her or try.

Yeah sounds like lovely work.

Yes, it but it was, but that is what we quite often see that in the context and what we want to do is to make something that last when they get out of here. And sometimes you do but this, this.

It's lovely hearing about this kind of work.

Yeah, ok. And then there was this guy and I thought about him as well, his name was James. And he had been, you know he was born with autism form birth. And for me he really taught me a lot as well. And we were doing both music therapy and play therapy. Because when he came in this room he locked the door and then it started of with playing music. I couldn’t, I couldn’t find my way to him in the beginning, Umm he had been very, very bad he had been sitting on a rock in his parents house us shitting and peeing and not talking and rocking.

And umm then he, I don’t remember how he, he was better when he started here, and I don’t know what came before that, but he was better definitely. And then they wanted to try to learn him something about reading, because he wanted t read. He was very interested in history and then they, there was another teacher working with him and then they found music therapy as suitable.

And when he came here he was, it was very, very, strange for me to experience because everything that we did here, he was very loving and caring and we were playing and he was experiencing new things and growing but when he went out the door and if I met him outside hit room, he wouldn’t at all say hello or he wouldn’t look at me I was just like, yeah. And umm there the music therapy what was in the start he was very fond of Tchaikovsky and he had this one little record with the nutcracker.

And at the start I was trying everything to please him and to get him to interact with me and he just stood up and wen away from me in this room and then I think after sometime I said well this is wrong I could feel, I was just like running after him. Then I decided I won’t do that I’ll just sit here and see what he wants to do and then he sowed me he wanted to use the tape cd played and then we just sat there and we listened to this together and then I started just humming. I know the melodies and started humming and then he came close rand he sat down beside me. And I think we did that well a couple of times, well three, and we just sat there on the rug and were listening to this music together and I was humming, and he accepted that and started to come closer. And that was the start and yes… he I think he, he umm, he used me
and used the room for, for children when they are little then they have little steps of
what do you call that?

Development

Development. Yes. And then I think that was what was happening and he tried things.
At first we were just doing this and you know children do things together but not
Together. Along side. And then he started to invite me to make things with him. And
then there was this history he told over and over again and I had to have certain parts
and I had to play certain instruments and I had to say something and then I, in the
time I started to take some initiative and he accepted that.

And then he started off with introducing new figures. At the start it was only mum
and dad and you know what the family is when you are little, when you’re a
youngster. And the gradually more and more people came and he could allow, I was
very careful in the beginning not that the music didn’t have too many dynamically or
dramatically changes. But then I could gradually expand and make it more
dramatically and make it more dynamic. He thought, I though about this way when he
could accept it in the music, his psych or, it would be, we were expanding or
stretching his psyche, I know it maybe sounds strange but that was the way I was
thinking about it.

And that he was like growing from a three year old child to a young man in those
three years coming here in the music therapy room. And his drawings it was
extraordinary because his drawings at first it was you (scribbling) know like little
children. At the end he could draw figures and he could call them not write but say
this is this, this is this and make a flower and so also in his drawings you could see the
development. But the intimacy was the room and that it was something that we had
together in this room, and no one could hear about it.

The door was locked

Yeah. I think that he was afraid that I was going to tell what we were doing in music,
so he wouldn’t say hello and he would ‘t look at me.

It’s interesting

It’s funny, but it was ok. So that was just James. But maybe we have to move on.

Yeah we could move to talk about boundaries now. I guess what I’m interested
in is given this musically intimate context, how are boundaries managed in that
setting. So maybe you could talk about your approach to boundaries or how you
think about boundaries to start?

Yes and that was what I was asking you. Because I think there is a lot of boundaries,
well connected to the physical setting but that’s not what you’re interested in (I nod)
oh that as well?

Yeah I mean you’ve sort of describe bit a bit already, its almost like the
boundaries is this room in some one.
Yes that’s part of it. And the I have, I have ah with some of the pupils or clients I, I know that if they get access to all the instruments that it is justs too much. They will just get over stimulated and I know some of the music do have that effect on them so I choose which instruments can be available. Ah sometimes I have to hide, hide them away because otherwise they will just be. So I that’s also a boundary I think. Even before they get in the room. And sometimes I have a red square or mat, and then I decide this is where we work.

Also because I think the red colour can, you can stop looking at the other things. Cause I know this is a horrible room for people with adhd, this room is (Wrhhh). So if they have this red mat they see this can help them. So that’s also a kind of boundary I see it. And then I was thinking when I go in the music therapy room, not so much now but when I was younger I had to be very aware of the fact that now I was in the music therapy and I was not me, or I was a professional, I think that’s also a kind of boundary that I set up. I work like probably many others this way that when I meet them the first time I don’t know them at all I haven’t read their papers or anything but then I want to read their paper. And I know which problems, or which where I have to be careful and what is needed and hat is not needed.

And then I umm, I think about well the setting, the physical setting and I think about not getting maybe too aroused if I know this is not good for them they cannot bring themselves back down again. So then I think about that. I can also, if we look at the musical thing then I for instance when I was working with these psychotic people I, I was very aware of the fact that even tempted I was not going to go into the psychotic music. I was always the one who had the grounding and I could set a frame in music, either with rhythm or on the piano or something. Playing something that adhd a structure and that would I think that’ also kind of boundary.

**It sounds like, someone else had possible talked about that, that maybe music has the potential to access areas that are unsafe?**

Yes because it’s not good for them it’s not helpful, umm if we’re talking about psychotic people. And it’s not helpful with adhd, it’s not good for them to be overstimulate and over aroused umm they can’t bring themselves down, they get in a state where they can’t be contacted out of contact and that’s not what you want. So you can, you do think about it in many ways I think. And then I, I thought about some situations where it got not out of hand but where things got a little bit difficult.

And one of the things I can start with is about this closed room because I used to tell people that when you some in here everything is between you and me and then I experienced some things that was not good. And then I think I have to discuss this with my colleagues. Then I would be lying if I told these people that I wouldn’t go saying anything so I changed that.

Now I tell them that a lot, well what we do in here is between you and me, but if something occurs that I need to talk with your teacher about then I will do that or if something happens but I can, I can assure you when or if something happens I will tell you, can I say this, can I say this. You can’t prevent me from everything but If I think it’s ok then I will ask you.
So what I experience was a girl who told me about you know cutting and she showed me and I thought I have to tell someone, I can’t go with this knowledge and also with a girl when something happened in here. And I was afraid, I was afraid that she maybe would be so unhappy that she would go and do something very stupid. I had to tell. And then there another boy who told me something about stealing and robberies well there I was a little but divided, because I think maybe that’s not my jog going telling so I don’t think I did actually because I did, I thought that would do something to the contract between him and me and that wasn’t helpful again and I thought that his teacher would know it anyway.

But I changed that boundary. Also I have experience, I worked with a man with a very dementia in the last or middle stage. And when we were playing together he had played in his earlier in hi young days and he was very, very touched in playing music and he was crying and he was hugging and it was growing to something that felt to me feeling out of hand.

And I thought this can’t be good for him because I am not someone who can be there for him, and I’m not a subject to fall in love with or it’s not good. But that was the music that the seduced us to that state and umm, so it was critical like balancing, because umm well that’s what I was doing that was opening to his stories and his memories and but I had to be very, very careful. Because after being together with me he would go after me and he would stand in my car and he was, I could feel it in my stomach that he would be very, very lonely when I left. So I think there was also boundary both for him and for me. Umm I could have survived if he could if I gone further into that.

I mean I think that some of things, other people have talked about similar sort of thing. And that’s an area where I’m looking into both the musical intimacy and boundaries because I think music can access things and it sounds like for him create something and then it’s how you manage that, and it comes up other therapist have talked about it. So I guess you managed it by being aware?

Yeah being very aware and by being careful. I also had a young boy it’s the same thing but he, he was, he had a very rare syndrome but he was going blind, had only this tunnel sight. And he was also mental, cognitive deficit and he, he was very lonely. And when he came here and we were playing together it was very helpful to him. He played and he was very ahh clever in expressing himself in music.

And that was the same kind of, well I don’t think that he was in love with me or something like that but he was just, he found someone, he found. And then he started talking about me as his friend and umm, he also then talked about there was a young girl coming when he had to go to town and ah she was his friend and he went to boxing and his coach was his friend. And I think someone had to explain to him the difference and I thought it had to be me.

Also because I maybe was afraid that it would grow to something that I couldn’t handle again. So I decided to have this talk with him. So that was, it was really, really horrible. Because he just broke down completely because he was so weak and I hadn’t seen how weak he was because if there was onto these people there was no one. And
he said he was just crying and crying and crying like really crying from the stomach and he was saying now it’s just a black hole, it’s just a black hole.

And I tried to get him up again, but I had said what I said. I said you and me we’re not friends we have another kind of relationship. I am a professional and in that sense I’m your friend and we have a very very good connection in the music. And with him I think that’s maybe one of the times I was most afraid of what would happen when he walked out of the room So I called his teacher and the place where he lived.

And after that it was the same story really, I had to be very, very carefully and it taught me a lesson because sometimes people are so fragile and they are so lonely that they have to lie to themselves they are not ready to face the truth. He was not strong enough. It was the same thing that in the classroom they were talking about, they often talk about what do you want to do when you leave this school. And he wanted to be a pilot. And everyone could say you’re not going to be a pilot you have no sight. And he was so unrealistic and when we’re they had to break this too him in very little pieces because he had none whatsoever self feeling, not self esteem, it was so fragile his self that I could have really just (makes noise for explosion). So there you, I found a boundary that I didn’t really know was there, so that taught me a lesson as well, and I think about it when I meet some other now, I think how confrontation can I be.

What you address, what you bring up?

Yes, what you bring up. I think that’s a kind of boundary isn’t it. That you know we’re not ready to go beyond this yet.

Cause in some ways it sounds like, some of the worked that we do is healing people to break down their own boundaries but then as you said it’s knowing when to take them through those steps.

Yeah. And what I think with some people, I’ve met one earlier, but not in music therapy. I think some people are so damage that never will be able to, to really face I don’t know what I’m saying…

Face their daemons??

No, not daemons well this guy he was abuse as a child and form very little and he had live in I think well ten familiar, well just moved around. And we were trying, it was not in music therapy but we were trying to build him up, but you could never give him the core. I mean I think about myself things can go totally wrong, I could loose my job, I can loose my husband maybe even my children but I will get through, I know that. And I think some people are so damaged that they don’t have that. You can see it in their eyes, there is no if you go down you go all the way and then there’s not other way out than taking your own life if you get there. I don’t know if that’s true but it’s just something that I’ve been thinking about and think maybe this guy was one of these. So that’s, that’s something about boundaries. Is it ok.

Yeah, yeah. Thankyou for sharing it’s, I don’t think we talk enough about how we learn.
No and sometimes when you really do, when you are mistaken and you feel devastated just oh I’m an idiot.

**It’s great from all the participants I’ve been getting these experiences and it’s great to learn. But learning how to manage these situations and protect yourself in a way, are there things that you do?**

I wrote supervision actually. I’ve been looking all over for a supervisor but I’ve decided that I’ve been in so many therapies so I’ve decided that I don’t just want a supervisor who can supervise me just in my personal approach, I want someone who can also be a professional, who can, who know this kind of population and can say I think sometimes I, what I need, or what I think about a lot what will be the next step. This is good and I can easily get in contact and I can easily make people at ease and open up and so but what will be next step what have I go tot do. I think that’s difficult for me to know sometimes, and I’ so old that some of the theories are quite, I haven’t read all of them (laughs)

**There’s a lot.**

Yes ther’s a lot and they are after my education all of them nearly all of them, of course I have read some of them, but I would like someone who could supervise me to say oh now you need to look go this way or go that way or try this instrument. She what I do is I have some music therapies colleagues whom I have a we meet form time to time to discuss and talk. And then I wrote down also about what is, ahh, where di you learn this the boundaries. I learned it from doing. But not exactly I learned it at my study. We had this training I don’t know if you have that in Australia?

**We have some**

First you have the personal therapy and hen you go into something you call umm group, or your group therapy and individual therapy and then you have therapy where you get trained in being both aware of your own feelings but you have to be a therapist. And I think it’s a very essential thing about our study, I think that’s where you learn it. You listen to yourself a lot, and that’s the main tool you have that is yourself and you can do that while you’re working. You can listen is this good is this bad, what do you want to do. And then you know from the record, even though you want to do something then you know, you feel but you know don’t do it. I think sometimes you forget it because I mean I’m so old I forgot I nearly forgot ahh you know when you can ride a bicycle you can’t explain how to, but when I was thinking about it I do think it was the training and the study.

And of course working for many years, experience. And then also, then also experience in this way I just cam to think of a man who I worked with, he was, he had had a stroke and he wanted to. Music therapy because he could retrain his hands, and he was polish and then he also wanted to practice his Danish, it was, it turned out to be more psychodynaical therapy as well, because he was very lonely with all of his thoughts. He had a wife and he had three or four children I don’t remember, and he had to make this function, and his relationship with his wife he talked a lot about that and how he was afraid that she was going to throw him away.
And then he was very religious and we talked about all these things. And I find these things interesting as well and I talked freely, about myself to him. He was about my age, he was a good looking man and suddenly I found myself in this mess again. I couldn’t find out what we were doing were we, were we was I getting in love with him or was he getting in love with me or what on earth was happening. And then I had to go back to the say what was I asked to do. What is my.

So I had this I need to umm, have the contract to, to be my boundary. I mean when they come to the school, when they don’t go to the classes then we have make a contract, we say this is what you have to do, you could do a lot of things, but this is what you need to do. And sometimes they say and you have ten times two hours or something. So that was also kind of boundary, but I needed to have boundary to help me. I was confused.

I think it’s maybe harder hen it’s somebody your own age who you might out of this context you might get a long with anyway. And it's one idea in boundaries that comes up a lot, how much you share of yourself.

Exactly umm, I think, I just forgot your question I think. But why I had him in mind was just… Well I can just say that I needed this contract to get me on the right track. But you meet sometimes these pupils, there was another and there was one of these young psychotic people. And my own mother is bipolar, she’s dead, but I think when I was younger I tried to understand her illness and I tried to understand all these strange things she was doing. And I was very fascinated, kind of fascinated, one of the young men told me, well I really long for being psychotic because when I’m psychotic I’m the prince of Denmark and I have jet plane and I have girls all over the world.

And when I get the medication I’m just psychotic, very poor man living in this town. And I understood very, what he was saying. And also there was a young girl, sometimes she couldn’t come here because she lived with the emperor, who could demand things form her and then she demanded you have to make peace in this world before you go to school, or you have to make peace in the world. And then she couldn’t come to school because that’s quite a big job, and I’m fascinated and may be because I’m biased, and then told me what they told me that you don’t follow us because then you can’t help us, don’t do that that’s not helpful. So I think I’ve learned a lot from experience also.

Form, I think that that was what I really wanted to say, that I learned form my pupils, not from supervision only and not from education only but also from all these people I have met and what they tell me and how they react. But yeah, boundaries. Something about the band of years that I’ve been working, maybe just that being more older I’m more confident in myself of what I do. And also I’m more, I know where I want to go and I know where I don’t want to go with people.

So I get more, I get more sure I’m not, I get more aware, I don’t know the right word. I know my own boundaries, I know where, where I feel comfortable I know where thing gets out of hand and I know where thing gets out of hand and I know what is not, when it’s not helpful, I can feel it now, I can feel it so strong, this is not good I have to change now, I have to do something to change it. I think it’s experience but it
is also being older and being more sure of what I mean, and I also have this, for instance I think when you’re young you’re just, you want to be almost friends with your students or your clients you need them to love you, it’s not like that any more.

Yeah some of the boundaries we haven’t talked is the physical boundaries for me, because I think we have different boundaries. And I work a lot with the body as well and there are boundaries but they are not I do like hugging, some of these every handicap. Even sometimes I kiss them. And we discuss that in our team because some of my colleagues says you don’t do that, you don’t but I think I’m so confident I can feel it when it’s ok and when it’s not ok.

I had one of the people with dementia an older man, not him I was talking g about but another one, he wanted to hug me when he left and I could feel, this is no go, this is, because in someway it made me feel uncomfortable like it was something sexual I could feel it so strongly. And then I, just when he came I just shook his hand. So they’re different boundaries with different people and especially with the multiple handicapped I think it; usually to hug and to touch and to stroke because that’s a language as well.

I mean you touched on one of the other questions I had, which was talking about boundaries I think maybe some of your colleagues who don’t like to touch, that we, what I’ve read in music therapy relies on theories form other disciplines and they seem to be quite don’t touch, don’t share gifts, don’t do that. Umm so you know I’m interested does that actually fit with how we practice? And maybe for you it doesn’t so much with the touch thing?

I think it’s more, well I work with a lot of different people and I think with these people that are mentally in a state of about well about 0 to 345 years, it makes sense to touch. It makes sense to caress them and hug them and I, I even had a girl who was in the red mat with me and we were just lying and really close and just I was holding her and it made sense to me.

But there will be other like grown ups or more, more well with have other handicaps because that’s, it’s too intimate and that’s I don’t need to. And it’s again feeling from inside is this helpful or is it not and is this the language we talk together or is it just me. Because sometimes I mean I could want to but I know they would think it’s trespassing, or what do you call it going over their boundaries. And I’m very, I think I’m very aware of that but I don’t think that it’s always right not to touch, but I think about it.

But your sense and your gut feeling and experience guides that, that’s what it sounds like you’re saying.

And I can feel when it’s like with the man with dementia, oh he wants something from me that I don’t want ot give him and something personally.

I mean it’s definitely other participants have had similar experiences. That hey started out thinking about boundaries one way and some of them were very strick and some of them were very loose but now some of them they do follow their gut feeling so it’s similar I think.
And I know I have had a lot of students from the university, what do you call it when you observe, and they always, they always comment my way of being a music therapist because when I work, when I work with these handicapped, very handicapped people I am, structured because I think they need structure. But I think many of them think oh we just, I think now I’m being, but I think they need structure it’s not helpful it’s not good just to umm that everything is up to negotiations or it’s a loose.

But then I have this, and then after knowing them and then I decide we do this today but then when we got the, what do you call that, when we have like the setting clear then I can easily go beyond it I could easily just throw it away if something happens that are good. But I think that some of these people really need this to be free, especially the autistic people they need it, but we always discuss it. And I feel sometimes I fell oh I’m a very (structured) person, but I know I’m not. And also this about this instrument I don’t give them this or I don’t provide umm, but if it suddenly comes up where it feels natural or the feeling from the goddess this is ok then we do it. But then again I think that therapist need to find their own way ad I know that this is right for me and maybe I am a but structure or I don’t know, I think that you have to be, to work in a way so that you can be authentic, and I’m a person before I became a music therapist I did a lot of music,

I have done a lot of music I’ve been singing I choices and singing in bands and I love music and so I use also very umm very much just normal music. I doesn’t always do improvisations, but that’s to your themes I know, but it’s just about the boundaries. I’ve also something that I’ve thought about very often and I still discuss it with myself, because sometimes when I restrict something, because I think when good music effects us, touches our mind why shouldn’t that be true with handicapped people.

So sometimes when things get chaotic in here and they do get chaotic in here, I mean in the sound universe, and I think hmm oh is this ok or do I have to now make some restriction. And then I maybe today I have a group of boys and they just want to play, and they can’t play, I mean it’s just blah blah. And then I do for instance this we say, we play solos, and then we play together and then we play together. Because if all of them play all the time it gets chaotic and I can see that some of them get, they can’t it gets too much, maybe to much. Then I think I have to be, now I decide you can’t play all the time you have to wait you have to.

It sounds like it’s a bit of a safe thing, providing that structure but you’re flexible that if something comes up that’s appropriate you go with it.

Yeah but I’m not about hit, now we’re just talking, not sure about this I think some of them are just really happy just (make loud music sounds) and I think just sitting with the bass. That’s enough, that’s really playing.

I think we’ve covered most of it.
So I’d first like to find out a bit about where you work and with what populations?

Ok sure I’ve worked with a myriad of populations. Umm at the moment I’m mostly teaching at NYU. Umm and ah in that context I run music therapy groups, so I’m doing that with those in training to be a music therapist. And umm I have a small GIM practice at this point, so and music psychotherapy practice. Um so that’s what I do. Umm I’ve worked with a number of other populations I don’t know if that’s relevant or if you just want to know what I’m doing now?

Umm yeah you could tell me if you like

It’s up to you.

I guess music therapist have worked across a lot of ranges usually

I’ve worked with children with a number of developmental difficulties many of whom you only contact through music, I’ve worked with umm, adults who have been socially isolated. Some of the isolated some not. I’ve worked with children with emotional difficulties. I’ve worked with teenagers and adults with emotional difficulties. From anything on a range from sever to mild. The normal neurotic to the others, I have a social work degree as well so I do a bit of that as well. I’m sure I mean I’ve worked with parents and children as well, I mean I’m not going to go through it all.

And how long have you been a music therapist?

Oh my. Well I think I completed my training when I was, so I’d say about 33 years.

That’s good a lot of experience. Ok well I’m looking at this idea of musical intimacy in music therapy practice and what that might mean in your work or what you might think about that, if that sits well with you or how you think about it?

Sure, sure. I think a lot of intimacy and music because I feel that music is a way to become intimate very quickly and I’ve learnt to respect that and not go to fast with it. Umm so I feel that music is a way of sharing, relating, communicating, feeling with someone else as participant or as umm a passive participant as far as music that’s a very profound way to connect. Umm I think it’s both, it even when it’s mostly an intra-psychic process for the client it’s still very much and interpersonal process.

Happening through the music?

Happening through the music and happening through it’s not just the music I think presence is a very, I think music is what openness. You know that’s a good question. I think it happens through the music but I don’t think it’s just the music. I think if you had two people play exactly the same music, or the same notes I don’t know if you could play the same music, with a different presence, with a different breath opening
awareness, people would relate very differently. So it’s very hard for me to tease out the person from the music.

As in they’re more connected?

Yes very connected umm, I think music is the key and is the way and intimacy in music is very profound capacity but I don’t know, as I get older everything overlaps and merged together, it’s not just the music for me.

So what other things?

Well if we’re playing music together, I suppose we can say it’s just the music, taking a breath with someone. You could say is music we must breath to play but it’s also relating I think there’s just many levels of consciousness, and very many levels of relating to each other, and there’s the physical back and fourth, I guess it gets to what you define as the music, and I think we go into a may’s nest if we go into that. Does that answer your question.

I think so I mean it’s umm, the musical intimacy thing it sounds like it’s a connection thing for you and it’s a relational and communicating, would you say?

I think it can be but I think musical intimacy can also be an intra-psychic process for the client and for the therapist. Umm where the making of music creates intimacy within oneself. So umm I’m of those who doesn’t think linearly so you’re going to have direct me whenever you want on this, but I feel very strongly about that, that I feel that words make us say things in a very linear fashion and either or and I don’t that’s how we really are.

Especially in the music

Especially in the music, especially in anything. So just us nodding our heads together right now you could say that’s music. Cause we’re coordinated with each other and we’re relating to each other but that’s roe than just the words we’re saying right now. So I feel that our prescience, our feelings, and I think that’s where music, one has to be very aware of ones own relationship to music and what you’re playing and what you chose to play and why. And keep making sure that you’re using yourself as a vibrating box, one that you might pluck. I’m learning to play the cello which is why I’m saying that but based upon your clients needs.

So there’s kind of your own music for yourself and then the client what’s going on for them?

Well I don’t know if I play with you, I don’t know if I’m doing it for myself, If I do, I mean there have been times where I’m going in that direction and I have to stop. There’s always those moments where you get to these very profound musical moments or decisions on where to go and what to offer, I feel like in playing music I feel like on I’m different levels of intimacy I’m sometimes with people, tell me if this is ok with what you’re asking right now, but sometimes I’m with them and joined with them, other times I’m supporting them and providing a ground. Another time I
might be highlighting things and saying do you want to go and bringing this up a little bit, or bring some dissonance or offer things. I feel like I’m constantly rolling out the red carpet to say do you want to go here and there and I have to responsibly be very careful that I’m not going to my own aesthetic or my own emotional needs. Either for the music or for the relationship. So I think this is what fascinates with this process.

Yeah and to me that sounds a bit like leading into boundaries and drawing that line of not going into your own things in the music, would you agree?

Well I think we’d be fooling ourselves if we can’t go into our own things in the music but can we do it in the service of the treatment? So if I’m playing music with you I might reflect, I mean countertransference, I might reflect on how that feels for me and I don’t know that that’s how it feels for you, but based upon that I might have some choices as to what might be helpful so I’m using myself as a resonating box, to then say ok will this be helpful to you, is this were you’re going? Rather than oh my god I love dissonance so much lets just go to some dissonance now because I need it, ah. I had a frustrating day today and then you know, so it’s a.

So always keeping that welcoming, sort of as you said roll out the carpet of choices

Roll out the carpet and keep checking responses, and why, if I, why am I rolling offering something right now? Is that because I need it or because I’m wondering if this will work for this person, but I use myself in order to do that. There is no division. I’ll never forget that I had a student that I was training and developing, and this was not be relevant, but she did not participate in the music making.

She observed me over the year, every session, might have even been every session with a client and a young child who was like 3 or 4 and she couldn’t be there and she he was devastated. That her presence wasn’t there. Now is that in the music or not in the music. Now what has that got to do with boundaries, which is your topic, I think that boundaries are complicated, was that a musical boundary her not being there? There certainly was a space in her presence and that’s why I’m talking about it with the fact that it’s music or not presence at all. You direct me where you want here.

So that idea of presence is really interesting, could you explain a bit more about what you mean by that?

In the music?

Or how ever you think about it.

It’s a good question, let’s see what comes out I’ve talked about in different ways. But I think that we feel each other, even someone who’s pushing away and not allowing intimacy feels someone in order to, you can’t push away something you don’t feel. And so I feel that we’re always relating. So I think one’s presence is very important and I think this reflects to how we make music with someone, is to be there with them, verses at them. Umm and that our presence communicates our intent and how we are with people allows them to feel safe or not safe, on the other hand some people can’t handle intimacy so presence you have to adjust the amount of witness. Because
if someone can’t handle intimacy then you have to respect that and put up the boundary. You know some people can’t play in unison if you play in unison with them you have transgressed into their soul, being or whatever and they have to run away and go and play you know so, you know so there’s all that dynamic and I think it happens in music and it happens outside of music.

I think you sort of said a bit about that at the start about musical intimacy and maybe treading a bit carefully with the music because it can be intimate?

Music is intimate, how much potentially, music can also be a way to run away and not be intimate at all. It can go either way, and anywhere in between and the beauty of music is when you’re with someone who can be with you and then they can leave for a little while and touch. I mean I know when I play with some people sometimes they have that moment then they need to go away and then they come back and I know new music therapists are like think that moment needs to be constant and they run after you know, and don’t respect the boundary that they’re letting you know of fear or discomfort.

Um I know a child that I worked with I remember who couldn’t stand the intimacy of being one to one, she came from a chaotic family, a chaotic household, so the intimacy of making music together totally regressed her. But she was able to connect when we were in a small group. She could have those moments within the chaos of a small group, you know all over the place. But does that talk to what you’re asking?

Yeah I think so, so that’s kind of being aware of their sort of boundaries with how much they’re going to give in the musical intimacy?

Well I think it’s feeling how close is someone. But I think now that I say that there’s a way of putting out the music and detaching oneself some. So instead of facing each other, like we are now in music, metaphorically, we’re both facing this way together and there’s that product that we’re working on that can create intimacy with a clear boundary of lack of expectations or any of the other issues. I feel who we are in the world manifests how we are in the music, not unique everyone says that. But I think that relates to the boundary issues that you’re interested in. And who we are as a therapist manifests in how we use music and our responsibility is to be aware of where we’re comfortable and uncomfortable and make sure we have full enough vocabulary so that we can be with, be with the client where they need to be.

And is that how you approach boundaries of knowing what you’re comfortable with, what you’re not comfortable with?

I think I’m aware about boundaries I think about what music I play. Particularly with higher functioning population because the music, ah that’s not true. But the most of the adults that I’ve worked with are higher functioning verses I haven’t worked patient with schizophrenia and patients of that sort so it’s qualified by who I’ve worked with, where I’ve worked with lower functioning children and very little ones, or even ah, so what I’m saying. Umm I that’s a very broad question, what do you mean by that? Or you don’t want to answer you want me to go with it where I want.

So the way I approach boundaries I think there are a lot of different types of
boundaries. So how do respect, we were talking about respecting someone’s boundaries how do I approach them is I try to when I’m playing with someone, with say I’m with a new, working with a new music therapy group of higher functioning folks and we’re improvising. I will explore where is someone comfortable, how much can they relate to each other, and in the music and how much can they relate to me and my role, are they aware of my role, even if I’m not an active leader.

And how do I do that I explore I join them, I support them, I call and response them, I feel how they sound, you know if you join someone in a vocalisation and then they just start soaring or take off and let you, and then that’s one thing and if you join them and they just like being there with you and sort of merged with you, then that tells me something. So then I assess, I haven’t put this in these sort of words before, but I will assess where is someone comfortable what do they seem to need me for, doesn’t mean that I will always chose to do that but I will look at what’s comfortable and will look at who they now in the music so then that can give me information, and of course I have to look at that if it’s a brand new who are they with me now in the beginning. Which is very different than once they’re more comfortable with the whole process, so I try not to draw conclusions. Does that answer your question? That’s one way that I approach boundaries.

Yeah I mean that’s kind of looking at their kind of boundaries and being aware of where they’re at with their boundaries. But I guess that’s very interesting from their side but from your side are there things that you…

My own boundaries? So how do I approach my own boundaries

Yeah, in music therapy work.

Well it’s a wonderful challenge, you know I think that I was an improvising musician before I became a music therapist. So I am very comfortable doing, very free form improvising musician, without necessarily needing structure. So I have to look at umm, constantly assess the other person to understand, repeating myself to understand what’s appropriate for me to do or not, and I must constantly question you know, am I getting kind of bored here and need to do something or am I frustrated with this person who’s avoiding and going to try and do an intervention in the sound, is that because it’s probably time to do that, or is that because I’m frustrated, so I have to constantly look at what’s going on in myself. And the way I do that more is to focus on me, is to go back and forth I mean to be aware of myself. I know my tendencies, I know what I do, and I won’t use those words cause anyone who reads who I teach will know who I am, I know my tendencies if I feel someone’s uncomfortable of what I want to do in the music to make them comfortable, and that I have to really watch out for, because that sometimes means can be fulfilling my needs for them to be comfortable maybe they don’t need to be comfortable maybe they need to be uncomfortable, so..

Maybe that’s part of the process

Part of the process so it’s very important for me, I almost there’s physical cues, not just in the music, there’s physical cues in my body that I’m aware of, if I’m working too hard at something and maybe you know this is a way for me to stop and say listen,
really listen now, listen to myself, why am I going this way now, ah, listen to what they’re showing me, is this, what, and what do they want verse what do they need and umm the balance of timing is always very complicated.

That’s interesting that idea of constant awareness I guess of yeah being aware of any boundary issues that are coming up, or anything that’s uncomfortable for them or for you. It sounds like it’s a bit of a dialogue going on?

I don’t, I think it’s a mutual, a dialogue with myself. But I don’t know if it sequential or all at the same time. You know just like music is not, like we’re talking right now, though we’re also talking when, when not, what is it 15% variable, and 85% non-verbal, so we’re talking even when we’re not saying words so anyone can read our script and say well this is our conversation. But your responding to me is very much influencing what I say, and what I don’t so it’s a dialogue but it’s mutual ongoing dialogue in the music and I think that’s what happens, in the words and I feel that’s what happens in music with someone, we’re constantly responding back and forth with each other and so as much as possible I like to be aware of that balanced with spontaneity and hunches and trying things out and humour, and, and, and I don’t condone plodding, plod, plod, you know moving along. Does that answer your question?

Yeah it does. I mean there are some areas of boundaries that are written about in other fields that we seem to drawn on in music therapy. So some ideas about self-disclosure so how much do you share about yourself.

In verbally?

Yeah I guess it would be verbally, but in our case it would be musically as well.

Well se disclose ourselves all the time by what music we look at. I’m sure people would learn a lot about both of us and our past by just what music we chose. What instrument, how we use our voices, how we use our you know, people will know immediately I’m not a competent pianist, highly trained pianist, we would, we do that. So how much do I share? So I try to do that in the service of the treatment, so depending on the client and what’s going, I will share more of less. You know I try to be more open, I’m thining of the most recent, of what I play why and how.

If you have an example?

Oh sure, I have an example of my trying to, let me see, an example of how I share my music. Well whatever I do, people are getting to know my voice, I don’t voice, just my voice, but what emotions what sounds and things I’m comfortable. I’ll check in and I’ll say sometimes to so and so I joined you over there is I watch for patterns that develop so lets say that I’m working with Harry and every time I go near Harry he switches instruments or stops playing I’m doing something very obvious, I might wonder with him, I notice that, it feels to me, that’s where I use myself and I might be wrong, that there’s something about my playing with you or reaching out with you and I’ll let them answer and you know and go with it and some people will even go oh wow I never thought of that yeah I’m really scared of you I mean even though your not a directive leader here I feel you’ll judge me and then we can go on to do
Well someone else might say well I don’t think that’s true and then I might say well, when I joined you on, I’ll go to the musical moment I was very much sensing that you didn’t want me to be there so I, that’s ok, and so I went somewhere else. But I might not be feeling that right, that’s just how I felt, so I try to empower people to then differ with me. So that’s how I use my feelings but I’m not telling them about my feelings for me I using my feelings for them.

So like reflective?

Reflective. Now that’s not to say I’m perfect there are times when I’ve ended before somebody has wanted to end and I’ll say I feel really bad that you needed to go on and I misheard or it’s 3 and we have to stop or I couldn’t find a sound that I think, you know so I’ll make my mistake and try to talk about them to because they’re so empowering. And cause I want to umm, I don’t give up y role as therapist but I don’t I do want to help a client who has the capacity to lead where they need to go, just like you might with a child in play, we’re all kids.

So that’s an example of boundaries I think I will consciously be aware of my tendencies to like music to be profound and deep and full and rich and not necessarily alway tonal and I have to constantly watch myself because I spent years composing and playing music and stuff is this what I would love to hear right now, participaly when the music is really beautiful so I constantly have to check in with myself. There are lots of times whne I feel that it’s because someone needs it, so that’s where I throw out, well gee I don’t know, and so I’ll throw out a ping and say oh is that where you want to go and if it is they’re like yes! And if not they’re like no! Does that make sense.

And I guess with boundaries, you now I’m researching this topic you know it would be great to learn, have you had any challenging situations to do with boundaries with clients, if you have any examples?

Oh I think I’ve had clients who I feel have been, resistance is so hard. So I think that I have had learned from, you know the times where I’ve not been so exquisitely sensitive as I’ve realised you know one could reflect and go oh, and I’ve been frustrated with them and my music will push and then I have to really, or if things aren’t moving fast enough, these are people who we only have so and so sessions they can do more and, and then I have to feel my presence, cause it’s like, it’s almost like I mean we communicate so much if I’m eager for you to get somewhere then I’ll keep pushing.

I’ll never forget when I first started teaching and I’ve been teaching a long time, one wonderful student said to me “I feel like you’re asking all these questions until you get the answer you want”’. And I thanked, that was profound for me rather than really listening to what people say. So I’ve used that over and over again cause that was a boundary issue right there in teaching and so but I, I go through my own feelings and desires or frustrations or, or my own countertransference if I feel if someone is, I have my own feelings I, I feel someone is denigrating to me or not respectful I have to really watch that I don’ get sucked in to that. Ahh and nor that I don’t dance to make
everything fine. If someone feels negative feeling towards me I want not to make everything nice if it’s important for them to be able to say, I’ll never forget saying to my therapist a remark about disappointment in something and how incredibly empowering that was and she listened to me and took it heart. So that all happens in the music too. Is that what you’re asking, I’ve made tons of mistakes (laughs).

**Yeah I mean that leads into another question, how do you think you’ve formed your approach to boundaries I mean I guess it’s an approach to work really.**

I think I’ve studied a ton. I feel I’ve really looked at a lot of developmental literature, I’ve had a lot of training, I’ve worked with parents of children, I think everything. I think all my therapy studies I think that I’ve worked with parents that I’ve seen in therapy not in music, having to look at boundaries there I think they’re huge. So how have I developed it. I think I’ve developed it from study, I’ve developed from my own experiences of being in therapy, thought when I went into music therapy there was no music therapist for me to have therapy with we were just colleagues, we were just a small group. I’ve had that experience from playing music with my peers us working with each other us working with each other, music therapy peers.

I’ve had it from my music experience of being a musician I think I’ve learned a lot from that. There’s no one theory that I subscribe to, I have analytic training, I have gestalt training, advanced training in childhood therapy tons of supervision with children and adults. I think all of these experiences have been ah very, very formulating for me and I’ve done a lot of research into the area of supervision. I haven’t done research studies but I’ve done a lot of thinking and writing and studying about so I think that brings up boundary issues all the time that are very a kin to, I hear what I’m saying is very much what I’m saying is very much what I’m say about supervision.

**Yeah I mean it’s come up in a lot of interviews that people use supervision to work through boundary issues**

Well they come up all the time it’s a big, big thing and I stop an I do that with my students all the time. Why are you a music therapist? Why is it you want that? Boundaries are right from the minute you stick your foot in this field. That doesn’t mean it’s bad it just means that you need to be aware of it.

**So do you think, so you say right from the moment, do you think they’re ingrained in the person before or a sense of boundaries.**

No I think we all have boundaries. They’re all there before we step in absolutely, they’re formed, but I think we need to know what our boundaries are culturally, personally in every way and see how that relates to music. I mean different people from different cultures, different family systems, they all have things of what’s comfortable and what’s not. So we need to know what ours are so that we don’t work unconsciously from a norm. I think the other big thing is to respect people’s difference and not you know if I say a norm is to play music this way or that way, does that really relate to who that person is or what their needs are right now.

**So it’s a cultural thing?**
It’s a cultural thing with a big c and a little thing, and if you think like just physical close intimacy is different. You can work with someone from one culture where a hug is so important and I’ll never forget running a group with someone from south America who just couldn’t stand how Americans do not hug, and we’re pretty physical as a group but he couldn’t take, he was like “oh come on just give me a hug you know I can’t take this culture everyone’s distant” So other people were like “well alright”. And I think that that can come out in the music.

In what kind of ways?

How intimate can some people be in their sound making together, so that’s cultural, I think that ‘s developmental. Umm I think someone at times when it can not be developmental, umm I think someone when it’s not developmental it could be situational someone who’s going through a very hard time and very venerable doesn’t want anyone too close cause that’ll open up stuff that isn’t ready to some out. Or if someone’s been abused then umm intimacy with music might feel ah very similar to that transgression of boundaries and it may be very threatening. So it’s all fascinating.

A lot of the stuff in the music isn’t there?

Yeah.

A lot of other people have talked about emotional reactions happening through the music, I’m just thinking about one where they played and the client became angry and that created a boundary issue, or maybe the experience they had so the client thought that they had a closer relationship

Because of the anger?

Oh separate ones, one was that they had a meaningful experience and then so they felt closer to the therapist. The client perceived them as being closer.

Ah you’re juxtaposing that as someone who’s being angry at the therapist?

They’re just some example of emotions coming through the music but I’m interested to know what you think about different emotions coming from the music or happening in the music and how you work through that with the client.

Well they happen all the time. Sometimes they’re interpersonal emotions, you never give me what I want, you’re angry you always walk out, I don’t get much. But or in can be intrapsychic where it taps into that. So how do I work with that, is what you’re asking me? It depends. It depends on the level of trust, how much it can be explored, I try to treasure defences. Which isn’t really what you’re asking me, but when defences come down emotions can come out, umm and respect them and wont dig through them. Ut if someone gets angry at me I have learned to address it and explore with them what they might be feeling.

And that’s where my own issues didn’t allow that because anger was one of the emotions that was more frightening to me, so I had to learn that it’s an empowering
and it’s not, anger not a bad things it’s what get done with it, and I’ve told you my experience with my therapist that helped me. Umm so I try to, to whatever level is safe process that’s going on and it depends on the client if the client if verbal then there’s whole different way you can deal with it. If I’m working with a child or an adult who’s not verbal and something and they get very angry you know angry at me or what in the music, I try to respond in a way that makes them know that I hear them and are responding to them and try to value what they say.

So that might mean that if they’re getting to anger that’s intrapsychic I might explore how much do I explore do I match and hold that anger or is this person going, is this much do I keep it down because I don’t want to much too soon to come out and that’s happened with me with clients before. Or ah and, and respect timing, not push for more more, more, that’s if it’s the clients intrapsychic anger if it’s interpersonal anger with a child or someone, or even with not I try to see whether or not this is aimed at me particularly cause I’ve done something that’s angered them, or is this a place a safe place is this there developmental phase where they need to be able to push away, and I try to create music that allow the pushing away. I mean something as simple with a young child who pushes away a drum, or I’ll do something with opposites, so they can express that opposites and pushing away and differing with me with a high functioning adult, if I feel they’re really angry with me, I will really be want very much to hear and not, and not try to shove that under the rug.

Yep so it’s addressing it as soon as you can?

Ahuh. You address it first, how was the music, what was it that was sounding different today what was coming up for you. And the other thing that I’m very careful to do is if we do figure out that this is something to do with them and the world or not necessarily I’ll always say but was there something that I did that might have triggered this, and not just assume that they assume that umm that it’s all them. And sometimes that can reveal something that I did do that wasn’t helpful and sometimes it can reveal just something to know about them that I have to be sensitive, so sometimes it can be something I did without a wrong choice, a choice that made them not feel safe, not a choice that was helpful to them at that time. So a lot of people feel that the therapist should be able to mind read so I try to enlist the client as much as possible. I making this sound like I’m some, you know I struggle with this, this is not easy. I’m making it sound more glib.

Oh it’s a complex topic, you know

This is what I aspire to do and I’m not saying I have it down.

And so the ways that I guess you kind of tackle, or address it, so you have this awareness you’re really trying to check in with how they’re going and what they’re expressing of if they want to go there or not or if it would be good to go there for them, umm, seeing weather they’re comfortable or if you’re comfortable, what’s happening in the music, what’s happening for them with the music. All those kind of things so there’s a lot going on.

There’s a lot going on.
And it’s um, yeah and I get working through some of this stuff, it sounds like you have a lot going on in the moment, where it’s not a linear thing but maybe it’s a bit of a conversation here in your head and response.

I think it’s awareness. You know it is a conversation in my head, but it’s a constant conversation. It’s like an open door, you know rather than a call and response it’s sort of like a flow through tea bag, let it flow through and check it out. But I take that back, I’m asking myself a lot, what am I feeling and hey am I doing this now and why do I want to play this now. So I think that is, you know I check in on that because I’m focused on someone else. Well wait a minute, why am I still playing this, and then if I want to change this is this because I want to change it, would this be really helpful to them. So these questions go on all the time.

And you mentioned that you used supervision, is there anything else external that you use to work through boundary issues or?

What do you mean by work through boundary issues?

Ahh so it’s probably stuff that’s coming up from other interviews, but other people have said that they might have something that has come up and they see it as a boundary issues and they’ll take it to supervision

Or there therapist

Or they might do some self care

That’s a given, to be a responsible music therapist. You need to either, be it peer supervision, someone in the field, be it a therapy it depends you know any and all. You know I think that we’re irresponsible if we don’t do that. So yes to work through one’s own issues if they’re impacting the therapy absolutely it’s very important, very important. Many, many, many years I had supervision I don’t right now but I have colleagues. So If things are, If I’m not feeling comfortable with something I’ll speak with them or I’ll talk about my own issues.

I’m not in personal therapy right now but I’ll find people who I trust, who are therapists to to focus on that with me. I think that and one must them. And I teach my clients, my interns cause I supervise a lot. You know when you feel your stuff come up, sometimes I’ve had people say it comes up and I can’t come back. So I try to give them images of not making it a bad thing that your stuff comes up but putting it in a safe container and tuck it somewhere.

I this one student I’ll never forget I go this image when she was talking about her stuff coming up, and it definitely influenced the boundaries of how she was doing therapy and I would say well what’s beautiful to you? You know and she talked about a jewel box and I said well, I give this to all of my other students now, so take all of that treasure it, it’s so important, put it in the jewel box close it up stick it there, bring it to therapy bring it to supervision so that you can clear out the rest of your brain to be present with the person. So that’s definitely a very important question that you’re asking.
It’s a lovely idea, one of my questions was what advice would you give to other music therapists about negotiating boundary issues?

Have a support system, have a support system. Weather it’s verbal group, music therapy it’s very important to have a place, use your music use your words use your dreams, you know use your people that I’ve mentioned to explore and to value what you feel and to look at it. You know one of things I say in supervisory context, the difference in trying to help clients, therapist understand clients, when you’re a therapist you don’t, if you’re in therapy unless you’re in crisis, if you’re my therapist, I en essence chose what to share with you. Unless I’m in a crisis it all comes out right.

But I chose in a sense I don’t chose it consciously, sometimes some people do, but in a sense I chose when I’m ready to move on with. When you’re the therapist you don’t get to choose. When someone walks in with you’re hit with it, so I say you’re stuffs going to come up all the time. And its’, it’s a gift, but it’s really hard. And that’s really help me understand, well I’m in therapy and doing this, and they say yeah but you get to chose what you were going to show and do and be and when you’re ready and developmentally we’ll move on. But you’re there. If someone’s dealing with death and you, you haven’t, you’re not ready to deal with death, I mean I know when I took care of my mother and she died from cancer I knew for quite a while to be really careful about what clients I took because I couldn’t deal with nursing someone through death. I knew I would not be able to keep my boundaries in a healthy place for me, that doesn’t mean everyone knows when you walk in the door.

It comes back to knowing your boundaries doesn’t it.

Ahuh ahuh. And being willing to learn new stuff every moment. I don’t think we know it all, I think we’re all different combiPaticinons of people and experiences.

I’m just picturing the jewel box thing

Yeah take it write it, if you do people are going to now exactly who I am because I said. So many people feel that coming up with feelings and these things that can happen they get an impact, also are gifts. And the more you deal with all of these areas, rather than being bad, you know it’s like putting away a bad thought, you can’t put away a bad thought usually you have to respect it and look at it later.

It sounds like a great approach to working through some of these things that might come up.

Imagery also is a very profound way of working. Different than music, music evokes all sorts of images and imagery can be very fluid to ut it’s concrete. You can give someone can have it and it can give them strength. Just like you can have a ound or whatever but there’s something just very concrete about a jewel box, or a pillow or a you know, whatever it is.

Was there anything else that you wanted to add about these big ideas of musical intimacy and boundaries?
Umm I think that there’s a level of intimacy in music that is amazingly intense, potentially, and a venerability and an openness and I feel that it’s to be treated, it’s so rewarding ahh but to be treated with respect, that’s why I’m so glad that you’re doing this study. And I think that there’s a level of intimacy and this can get confusing, with someone in the music, that can be very similar to the intimacy one has in one’s own personal relationships, so umm, one must be very aware of them, this intimacy. And not be an intimacy hound, you know who’s just there for this intimacy with hteir cients and using them for that.

Or umm or whatever else, but also to value the beauty of it and somritmes it’s just in the music and that’s where you leave it. UmI know certsin people say we played all this music but they didn’t evenlook at me, and I’m thinking why did they need to look at you? Does eyes values more than sound. But without eye contact with don’t really have healthy relationship, based on who’s definition on a healthy relationship. Some societies you don’t hav eye contact with. So that’s the cultural thing. So I think that it’s really profound I think that’s why music is so powerful, even outside you know people have this level of intimacy and being felt, and being heard, that it, we’re so lucky to be in this field. It’s a treasure, it’s a real treasure. I think it’s similar to all, to a parent child relationship, initmay I feel it’s similar to a love relationship, be it a partner or a friend or a sibling, that’s where boundaries can get really ticked off. And I think it can give a lot of stength to a client ot have this intimacy and a relationhisp in the music. That that can become part of who they are and they can use it as a passage to build from. It’s a good topic.

**Well that’s great.**
Interview sixteen

So I’m looking at this idea of musical intimacy in music therapy practice, or the musical interactions an how that might effect boundaries and how music therapists approach boundaries. So what I would like to start with what musical intimacy might mean in your practice. If you can think of any examples or just describe the musical interactions?

So what do you mean by musical intimacy?

Yeah, sure. So it’s something that I’m looking into with this research. It’s some things that I’ve found in the literature where it’s like connections through music, its moments through music that are enhance, it’s perhaps spiritual moments in music, emotional responses. A lot of things that seem to happen within the music and the therapeutic relationship.

Within the verbal relationship as well as through the music, so within the whole thing.

And then how are boundaries negotiated through that. I can give you some examples I’ve had some people talk about clients that maybe feel a bit closer to them because of an experience they’ve had through music which has brought on some challenging situation. Or perhaps the music has brought up um intense emotions for the clients and then that has been a boundary issues. So that’s sort of where it’s going but I’m interested in your thoughts on it.

Now are you interested in, like I’ve many different sites over 30 years, are you interested in just this particular site right now?

I think whatever comes to mind.

So I could include experiences form the past.

Yeah. Cause I’m keen to learn how you’ve managed boundaries as well.

Right. Yeah it makes a lot so sense. And I can see you want me to talk about my whole carer. Ok.

Yeah so if you think about when I say musical intimacy, does that make sense in your work?

Yeah I mean the term, I wasn’t sure what you meant by it, I wasn’t sure if it was just touching through music. But you’re meaning the whole, the whole therapy, the whole relationship between music and the verbal and the different kind of things like that. I think it’s pretty clear and intimacy you mean, negative intimacy, negative situations as well as the positive ones, emotional, spiritual.

Whatever your experience are. So can you think of any thing?

Well yeah, you don’t have specific questions you just want me to talk about it
Yeah just go for it.

Just go for it ok. Well I can tell you when I first started working in the field, I’ve been working in the field since 86. There was one incident that I did have; it was a very negative, ugly incident so I’ll start with that. I think you probably want to get to the ugly stuff first. Umm So I only in the field a year at the time, I was only working, right I graduated so my first year of working. And ahh you know so we’re going back to 1988, or 89. So I’m trying to get my memory as best I can here. So I probably at that point did not know how to set up proper boundaries.

And I can’t even remember what I did or didn’t do, I’m trying to remember like before the therapy what I could have done to have provoked this and I can’t think of anything. Maybe I’ll tell you the incident then I’ll back up, when I talk about it more I’ll remember it more, maybe I can remember. But the outcome was that a woman got very upset, she was borderline personality disorder, and she actually accused me. She was at a program I was working it was a day program.

Ahh she became, we had therapy and everything seemed to be going great. And she was having individual sessions with me for probably a few months; I’m going to estimate probably more than six months. And all of a sudden she became very angry with me, and I just got to the point where I couldn’t even work with her anymore. She was just so totally angry with me. And I’m trying to think of what she was saying while she was still in the program, that she and I don’t remember what she was saying that she was angry at me about.

I was in my 30’s at the time, I’m 63 now umm I’m trying to remember what she was angry about, I can’t remember what she was saying. But she left our program, I couldn’t work with her anymore it just became impossible, she had so much anger for me that the session where just going no where. She was a little younger than me I was maybe my late 30’s she was probably in her mid 30’s, ah but she went to another program. And when she went another program and when she went to the program she brought them some kind of vile, some type of vile, I think it looked like a medicine pill plastic pill bottle, she brought it to them and claimed it had my seamen in it.

Now I don’t know what was in it, if it was seamen, where she got the seamen, but she said it was seamen in it, that it was my seamen. So the new place that she, that she was going to, the social worker called me up and explained all this to me and asked if I could go down and meet with them. You know cause it was something that was very serious. So I did go down there and I spoke with them met with them and they told me this story and they showed my the vile. And it was I couldn’t see in, I didn’t open it up but it was like a yellow coloured vile so I explained the whole situation, and they said ok and I never heard form them again.

But umm, I probably, because it was my first year, I probably did not set up proper boundaries with her. Not knowing it was my first experience with a boarder line personality disorder. I definitely did not set up you know proper boundaries. I can’t remember what I could of done wrong. I think I was treating her in a very humanistic way. Doing a lot of caring, a lot of empathy, a lot of kindness, it was probably the wrong thing to do. I think she probably got to attached to that and umm I don’t remember her ever saying to me that she wanted to date, she knew I was married. Still
married to the same person.

Before she did this she call up my face, I don’t know how she got my number. She’s very cleaver, very cunning. She did speak to my wife on the phone, she didn’t really say anything. My wife said this woman called up she said she was from your program but she didn’t really say anything. What else did she say, I think that was about it. That was about the only ugly experience that I’ve had. Umm… I did have a, that was my second job. I did work at a hospital for a few months before that. And I remember I walked into, we have the music therapy group, and I had the intimacy there and when I walked into the room two of them were having a fight they were about to come to blows. And they umm staff came in to pull them apart. And I don’t know for a fact, cause I didn’t know this woman very long, I just saw them like one or two times a few times in groups. And I had a feeling that I did not set up proper boundaries and they might have had some intimate feelings towards to me also that they were conflicted about but I’m not sure.

Yep.

Oh I had another very intimate experience, there in the same place that the woman was. So I was still in my second or third year of working umm, where I had a man on our program and he became homeless while he was on our program. And it ah, he was coming. So one night some guys jumped him and broke his arm broke his hand. And the guy had been a professional saxophone player and so we had a very intimate relationship because he had been a professional saxophone when he was younger, he had stopped playing and I helped him, I got him back into playing.

As a matter of fact, I first met him in the hospital where these two women were. And somehow he managed to find out that I was in this program. Then he signed up for the program because we had a very strong connection. You know we had similar backgrounds musically, or musically we connected very strongly. Umm, we’re both jazz musicians he was from down south moved to (removed for confidentiality). I’ve always been in this area. Ah so what happened was umm, so we had these very intimate, very close conversation. So then what happened he broke his arm and he was in the hospital for a week or two.

So we got him a place to live, a proper place to live. The problem was that the place needed him to have to do a trial date, which mean he had to leave hospital with this broken arm, and it was freezing it was the middle of February, but now the hospital wouldn’t have taken him back. Once he left the hospital. So he had to do the trial date and then he would had to spend the night out on the street with the broken arm for them to accept them the following day, so he would have had to spend the day on the street.

Umm so at the time me and my wife we weren’t we didn’t have children yet, so I just couldn’t see him sleeping out, it was like February it was like 20 below, it was going go down to like 9 degree that night, he had a broken arm. You know I spoke to the staff I was working with I spoke to the director of the program, and I said we can’t, somehow so what I did was I said I’m going to bring him to my home. So the director said it was the whole staff said it was ok, it was only one night.
Umm I called up my wife, I said listen the guy he’s homeless, he’s got a broken arm he’s got a place to live starting tomorrow but tonight I just can’t see him spending 9 degree weather out on the street with his broken arm. Who knows what could happen to him again. And so she was kind of ahh, he’s a mental patient you bringing, I said I know the guy very well, he’s very likeable you know it should be fine, it’s going to be fine. So I brought him to my home on the train we went to my house he spend the night went back the next day. SO that was a very intimate situation. And then he continued working with us after that. In the program. Those are the three and they kinda happened in the beginning of my carer.

Yep.

And after that, after that job I switched to working with children. I basically only worked with children for, with developmental disabilities for a good ten years, so that was when I was in my 30’s, then I just worked with children. I did have one situation with a child, there was a three year old girl who I was working with, and ah she had no parents, her parent left her up. So me and my wife you know we had one son, and he must have been about 7. And so we were talking about adopting.

And this girl came up and I felt very close to her and ah so I spoke to my wife about it, my wife said yeah she’s like to adopt, I described the girl for her she said she would like to meet her. And so actually I went back to the program I said I would like to adopt her. But then it turned out that family took her, some family members adopted her. And they kind of moved her around every six months you know to a different family, you know the grandparents and then the uncles and then the aunts but she wasn’t put up for adopting, her family could take care of her.

And her parent were drug addicts and I don’t know if she saw the parents again or if they were gone of what happened to them. Or if they were in the family somehow and she got to see them once in a while. So those are the four instance, more than I thought. They’re coming up now. Another ah situation happened maybe about ten years ago, nine or ten years, where I was working in an out patient program and ah I was there for seven years and after I was there for about four years working with this one woman who was there for four years.

One morning I was leaving my house and I saw two doors down she was sitting on the stoop. And this program wasn’t that close to my house, I would say almost ten miles from my house, probably seven to ten miles to my house. So I didn’t say anything I just kind of got in my car and drove to work, she didn’t see me. It turns out, that the people two doors down and I didn’t even know about it they didn’t even know that I worked in the program, there’s was no, no connection it was a total accident. They took her in as a boarder.

You know I think the city, or the government has some program where if you take in adults you probably get some kind of money, it was probably something like that. So I didn’t say anything about it to her first out of fear of what would happened. But then eventually I decided to let her know. And she became aware and she was excited but she was a pretty good woman, she was an older woman, I was in my 50’s at the time, she was probably in her mid 60’s at the time and she was fine with it. She was very excited about and you know and everything but no problems came of it.
Yeah

Here I haven’t had any, here the population is pretty high functioning. Ahh they’re not in crisis, they’ve been hospitalised, most of them have been hospitalised so that when we get them they’re, you know the hospital has relapsed them so they’re doing pretty well. Occasionally when, and then because it’s an outpatient program when somebody comes in who’s not doing very well it can be a problem. It can be a problem, we can’t accept them. Because what will happen is that they’ll scare the patient that we have and then we’ll have nobody. So they have to be able to fit in. So we tend not to get scary people or people who have bad boundaries, so I haven’t had any experiences like that here. Umm Spiritual closeness I’m starting to work more intimate with that. A lot of the staff here don’t touch that.

They don’t go there they treat it, spiritually they treat it as not a good thing. Religiously preoccupied. You know I found out working here and I just started realising this after seven years. That umm it’s actually a good thing to speak about it. About they’re when they were ill they had religious things happen to them, spiritual things happen to them. I stayed away from it but the last year I’ve started talking more about it. Because I’ve starting to believe it’s a very real experience for them, and to say, to make them feel like you don’t believe is not good for them. Ummm the reality is it did happen to them. Weather they saw god, saw Jesus when they were having hallucinations, ahh it happens it’s real for them. And I find that by letting them know, letting them know that I believe it was real for them. Their experience happened, that happened, Jesus spoke to them or whatever saying whatever spoke to them. That happened for them so I let them know that I believe that it happened for them and let’s talk about it and work with.

So it’s a way of validating?

I validate it where I didn’t in the past. It was more no we can’t talk about religion. A lot of programs you know even some therapists here will still do that. When it comes up no we’re not aloud to talk about religion in the groups, no we’re not aloud to talk about religion or spirituality or anything like that, we’re not allowed say that here. Because when you talk about religion you could start proshtitising, other people have different religious beliefs it can cause conflict. And I went with that rule until very recently and I find that I’m getting the opposite effect talking about it. Ah everybody’s opening up and they respect each other religious boundaries, differences in boundaries. And they appreciate the fact, it’s almost like a sigh of relief, that we can talk about it.

So you’re a bit more flexible in your approach?

I would say not only flexible I kind of see things differently. You know I’ve always read mazlows stuff but now I’m taking mazlows stuff more to heart. That what I’m believing could happen to a lot of people that when they’re having these hallucinations or whatever they’re having, you know I’ve had peak experiences, what Mazlow would call peak experiences. In nature, I all of a sudden have this feeling where I’m more as one with other human beings. Sometimes I feel more one with the
environment, with nature. You know I’m in nature and all of a sudden I feel more at one with nature. Like I’m nature, natures me, I feel this very closeness to it. And maybe it lasts like twenty minutes and then it goes away.

You but I know I get these, and I would describe them the way Mazlow describes a peak experience; I would describe them as a peak experience. And I believe what can happen to my patients is that maybe, I’m more rationale than they are, that I go through it and I can understand it, but because their illness has disrupted their ability to be rational about things. They see it and then when they come back down they see it more irrational, like god actually spoke to them but, it still happened and it’s still important and it has meaning and it can be learning for them and I work with them more. And I think music brings these things up.

Music is, is it brings these things up. So I think it might come up more for me than in verbal psychology. You know if you’re talking bout anger management or something like that, I think. Even for a lot of the lyrics of songs. Or they might choose a song like amazing grace, which brings it up. Or a lot of people here are from religion where there’s a lot of gospel singing going on in the church. And a lot of the time they’ll sing a Capella songs I don’t even know, but stand up in from of the group and sing a Capella a spiritual song. So the music does bring it up a lot, so I, I it’s fine. It’s fine to talk about it. Where the other groups won’t allow it.

Yeah

So it’s a little strange they’ll go to psychiatrist groups and it’s not allowed and then they’ll come to my group when it is allowed. So it’s a little bit of a, a, a friction there. But I still work with it and I find they enjoy it. They trust me more, ah the relationship is better for it, and I think it’s a way they can grow. Ah I’m trying to think now musically, wow that happens so much you know it happens so much musically. I just wrote actually a little article, I just took a class that was you know about writing, I did write, maybe I should let you read it. Yeah I should give you that because this is before I even heard your name. What I spoke about was, wow, I’m trying to remember what I spoke about cause it was a few months ago, but basically what I was saying that I do have these moments. I didn’t describe it as intimacy, ahh I really didn’t put a label on it, I just described different feelings I was having while playing music.

Yep

But I think we could describe those moments as musical intimacy. And I said that umm, for years I would never have wrote about it or mentioned because I was always told, you know when I went to school, I remember saying people saying, you know if you enjoy music too much, you can’t focus on the client. Right. So I always avoided thinking about it talking about it, but there are moments, especially when I get a lot of professional musicians, I’ve got a professional musician in here right now. Yeah we’ve had music majors, we’ve had piano majors, professional musicians, we got a professional guy here right now, we have very good musicians come here. And so a lot of times I just get taken away. I become, what’s it again, at one with it, I you know all those things of music therapy are just who she are gone.
But I you know I even talk about in the article I’m going to give you, even how I tried to stop myself, but I felt when I tried to stop myself I wasn’t being honest being honest with the patient. It was actually destructive to the client’s therapy. To like, because in order to stop myself I have to actually stop and change what I was playing. But if the client is giving me this and is taking me on this journey, weather it’s conscious or unconscious, they’re doing it you know. So if that’s what they want, that’s how I described it in the article, so if that’s what they want that’s what I’m going to give them, that’s I’m going to go with that. And I found there’s no problem with it.

So what do you think that initial resistance was about, is it just that the way you were trained you would hold back?

Yeah and also fear, fear, of course it was the way I was trained, but also fear of letting go. Fear that something bad was going to happen to the client. Umm I was going to release something form me somehow through the music that I wasn’t aware of. It was just like, kind of like going into a dream state, and in a dream state I wouldn’t be rational any more.

Caused there’s a certain amount of irrationality to it when that happens, but it’s definitely me going into the dream state. Where things are not rational any more. Where I’m feeling all these things and I’m visualising all these things and hearing all these things and ahh, now I trust myself with it. No not totally I’m still trying to observe it while I’m going on, I just don’t become it totally, I still try to preserve myself while doing it but I’m letting it happen more. That kind of intimacy. Um especially we have professional jazz musicians who come here, who play free jazz, you heard of free jazz.

Yep

So free jazz is basically clinical improvisation. So it’s clinical improvisation doing it with a very good play. Who’s purposefully taking themselves and me to very far off places. You know emotional, spiritual, feelings, you know are a real ride. And if I’m playing with them and up to them, there’s no way I could stop feeling that intimate and going on that ride. So ah, yeah I trust myself going with it more and I think, I feel I can be more spontaneous the more I’m in this field.

Where I trust, I feel more confident in me, I feel very confident in my right now as a music therapist. You know I’ve done over thirty thousand music therapy groups, I’ve been doing it for almost thirty years, now I feel very confident, maybe over confident, but I feel I can do no wrong. So I think that allows me, cause I haven’t had any problems or mistakes, very little, so I feel very confident that everything I do is very intuitive. I can trust my intuition and go become intimate and I haven’t had any types of sexual problems in a long time, um so I feel very confident umm with intimacy an going spiritual or going into what almost seems like altered states.

And so that’s come from your experience over the last 30 years, that confidence?

Yeah where the confidence comes from, yeah, I definitely I could measure my confidence over thirty years and I definitely was not confident in myself then to what
I am now, definitely a major, major, major difference. A major difference. I would say, what happened to me, I don’t know if this is getting off track, let me know if this is getting off track, when I first came out of school I had a certain amount of confidence. For like the first year or two because the way I practice the first year of two, I had so much book or class knowledge in my brain that when I working with something it was always what would that professor say there what would that book say there.

And I was working in that way. After about two years of that I noticed that, two things started to happen. That started to wear off a little bit. I almost started to forget them or my immediate experiences were kinda like taking over. It was more like more like, not what the teacher said but what happened when I did this last week. So I started to loose that connection with the schooling. And I started to be on my own. So that happens and I also started to say wait a minute I think I can figure out better ways of doing it than the way I was taught. So I dove off the safety platform, and I dove off into trying to invent my own ways of doing things.

So the first two years were very safe, but that three to five year period was when all my mistakes happened. Because I was no longer doing you know music therapy, you know I was on my own trying new things all the time, most of them failing, or a lot of them failing, and me getting very frustrated and you know knowing that I wasn’t doing good work. And feeling that people were noticing that I wasn’t doing good work, even sometimes people telling me I wasn’t doing good work. So that was a very frustrating period for me. And I remember after five years I even considered leaving. You know it was getting painful. And I actually did go to school, and I went to a colleague I was in a masters program, that was just the beginning of computers, this is before the internet, this is around 1995, internet broke around here 96-98, by 98 it was in full swing. So this is before anybody was even conceiving.

So computer programing was more mathematical it was learning computer languages. And I was actually in the program and I actually got an internship in this. And I did it for a few weeks and I spent early in the morning till late at night sitting at a computer not talking to anybody. And after a few weeks it wasn’t long, it was maybe, I did like a year or two of course work and I started this internship and I couldn’t have done it more than a month. But I said no way I’m quitting the internship, I quit the school and I went back and I got like a fresh start in music therapy.

You know it was like a good break in a way. And I went back into it and I practiced for five years and I felt I was getting better and better as a music therapist. When I reached the ten-year mark as a music therapist everything started change, really changed. And people are telling me you’re doing great work with the kids. I remember the first incident where I really felt proud of myself, really got my confidence back, I was working with an autistic child and the teacher says, “He’s normal”. This kid was a very low functioning kid he was like four years old, very low functioning.

He was in the glass for maybe eight months and did nothing but just sit there. And I had this one session with him and it had been building up. But the kid was running playing talking playing the instrument, not talking but doing verbalisation, you know at his level, laughing jumping, very animated. And she came in and she said “what
did you do you got him o be a normal kid!” and I realise I got him to be a normal kid, I mean not that it lasted you know after I was gone he went back. But the fact that I was able to do him, that he became a normal kid everybody came and watched. It really brought my confidence back. And I thought you know I’m really on the track of something here. You know I was doing my own, what I felt was my own way of music therapy. I was reading a lot of Ken Wilber, I don’t know if you’re familiar with Ken Wilber.

Yeah, a little.

But I became very, in my, when I 1986 in one of my first classes the professor brought in Ken Wilber we had a whole class on ken Wilber. So I was reading a lot his stuff and incorporating it into my therapy. You know I was applying a lot of his theory to my therapy. At that point I said I’m really onto something here, I’m doing something that music therapists haven’t done before. And about a year or two later I would go and see a young man who was about 14 when I started with him, within the autism spectrum disorder ad then ahh. I would go to his group home, he was living in a group home, he would be in a program during the day at night he’s be in the group home, I would go to his home sometimes 4.30, 6 oclock. But I would go to his home.

The first session I had with him, he’s very obsessive compulsive, he cam in the room, he sat with me for a few minutes and he ran up. His bedroom was on the third floor. He ran up I had to chase him up come back down got him in another few minutes, and we spent about the whole session just doing this. And you know after a few weeks well this isn’t going to work.

This site is going to tell me it’s not working, you don’t even have him in the room, you’re chasing the whole time. And I said to myself this can’t work I mean I can’t keep him in the room. But after a few weeks he start staying in the room a little bit longer. And then I was having to chase him three times, then it goes down to two, then one. Then also his playing at first I would say let’s play, he would pick up a stick hit the bell once and one up to his room. Or hold the guitar strum once and run up to his room. Same with the drum whatever it was. But then after a few weeks he’s started doing it for a little bit longer, maybe for six or seven seconds. Then dropping and running to the room. And then maybe doing it for maybe a minute and then eventually not leaving the room. And then doing.

Eventually he would take an instrument. I would go to his home so I would carry so I wouldn’t bring a lot. I brought a, the box with the vibraphone, you know the bells in it, I bought that, I bought a drum to play like a dumbek, I bought two guitars, maybe just one guitar but I would let him play my guitar. What else did I bring, probably some small percussion.

So now after a few months he would umm, he would play instruments longer, and longer and longer. You know eventually he’s playing instruments he would pick up the resoParticipant or bells for twenty minute, the guitar for twenty minutes, the drum for twenty minutes. So I saw in my sessions that there was a big change, a big improvement, in my sessions. Would that means in his life, who knows, you know it’s hard to tell. I didn’t see him in five, I’d only see him once a week.
After a few months, maybe five months I’d say. I get a call from the social worker that set this whole thing up. She said I want to let you know what’s going on here. She said he’s a totally different person. You know he was very obsessive compulsive, very irritable, now he sits and has whole meals with us we can take him places he’s a totally different kid. She said it’s because of your music therapy.

_Hmm_

I said well are you sure, how do you know? the doctors didn’t change medication, something different in his school when he goes to the program during the day. She goes no, we’re monitoring, when we started with you we wanted to see how music therapy works cause we might want to use it with other kids, we’re monitoring this whole situation very, very closely there has been no other change just the music therapy. And he’s a whole different kid.

Which you know, (shew noise) really boosted my confidence. Then after maybe nine months to a year after his mother calls me up from Vermont. He was in Brooklyn; she was in Vermont which is maybe 300 miles away. So she calls me up and she says I just thank you, you know since he started the music therapy he comes we could never bring him home to Vermont, he spends the whole weekend or week, we take him out to relatives we have people come over we could never do that before. He was too disruptive, too irritable, we take him to the mall, we could never do that before. You’ve changed him completely. You know I didn’t know what to say, but it was me. So now I was very confident.

_Yep._

And then from that point in wherever I was working the staff was telling me you know you’re really doing such a great job here. It was consistent now. I was working with kids, I was working with, I wasn’t working one job. Like here I’m here five, I’m five days a week seven hours a day and I go to a group home one night a week. Then I worked, I didn’t want to work like that because I wanted to learn about music therapy. And in these kinds of jobs sometimes you only do one or two groups a day and in one population and it’s not what I wanted.

So I set my self up as freelance. But I was working a lot of hours. I was working the equivalent of like 6 days a week. There was a lot of work back then there was a lot of referrals. So I was going to like twelve sites a week. I was doing like, averaging six groups a day, so I was doing and I did that for like twenty years. That’s why I accumulated 30,000 groups. So and I was, at one point I was working with just about every population. I was working in the morning say with kids in a pre-school, I was working with teenagers, I was working with umm geriatrics, adults, I was working with the whole, aids patients, I was working with everything.

The only population I did not work in was, work in the hospice work. And I did get a job, I went down for an interview and I got a job in a hospice and I was like it’s the only population I haven’t worked with now I’ve completed basically all. I’ve worked with neurosis I worked within in Manhattan a centre for people with neurosis, but we couldn’t work it, they hired me but I couldn’t work out the hours, and the salary was very low and you know I couldn’t quit like I had a family, kids going to colleague you
know I couldn’t lower my income that much.

So I worked with a lot of different physicians and all of them now were saying wow you’re doing fantastic work, I was really in demand, my salary was going up and up and up, double what a music therapist does with a full time job does, that salary I was doubling it. So I was in demand getting calls all the time, getting some very high paid; you know $200 and hour jobs. You know, you know so everything was going really really well.

Yeah

So my confidence really got built up. And um then I took this job seven years ago. I started here three days a week, switched to four days; I liked it so much switched to five days. I love it here and about three years ago I started writing a book, which I finished in April. All about my theories, it’s a very clinical book. It’s about how I practice ah therapy. So umm am I going off your topic?

No it’s going to come back to it cause I’ve got a question about

Boundaries?

Yeah. I mean you talked at the start about some of those situations you had really challenging ones it sounded like

Yeah, when I first started talking to you.

Yeah. And then you talked about the where you’re at now, with kind of allowing people too, you have these experiences and you’re happy to go there and your confidence has kind of built the whole time

Very much, whoa. It went from, you know when I first started out my confidence was probably around a six or a seven, when I came out of school. I would say after two years, by the time five years went down, I went down to a 2 and now I’m up very high like a 9 ½ you know.

And so I think you sorta said at the start with those challenging situations that you maybe didn’t handle your boundaries so well or something. But now it seems you’re quite, you know what they are. So I’m wondering is that linked, like the confidence, knowing yourself and the boundaries?

Yes, yep.

Can you talk about that? Like how your boundaries have changed?

Yeah you know now I work, when I work now I don’t do much thinking. It’s all intuition, it just comes. It comes up. You know, like I told you when I was first working I was thinking a lot. What would this professor do here, and then the next period I was thinking about what do I want to do, what happened in the past. Now it’s like I can’t even think when I’m in session. I’m almost observing the session, it just comes and I juts do everything right I don’t have any problems.
And everybody loves it here, they love it here. The patients you know the music therapy the most important, extremely important here. You know people come from the community just to get to music therapy. You know so everything is really going goo. And your question is it just from confidence, yeah. I think confidence did it, it wasn’t you know it wasn’t at any point I decided to make, I mean there were decisions I made. Ike I told you I decided to try new things, and use Ken Wilber and create new things but as far as the boundaries goes there wasn’t any particular moment I could say that I switched and changed things. It just kind of happened gradually with confidence and umm,

**I guess with working out your style would you say?**

I worked out my style, that’s a good point. I developed a style, I developed a certain style. Umm yeah now, musically that style hasn’t changed that much, it has changed but yeah definitely the way I use it has changed. What I do, what I do what has changed a lot. When I first came out I was more you know the school I went to was humanistic but it was very psycho, you know it was kind of psychoanalytical in a way even though it was a humanistic. And I kinda had, I kinda of humanistic slash psychoanalytical style of practicing and I did a lot of musical improvisation. And I did lot of musical improvisation. I did do song material, but I think the improvisational style hasn’t changed that much. From when I first started. I was a very good, I always felt that I was a very advanced improviser, cause I had been a jazz musicians. And New York jazz musicians when I was a jazz musician from the late 60’s to the mid 80’s and NY jazz during that period was very much free improvisational stuff. Are you familiar with John Coltrane?

**Yep**

Ok he came out in early 60’s with a very, Ornett Colman you familiar with them?

**Yep I’m a saxophone player from back**

So I became very involved, NY was very involved. We had what they had the NY loft scene down here. Where the old factories in Soho, the factories left. And artist first took them over and musicians took them over too. Cause they made great practicing spaces they were very inexpensive. You could rent a floor the size of this whole thing for $75 dollars a month. You know and ahh, now they’re all cut to like half this room and you’re paying like $3000 a month. But you had the whole thing, about as big as the whole floor of this hospital about 75. So musicians where moving in there and you had Ornett Colman leading the way Coltrane, or these free style, John Cherry, all these free style musicians creating this loft scene and I became very involved in the NY loft scene. And I played so I was constantly improvising. So I was improvising twenty, thirty, forty hours a week, you know for a good twenty years, you know juts a lot of improvising.

So when I came into this I had a very good improvising styled and a matter, and I was splaying a lot of Avant guard stuff, you know John cage and improvisations so whenever improvisations came up, I was able to like I felt very very fluid. So I always had a very fluid improvisational style. So that really hasn’t changed much in my
career.

Ahh I use song material, because I was a professional musician also. I became in the late 70’s early 80’s I became a studio musician. SO I had to get my reading really together really powerful and I would do studio work where I go in and od a session where they put the thing in front of you you got to play it and make it sound like you weren’t reading. Plus you would have to sometimes they would say, ok wait the singer can’t sing in that key, transpose it. You’d have to transpose it on sight you know. So I was doing a lot of reading, a lot of transposing a lot theory in my head. So a lot of songs, I was making a living out of playing weddings, I probably had 1000 songs in my head my memory. So I came out doing a lot of clinical improvisational stuff and song material but the way I used the song material has changed it a lot. I know when to use what, I use it more, I use the song material much differently now than I did in the past.

Yeah, cause that can be quite powerful too in the musical intimacy

Yes, definitely. And I’ve learned how to use the songs almost like improvisation you know switching from one to the other you know, improvising with the songs. SO ahh I have a list and what I do in the sessions here, we do a lot of clinical improvisation stuff but I also have this long list it’s very long. When I started this list seven years ago there was twenty songs that I put on. After the first twenty every song that has been on this list is like a patient suggesting that goes on this list. So then if you look in here, that’s all song list and so you open it up and I have a song enough for everybody. So every song on that list is in here. So I have an extensive sing list. So it covers every kind of emotion, spirituality, it covers a lot of stuff. And there’s music, there’s music that’s 100 years old up to very current stuff and ahh, so I have stuff that comes out pretty quick. You know I can get that pretty quick. In less than a minute I can have the song out and everybody is doing it. So I can improvise with songs and bring what’s necessary for emotional or spiritual reasons.

Speaking of spirituality, I meditate. I started meditating in 1972, so I’ve been meditating everyday since 1972. So there is in my work, and I’ve studied Buddha I’ve gone to a lot of Zen centre, I’ve gone to a lot of Tibetan centres and studies Tibetan Buddhism. I studied Hinduism, I had a music healer from India that taught here in Manhattan, I studied with him for a while, His name is Shawn Botanaga, so spirituality is definitely a part of my life so it definitely comes up in the music.

Though a lot of music therapist’s don’t do that. They’re more physcoanalytical. They don’t meditate they don’t like meditation don’t believe in meditation. But I’m a bit meditator, like I said I started in 1972 so I’ve been meditating like forty-two year, I do it every day. And it’s definitely a part of my work. You know I was meditating long before I was a music therapist. I started meditating in 72 and I didn’t go to school for music therapy till 86, so I started working in the field in 88, so I had a lot of meditation experience so it’s right from the very beginning meditation has been a part of my music therapy work.

That’s why I like Ken Wilber’s writing, because I, I always knew, I was meditating because I thought it was good for emotions, it was very therapeutic for the mind. So I had the belief, like I said I was almost twenty years of meditating before I even
became a music therapist. So I had a very strong belief that meditation and spirituality was very important for the mind. So when I found him in that class that night and he combining everything from psychoanalyst and you know true music therapy, and behaviourism and spirituality if you read his book he writes a lot about Buddhism. I said great this is somebody you know because up until then I was like well I got my meditation and my spirituality over here and then I’m learning psychology and the two things are not meeting.

Their two different worlds so I jump to this side, jump to this side, and he kinda taught me how to put it into one bog bucket, so you can do it all in one session. You know you can do psychoanalytical, you can behaviourism, you can do spirituality all in one session, combine all together into one style of music therapy.

Yeah that leads me into a question that I had about, it seems to me from a lot of the reading that I’ve done, that a lot of the theories that we rely on for boundaries are drawn from psychotherapy and they tend to be quite strict I guess you’d say. Umm so I just wanted to get music therapists opinion about they think about those kind of boundaries?

Right, right ok, I’m glad you asked that question, in the beginning my training was more psychological, and I did now I don’t because I think of spirituality. You know little by little I started realising you know, oh so don’t share any of yourself. But I started realising sharing little bits of yourself, little bit at a time brought a sense of trust. I realised when I told somebody that you know I like going to baseball games. Then all of a sudden, I like going to base games, and all of a sudden the relationship got better, and it wasn’t a harmful thing it made things better.

So now I share a lot, I have no fear of sharing. And I’ve had no problems and I’m probably as far as this staff goes, I’m the biggest sharer, I share a lot, you know a real lot. I would say I got a little worried when you were talking about boundaries, because I got a little worried because I pretty much disintegrated most of the boundaries. No I can’t say that’s true, I do it probably more on an unconscious level cause I am having success I’m not having any problems, so I’m doing something right as far as it comes to boundaries. But I don’t set up boundaries like I used to. I try to have no boundaries, you know. I matter of fact, when I walk in, at the beginning, the way I get my self prepared for a group, I say what am I going to do today.

Cause sometimes you know there’s a certain amount of anxiety of going into a group, even if they’re working long time, what if I don’t do it right, what I don’t get the group, what if they don’t like. What I do to get rid of all that to make myself really relaxed and comfortable and make sure this works, since I’ve been doing this the groups have been fantastic. When I walk into them I just close my eyes for a second and just say what am doing today and I say, “I’m going to become them, I’m going to become one of them, I’m going to become them”. I’m going to talk on their level, I want to know what it’s like to be them. I mean I never know what it’s like to have an hallucination, cause I’ve never had a hallucination, but I’m going to do the best I can to be them. And not be separated, therapist, and they’re down here. I’m going to do the most to become, and that’s the most effective way for me to work, I get the best results.
Aiming for a more equal therapeutic relationship?

Yeah, ahh I don’t, equal therapeutic relationship, no it’s not an equal therapeutic relationship, I am the authority I am the leader but it’s just like trying to think the way they do, trying to think on their level. I don’t mean this to insult anybody but here’s the thing. If we’re flying to two different altitudes we’re not going to connect, so I can’t expect them to speak my language and come up to my altitude, right. I have to go down to their altitude, and I don’t mean that in a derogatory way, but I mean you have to speak, if I’m going to go to Italy I gotta speak Italy to be understood and if I’m going to talk to people with psychosis, which is most of the population here, or very serious depression, suicidal tendencies, if I’m going to be able to talk to them and connect with them I have to talk their language just like if I was going to France I have to speak French.

So I don’t mean it in any way to degrade, you knew I say I speak high language, I have to come down, in order to get through to them I have to speak their language. In order to speak their language what I have to do in my mind is become them. And I really think I’m successful in doing it becoming them, and making them very comfortable, you know making them feel very comfortable, it brings out a lot of musical self that way, they play more, they sing more, I don’t think they feel inhibited. We have a lot of people here who are paranoid schizophrenic that are very afraid to be in a room with people, do anything or try anything, anything for them is going to result in something bad happening but I’m doing pretty good, we’re even getting them participating and being active even though it might be on a lower level than other people that are just depressed or manic or doing. But I find it’s very successful, you know, very, very successful.

Yeah it sounds like you’re approach to boundaries is a much more intuition based thing that is based on your now kind of confidence of where you sit with your practice.

Yeah, I just go with it. I just, wherever my mind wants to go and say I let it. I let very strange things come out, but it’s no problem, I’ve never had a problem. I think at this point the patients know me and it makes it even easier, because even if I was to say something that would be, they feel so relaxed with me they would just laugh, you know. So it’s like everything, it’s like I can do no wrong now. You know it’s not only my confidence it’s the relationship with the patients.

Now what happens is people in the community kind of know what they’re going to get, some of the patients are return patients, a lot of the people in the community know. Because when they go to group homes they talk about, they all this guys Tony is here who does music with them. And they describe me in a certain way. I’ve very easy guy, I’m very likeable I’m very, I’m easy to get along with, you know they’re going to like it. So they come here already with this idea. So when they come in, this is a six week program, so you have patient stat have been here one week, two, three four five, so the six week patients feel very confident with me, they know me very well.

So when the new ones come a long they’re getting kind of told and they’re kind of taken a long, so my job here is very simple now, because I’ve set u this kind of
relationship with the community that I community now just accepts me. So as far as boundaries I push myself over the line a lot of the line purposely opt see what happens a lot of the time to see what happens. Because it works. And you know definitely, they’re certain boundaries, I can’t say there’s no boundaries that would be ridiculous, but there are boundaries but they’re just so unnoticeable, just so unnoticeable. I kind of feel talking with patients the way I would feel with my family and friends; you know it just feels, it’s just a very easy thing for me to do now.

**So the boundaries it’s just something that’s understood?**

Yeah. And if you would observe my group you would see boundaries it’s just that I don’t see them anymore and I don’t think the patients see them anymore after they’ve been in the group for a while. Maybe the first day. No I definitely have to have some boundaries, because I mean these are patients that have done harm to them sleeves and some to other people. But the way I can describe it to you is that the boundaries, I don’t purposely put them out, I just gotta do, so whatever boundaries are doing I just probably just my own repetition of doing them so long that I’m doing them without thinking about them. I’m not aware of them, I’m not thinking about them. You know I’ve done thirty thousand groups that I’ve done the boundary thing so many times that I’m doing it without even knowing it.

**You just trust that they’re there.**

Yeah. Let me try to think of some. If somebody’s monopolising the group, that’s a boundary so I’ll you know. “Ok that was really good, lets somebody else a turn, you chose the song lets give somebody else a turn to sing. Or you said, I want to give somebody else a turn, so there’s those kind of boundaries. I’m trying to think what the boundaries would be. If somebody plays to loud or disruptive, so definitely, mostly if people are really intrusive I’m definitely doing stuff, but I’m doing it in a very subtle way that seems to not bother anybody, they go along with it very easily. I don’t get much confrontation. Umm and maybe when I started working here I was too, but now that I have been here seven years, and like I said the relationship, and like I said they kind of have expectations of what I’m going to do ahead of time.

So I can tell you another experience I had. I was sitting where you are, it was a men’s group, I don’t do men’s group but there was only one other male working here at the time it was a social worker and because he was out that day they said you’re the only man here so you have to do the men’s group. So there was a guy sitting over here and a guy sitting over there. The guy sitting over here had a cane, cause he had a limp he had a cane and he had been saying, not in the group but I had been talking o them, and he said yeah when I was younger I was in a gang, he was an teenager and it was more than ten years ago “and I actually killed three people”.

I don’t know if it’s true or not you know. Cause he had only been in the program like not even two weeks, like a week. And there was another guy sitting over here who was paranoid schizophrenia and he had this thing about women. He was very protective of women. And if anybody ever said anything about women he would get very, very angry. And so it was a men’s group, it wasn’t a music group. And he starts talking about women and he gets derogatory you know, there’s no women in the group so maybe he thought it’s his chance to say. And all of a sudden this guy gets
angry. So this guy stands up with the cane and this guy gets up and this guy got the cane like this.

And just without me even thinking I jumped up and I got in front of the guy and I said “nooo, don’t do it”, and he held the cane and he stopped. And it was just new, there was one of these psych interns, it was the guys first day here, and he was like “get him out of the room!” and go get help. And so I sat down and spoke with this guy for like ten minutes, so eventually the intern got everyone out of the room and he eventually got a psychiatrist, or a therapist to come in. So umm that was a boundary, ah. SO I think there probably was, that was the only thing I can remember, but I was probably running into more, when I was first working here I was probably having to me be more assertive. I did remember being in the day room and hollering at a woman once, who was being inappropriate.

But lately now the way things are going, like I said the group is kind of a continuum, even though new people are coming in, they’re coming in they’re watching. So they come into music therapy in the first day and they have people here six weeks doing five music groups a day, so they’re singing they’re hearts out playing they’re hearts out, and they see the relationship with me, it’s very friendly, very intimate, very close, very easy, and so they kind of get into that mode. And it just keeps on going like that. So right now I don’t have any, I’m trying to think of any other incidents like that, that was the only indecent that women I hollered at one time.

Because they come into this program and it’s a social unit. And the peers want the new people to behave in a certain way. And they like the music group. They don’t want the music group to get ruined. They get a lot out of this group, they love this thing and they love playing the instruments. And even the people who just participate a little bit love hearing the other people playing and sing, they love the energy of it. So the peers kind of control the boundaries in a way. They’ll talk to people privately you know when I’m not around. Or even in the group there are these looks or they’ll say thing. So they’re controlling the boundaries for me, and I just realised that, in this situation they’re controlling a lot of boundaries for me.

So it becomes kind of effortless for me. I just kind of come in here and just kind of enjoy it and it all kind of happens. And because they come in in kind of, you know they’ve had thirty groups a lot of the people here have had 5, 26, 27 groups they know what they want to do after that time. They know what feels right to them, they know what instrument they want to play, they know what they want to do, they’re coming up with new ideas. SO a lot of the group I’m not even running. They’re coming in here they’re saying “we’re going to do this today, we’re going not do this, you’re going to play this”, so a lot of this is happening like a lot of the times I can say with the interns you know that group we didn’t even have to go to.

Cause some of the groups they’ll come in and they’ll have it all worked out, “and we can do all these songs, and play these instruments, improvisations” and there’s very little we have to do. So what I kind of do am, I kind of see everybody you know I read everybody’s charts and I have objectives and goals for everybody in the room. So I basically see what I ant to do before that.

So if I have somebody who I see is very disorganised I’m going to try to use the
music to help them get organised. If they come in, and eventually after the six weeks is over I want to increase, I want to have them focussed, so actually assignment them different things to do. Umm to have somebody who’s very narcissistic ah and they’re banging away without playing with anybody listening to other people. What I’ll do, I’ll say to them over the course of time, and usually because I’ve been working here seven years I kinda know what I can do with somebody in six weeks. So when I work with somebody I kind of know where I want somebody to be on the last day and I kinda know where they are in the first week and I’ll kinda plan out the six weeks in my mind, in how to get them there. So when a person is being very intrusive and not listening to others, in the first week I’ll kind of let it go, I know I have the time, I don’t have to fix it today.

I got six weeks to fix it. So I’ll let it go and then eventually I’ll say things like, “this persons going to start playing, I want you to imitate them”, I’ll get them force them to listen. Umm… yeah basically impulse control, umm socialisation, umm and I usually work I try to solve the problems musically, before I do them verbally. Then I’ll use the verbal as a support to what I’m doing musically, but in my mind I can fix everything musically, you know. I can, I feel like I can lesson hallucinations, lesson tangenden, increase organised thinking, increase impulse control, digress narcissism, decrease grandiosity, I can do all that musically without any verbalisation, of not that can’t do it without any verbalisation.

Umm some therapist have the idea you’re either music centred or verbal centred and I used to think about that, now I don’t believe in that anymore, I don’t want that, it all comes into one, I don’t want to think about separating anymore. So yeah definitely verbal is very important, so what would I do verbally. Umm, I do have a very strong prescience in the group and that’s my boundary, I always look at the leader, I’m definitely the leader. For some reason I don’t know why I’m that leader, I guess it just happened over time, but they don’t do things without my permission, they usually look for it, or ask me, and I think like I said people get so much out of this, I can’t even express to you what people get out of this music therapy group it’s just unbelievable what they get out this group. The joy they get out of this group, and the healing they get out of this group and they want that.

So they know who’s going, they’re so in tuned to one another that before I even meet a new patient they know a lot about this patient and they’re already cuing this person up to get them ready for this group, because they don’t want this group to be ruined. In the group certain people will sit next to new people, without letting me know, without thinking I know, but this is all going on, you know. They want this to be a very successful group. They’ve felt things here that they want to feel again and they don’t want anybody running it. But yet they’re very kind to people and they want that person to feel, to get the rewards they’re getting.

So they’re helping that person get there, but they know the person. So people just seem to know what to do with this group. And they’re higher functioning, so it wouldn’t be this way in inpatient where people are still in crisis, but no they’re higher function and for the most part they’re functioning on a pretty you know sometimes we have people with low IQ, but for the most part they’re working they’re not having you know maybe they’re having not having hallucinations, in here they’re knowing how to control they’re hallucinations, but sometimes we do get somebody who’s having
problems with hallucinations, but they’re still in order to stay here they have to be able to function and come to groups and not disrupt the groups, you know cause we can’t have, it’s not like impatient, where they can really totally wreck a group, they can’t wreck a group here cause we’ll loose all out other clients it’s a day program, it’s a volunteer program if someone’s going to be too disruptive and scare people we have to get rid of people, so like I say it’s running pretty good here.

It sounds like it.

Ahh you wouldn’t believe, the joy I get out of working her is just I could never have imagined. And especially you know I’m working in the filed for thirty years and yet to me I’m having more fun than I’ve ever had, I love it, I truly love it.

Well I think we’ve covered a lot, unless there’s anything else you want to add.
Interview seventeen

Laura
Cool, well I’d just like to get a bit of background information so if you could just explain a bit about where you work?

Participant
Umm, Yeah so I work here at (removed for confidentiality). and this is a home base palliative care service that services the area, which is the (removed for confidentiality).

Laura
Yep.

Participant
Umm, yeah so it’s ah, it’s a music therapy position. It’s three days a week; I work as part of an interdisciplinary team.

Laura
Yep. Cool and what other areas have you worked in aside from palliative care?

Participant
Umm, I have worked in, umm, aged care, so aged care facilities, I’ve worked in, hospital, umm, I’m I’ve worked in rehab for several years. I’ve worked in, early childhood, umm, music together for a time, umm I worked in special school for a short time, I’ve done some private practice. Umm I’ve worked, I also have done some home based, when I say home based I mean operating from my home, umm, in a, as a GIM therapist.

Laura
That’s a lot isn’t it?

Participant
Yeah I’ve done quite a bit. Ah I mean I have done quite a few different things for short times. I worked in a women’s shelter for a short time. I’ve done a little bout of consulting sort of work with organisations, umm a little bit of education, just little spots here and there.

Laura
Yep.

Participant
Oh and I worked, I did, I worked for, umm, arts access. So I worked in a community-setting running a singing group for people with mental illness. For about four and a half years, a little bit in psychiatry as well.

Laura
Yeah cool. All over then (laughs)

Participant
Yeah (laughs). I, working in palliative care, this being the only specific palliative care
organisation I’ve ever worked with, since (2007).

Laura
Yep. Good yeah, cool. And how long have you been a music therapist?

Participant

Laura
Yep.

Participant
22 years.

Laura
Oh that’s good. Great well that’s some of the background stuff, which is always good to know. So I’m looking at, I’m really interested in this idea of musical intimacy in music therapy practice, umm, so I was just wondering if you could reflect and think about weather that makes sense in your context, or if you can think of some examples that it might look like in your work?

Participant
Hmm. Well I don’t know what you mean by musical intimacy (laughs), I guess I only know what I mean by it, umm what it means to me umm, be interesting to know if we’re talking about the same thing or not.

Laura
Yeah.

Participant
(pause). And I guess what comes to mind is sharing music that’s meaning full ah in a very personal context is what comes to mind and, yeah so that can be intimate and somewhat intense too.

Laura
Hmm

Participant
Umm so I think one of things that I try and do particularly in the early phases of therapy, and umm assessing what people need to do, is actually sort of moderate that a little bit, are they up for this?

Laura
Hmm.

Participant
You know are they up for, is this, you know it can be challenging cognitively, socially, emotionally, umm. Yeah are they, is that what they are really needing to be doing.
Laura
Yep.

Participant
Or is there something perhaps a little bit more moderated that would be more appropriate and what are they wanting is the... and sometimes like people wont have had a musically intimate experience or they may of not have had one for a very long time so, just being aware off, that. The, I guess the most important things is what is significant, what’s this time going to be for the client.

Laura
Hmm.

Participant
So umm, yeah. Then bringing, so the music comes in secondary to that.

Laura
Yeah. Because of the context of what they’re going though.

Participant
Yeah. And it depends what stage they’re at. So people are at they, what I call, and I’m getting less clients who are at this particular stage but it used to happen more often, where the clients were, they’re just at that stage where they can’t do what they used to do. They’re a bit stuck at home. They’re sort of plateau, they’re stuck within their four walls. Umm their dignity is challenged their mood is challenged, they’re kinda really wanting something to engage them to be of interest and something that’s going to be creative and... meaningful to them.

Laura
Yep.

Participant
Umm, so that’s to me of, ah, from my experience it’s been an optimal time to meet and introduce myself because there’s an openness and a, during those times, but they need to be fairly stable

Laura
Yeah.

Participant
For, what I’m finding in this service is that they are less stable when they admitted. So umm, there at that stage... there, there’s just a lot more things to negotiate.

Laura
Yeah.

Participant
And that’s actually harder to get access at that time, so.

Laura
Yeah. Oh that’s interesting and I guess you said that it’s ah something that’s meaningful for them but it can also be then quite intense. So could you explain a bit about what you mean by those terms and I guess what that looks like in your practice.

Participant
Yeah so, (pause) For example it can be quite intense like wanting too, umm, (pause) select music that’s meaningful and relevant to the client umm, and then, so, (pause) so that means that they need to be a position to tell you what that is and communicate what that is (laughs)

Laura
Yeah.

Participant
So there are some general sort of ways of doing that that are not so challenging, umm, overbearing on the client so umm, so I might just ask you know would you like say popular music form the 60’s or 70’s so some something really quite generic so, umm, or give them some songs to chose from. So yeah, so they don’t actually have to be thinking about it themselves the specific repertoire. Umm yeah and then just trying some things. You know would it be all right if I, you know, trying to match their mood and their energy with music. And seeing what their response is and just asking them you know is this, is this what, and usually you get a response cause you know body language changes with music anyway. So umm yeah, sort of negotiating it like that rather than expecting them to chose every song or be really specific cause often they don’t know what they want, they haven’t had an experience of music.

Laura
Yeah.

Participant
Like this before so.

Laura
Hmm yeah and so when you get into the, you know choosing songs I guess you get onto one that’s music. Does it then sort of turn into an intense or explain how it sort of gets to that level or?

Participant
(pause) well I’m just thinking of a client who I work with at the moment who umm, in the first couple of sessions that I worked with her she’d say, ahh, “that’s a good one :laugh)

Laura
(laugh)

Participant
You know if she heard a song that she really liked so I made a point of writing it down. And umm, and you know, I’d pick out another song and she’d say oh that;s a really good one (laughs)
Participant
And then other ones, you know she might skip over one and I was like ok well she doesn’t like that one so much and the next one she was really quite, so she was able to sort of just you know, by showing her the music she was able to respond, umm, with what her preferences, that was the way of ascertaining you know her preferences.

Laura
Hmm, yeah. Yeah and how do you think that was for her?

Participant
Ah well she told her whole family and all the other staff here that it was wonderful so (laughs) it was a really positive experience for her and um she has a lot of visitors but umm, when I come they actually make the time to have the music time cause they know that it’s important to her, so that says a lot.

Laura
Yeah. That it was meaningful you think?

Participant
Hmm (agreement). Yeah that I and I think that she umm, seems to be that she feels better for it, umm, yeah and the, her family appreciate that she seems to be feeling better for it. So I’ll support her mood and it’s something that’s very positive so it relaxes her, she said she feels fed by it.

Laura
Hmm.

Participant
Yeah.

Laura
Yeah that’s a nice thought, being fed by the music. Yeah helping along in that way.

Participant
Hmm.

Laura
Yeah. Oh it’s interesting and I think the musical intimacy thin, which I am researching and there are some ideas that are out there but um, yeah I think what you’ve touched on is really important as well. Umm other people have talked about I guess the emotional connections you can have in the music and maybe that would be tied up in the meaningful connections as well.

Participant
Hmm.
Laura
Do you agree? Or what do you think about emotional connections or?

Participant
Oh well I guess where my mind goes when I think about emotions and music, and spending time with people with the music is umm, (pause), yeah there, certainly there are emotional states that we’re moving through music and we’re moving all the time, so it’s a very being together in time experience.

Laura
Yeah.

Participant
And umm, (pause), yeah so… and um I guess when we talk about emotions, I guess I’m thinking of states. States of being, states of umm, awareness even cause I’m thinking of like someone that I visited today, who using recorded music and he was like, actually two clients that I saw today were actually quite drowsy during the sessions.

Laura
Yep.

Participant
So the first client was awake, this client she’s a child she’s non verbal, umm, and she actually became more awake during the session which is a positive thing, and she seemed to be engaging through her eye contact and just her responses, umm increasingly more alert.

Laura
Hmm.

Participant
And yeah the other client was umm, and I’ve observed this a number of times with this client, as soon as there’s his preferred music that’s been listened to, you know it’s recorded, he becomes quite drowsy.

Laura
Hmm.

Participant
And if there’s movement or something in the room he’ll sort of, become alert again.

Laura
Yep.

Participant
So it seems like it’s relaxing and supportive, he’s not going to sit up at the end and tell me how it was for him but again it’s a being time. Being with him in this sleeping sort of state.

Laura
Yeah.

Participant
But making he’s got that time with his music that he can just feel relaxed with. Yeah and that relaxation is then some drowsiness, so I guess that’s to do with you know like he’s going from a waking state to a drowsy sleepy state, but it’s the feeling that he just feels comfortable, relaxed, umm, yeah so there’s and emotional component to that that enables that relaxation.

Laura
Yeah.

Participant
Umm, yeah but it’s the, the state of consciousness changes as well, umm yeah, it all goes, to me that all goes together.

Laura
Yeah. I guess it is, it’s hard to separate isn’t it?

Participant
Yeah. So some people get more energised with the music and some people get more relaxed.

Laura
Yeah, yeah and I guess both are beneficial aren’t they.

Participant
And I guess sometimes umm, (pause) like for example the client I was just describing where umm about the musical choice it might be good to have, you know as I’ve got to know her better I’ve, as we know each other better I have, and what sort of music she likes, umm, and she’s getting ah, her health status is deteriorating, umm, so she’s getting more fatigued.

Laura
Hmm.

Participant
So I allow her to have more time where she’s just passive but it might be just a couple of times in the session, you know I give her some choices,

Laura
Yep

Participant
And umm, you know would you like to do this or this, or would you like to choose this or this, and the, the rest of the session I just allow her to rest, and I just make those musical choices for her.

Laura
Yeah.

Participant
So, yep.

Laura
Yeah as you said, just being with, having that time through the music

Participant
Hmm (agreement)

Laura
Yeah. Oh some nice examples there for sure, yeah. There’s one thing you said, you just at the start you talked about umm, when you think about musical intimacy, I know it’s sort of a hard thing to kind of talk about and articulate maybe is more the word it’s kind of there but umm,

Participant
Hmm (agreement)

Laura
You did sort of talk about that you try and manage, that you kind of assess and see if maybe people are ok to participate in music. Yeah could you just explain a bit about that?

Participant
Yeah, umm. (pause) So I’m thinking of clients that are known to be very emotional. Umm cause they may, or just going through an emotional time.

Laura
Hmm.

Participant
Umm, and I actually deliberately, moderate, I might actually have more of a verbal session.

Laura
Yeah.

Participant
Ah just to get to know them. And I think aww I don’t really want to introduce to many variables. At this time. Umm particularly because music can trigger more emotion and just you know, and just seeing how they, how comfortable they are, you know some people will be absolutely fine they’ll be quite emotional and they’re quite at home with it. And some people are, this has never happened before in their lives, so they’re feeling quite undone and very venerable and umm, yeah so perhaps doing a bit more verbally to help contain and umm, yeah and so there might be even just a couple of session that might be verbal sessions and they might even be just talking about real references to music, not just talking about music, um music making in the session so recorded music played so, umm. Yeah, umm, obviously lots of talking about feelings
and it’s OK not feel these things. But I actually find when people have a chance to talk about themselves and their identity and what’s important to them and what’s, umm. Then that’s kind of restorative, emotionally.

Laura
Yeah.

Participant
Then you can kind of go into, use another modality.

Laura
Hmm.

Participant
Um that can, just tap into that venerability.

Laura
Yeah.

Participant
Umm.

Laura
Hmm. Yeah so it sounds like, um maybe for some patients that are a bit more emotionally venerable, I guess you would say, that maybe then you would tread a bit carefully going in with the music because it can potentially can be very emotional or set of something so, do you agree with that or?

Participant
Yeah. Yeah it can do and I think of a couple of instances years ago know where there was one lady I saw, probably at least on a couple of occasions where umm, there was a motor neuron lady that I saw and umm, it was just very, and I didn’t even notice it so much in the session but certainly she had strong emotions after the session

Laura
Hmm.

Participant
And umm, and then I was just told you know, don’t come back. So that sort of relationship was severed. So I’m very conscious especially with certain neurological conditions, sometimes I think you know lets just go slowly, verbally, first um before I even introduce any music so,

Laura
Hmm.

Participant
I umm cause that can be moderated, that can be, umm changed but you’ve got to have
that relationship first.

Laura
Yeah.

Participant
Umm otherwise you know there’s just, yeah, so umm.

Laura
Yeah, so you really work on building, establishing the relationship first and then work on using the music gently.

Participant
Yeah if it’s possible, if it’s possible. I think umm, I mean that’s optimal and I mean that’s optimal to have a really good conversation at the stat about the, the scope of what music therapy could be. About the different ways of working that sometimes we can be very verbal sometimes we can be very musical, umm, and it can change over time and just allow that and it’s that, that, I actually find the therapy sessions go much better when there’s been that opportunity for that broader conversation right at the stat.

Laura
Yeah.

Participant
It’s not always possible.

Laura
For sure yeah.

Participant
Sometimes people have got very specific ideas about what, ideas about what they want, ah, they want you to just come in and do that and go thank you very much.

Laura
Yep.

Participant
So um yeah so, if you can do that it actually goes a lot better.

Laura
Hmm yeah, Oh that’s interesting and it’s um I think, one of the things I’m interested in in this musical intimacy is how music therapist negotiate boundary challenges around that.

Participant
Hmm.
Laura
So, I mean it almost sounds like that’s what you kind of do in a way, like sort of you’re almost protecting the clients a little bit.

Participant
Ahuh.

Laura
Cause you know that it can be very emotionally intense. Would you agree with that or do you?

Participant
Umm, look it can be in some contexts it is and some contexts it’s not so much. It’s just you know it can be. (laughs) Umm I’m thinking of one client, oh a couple of clients I was just having one session with, hmm no one of the clients I had two sessions with and umm, (pause) and the other just had one session and she was very ill and went into in patient hospital so I didn’t have any more sessions with.

Laura
Yep.

Participant
But I felt like with this first client, umm, it could’ve been very musically intimate but it kind of wasn’t. Because it was umm, it was an introductory session. It was like, that was the only session we had, so we were just getting to know each other. Umm, yeah it was sort just you know, umm, yeah it was kind of too early in that particular context, in that particular relationship for it to be, you particularly intimate, so yeah it doesn’t always happen.

Laura
Yep.

Participant
And I guess that term intimacy, to my mind presumes a certain level of function from the client and I’m thinking of the, a couple of child clients, I’ve got with disabilities. And while it is intimate you can have these things with them in time with their breathing and that will, I’m thinking of this client that I saw today, cause particular music has significance for her. Her mothers in the house and she’s overhearing the session and she came in and joined in a couple of songs, tapping on her glass (laughs)

Laura
Hmmm (laughs)

Participant
And umm, (pause) it actually feels more intimate with her mother than it does with her child because the child, umm I can’t presume to know what she is experiencing
cognitively but I, it’s she’s minimally conscious, you know.

Laura
Yep.

Participant
So that’s just a different kind of relationship to some one who obviously is, who’s fully conscious and yeah.

Laura
Yep. So you see it as more of umm, I guess with the mother because she’s giving a bit into it? Because she’s able to participate more in it?

Participant
Well it has more meaning, it has, umm, it has, I’m sort of entering a space, a bit like the mothers space. You know she’s giving her daughter the love and care and I’m coming in and giving love and care through the music and through a little bit of touch.

Laura
Yep.

Participant
Again being with her, being with her when she’s asleep, being with her when she’s awake umm just interacting any way I can.

Laura
Yep.

Participant
So it’s... and yeah and I’m sort of, that’s a very intimate space there’s not too many people who have access to that, that space, yeah and ah, but I actually see that as the mothers space more than kinda is the girls space.

Laura
And is that, why is that?

Participant
Because the mother, it’s a 24/7 job in her case, it’s been for years, and years and years, it’s her life and umm, yeah so and it’s like I say not too many people have access to that. Only close family and a few key health professionals.

Laura
Yep.

Participant
And it’s her world. This is her world. There’s lots of layers of I meant it’s of umm, it’s the context is very rich. So sometimes the mum will be directly involved in the
session. But today she was actually doing other things so you know she was spending her time, so she was sort of for just that short time she was involved.

Laura
Hmm.

Participant
But yeah, it's umm, yeah. It has significance over time.

Laura
All those sessions?

Participant
Hm (agreement)

Laura
Yeah. It’s interesting. There’s ah, yeah I guess lots of areas to go through it’s umm, one thing you mentioned was using touch and I guess one thing that I’m looking at is umm, some of the reading I’ve been doing on boundaries sits in a lot of other disciplines and they, some of them are quite strict on using touch and all that sort of thing.

Participant
Yep.

Laura
So I just wanted to get music therapists perspectives on how they use it and you know what are the benefits and what do they see boundaries around that or?

Participant
So I would, I would use touch in two main ways as a music therapist. And I’ve been invited to touch in another way on a few occasions which I could talk about.

Laura
Yep, sure.

Participant
So well the first way is working, is working with children with developmental delay and disabilities like cerebral palsy for example.

Laura
Yep.

Participant
And just one of the main ways of engaging them is through touch and it can be, it can just during games like incy wincy spider and actually doing it on the body (laughs)
Laura
Yep (laughs)

Participant
And you know those, you know heads shoulders knew and toes, which I’m actually doing with this nine year old cause there’s, you know, and so we were actually listening to some music today and I was just tapping rhythm on her belly, we had a tambourine on her belly and it’s just so, it’s um, yeah so the somatic response is, and touch is just a key way of communicating with relating with someone who’s severely disabled because they’re developmentally they’re at a very early stage so.

Laura
Laura

Participant
So that’s seems really appropriate (laughs).

Laura
Yep.

Participant
Another way that I use umm touch is umm, I was introduced, well a long time a go when I did my GIM training I introduced a thing called Reiki, which is using hands on healing, umm and umm, so I actually haven’t, interestingly I haven’t, aww I might of used it once as a gim therapist. But umm, maybe only once or twice, but umm in, certainly with people who are actively dying or who are, umm, just very low functioning and towards the end of life. Umm, sometimes I’ll just put on their favourite music, recorded music and I will sit and hold their hand, or have a hand on their shoulder, or some other place appropriate like a hip or a thigh or knee or something that’s not personal.

Laura
Yep.

Participant
And, and put my hand there or even the top of the head if it’s a younger persona and the process is for reiki as I understand is to umm, put all my attention on the hand all the energy and the quality of that energy and umm be present to that. So that’s the actual process.

Laura
Yeah.

Participant
And um, if there’s a family member or someone present I just let them know that I’m just going to put a hand, you know, a hand on and ahh, yeah so, that’s something I do. And another way I was invited to use touch or, I suppose some people actually specifically want, there was one particular client who I saw who umm, they really
wanted hand massage.

Laura
Hmm.

Participant
Arm massage and hand massage so we would put on particular music and they wanted relaxation time. So yeah so that’s is I just gave a little bit of massage to the shoulders and the arms, and umm, and then a little bit of Reiki. Just hands on holding and umm. Yeah and occasionally I’ve had, well on one or two occasions I’ve had clients say they, specifically ask for Reiki.

Laura
Hmm.

Participant
And it was just incidental cause it’s not something that we explicitly offer

Laura
Hmm.

Participant
Ahh under music therapy it’s just something that happened to come up in the conversation.

Laura
Yep.

Participant
It’s something that I do so, umm, yeah so there was one client that I would just put relaxation music on and I would actually give her a whole session. And that was negotiated with my manager I said you know look I’ve got a client who’s asking or this. Is this ok, and she said yeah that’s no problem.

Laura
Yeah, yeah that’s goo. So it’s very umm, very considered when you use it. It’s very intentional.

Participant
Yeah and it’s particular process, there’s a particular pattern that I was taught to use so I don’t go outside of that. I say this is the way it works, this is the way I understand it.

Laura
 Yep.

Participant
And umm, how was that for you.

Laura
Yeah no it’s interesting, cause it’s coming up in other interviews as well, I mean um, I think music therapist’s tend to use touch a bit. Umm, for many reason, different contexts and things.

Participant
Yeah, there was one client who asked for umm, gentle exercise and music and so, gentle exercise again it wasn’t a particular area that I had a lot to do with but I could look up and find some gentle exercises that are appropriate for older adults and we just did some gentle stretches and some gentle music.

Laura
Yep.

Participant
Umm, I mean that was an area that I went, I don’t feel so comfortable, you know it was, it was a new area that I didn’t have any particular skill in.

Laura
Yeah.

Participant
I didn’t think, umm yeah.

Laura
It’s good. Cool so I’ll move onto another question. So yeah I’m looking at these both areas kind of, the musical intimacy and what that might be and then boundaries in music therapy practice.

Participant
Ahuh.

Laura
So I’m just wondering how you approach boundaries umm yeah in your practice?

Participant
Well it’s pretty uniform I think with the way our organisation runs, it’s pretty umm, clear about what can be like even just the time you spend with clients, yeah so we had that conversation at the start you know that you can allow usually an hour usually once a week or once a fortnight.

Laura
 Yep.

Participant
Umm, up to an hour. Occasionally it will go a bit longer but um, yeah so that’s pretty clear. Like just in terms of the time allocation.

Laura
Yep.
Participant
And then, and I guess where my mind goes in terms of boundaries is this like, whether there’s any contact outside of the service umm, which, you know occasionally I might pass a relative in the shopping centre or something but umm, unless they, unless the person sort of see’s me I don’t go and contact or approach them, necessarily.

Laura
Yep.

Participant
Umm, I can think of one exception where that, where umm, there was a wife of a client who I did actually see in the shopping centre who I thought this is just a really good opportunity to say “how are you going”.

Laura
Hmm.

Participant
You know with her bereavement, so you know we had a little chat in the shopping centre. Umm, but you know nothing beyond that. And then you know she was able to feed back she wanted to thank all the staff here, so I fed back in that way. Umm, it’s pretty straightforward I had a situation, probably about just over a year ago, where umm, there was, umm, family members of friends of mine who were referred to the service. And again I just wen to my manager and said not sure how this will go, cause it’s sort of, sort of know the family involved.

Laura
Hmm.

Participant
Umm. It’s easier with supervision, where I’m able to talk about these situations so I do have supervision.

Laura
Yep, yep.

Participant
So umm, just talking those things through is really useful, um yeah I can only think of two instances where I have know of, well there’ probably more instances where I’ve know of the clients before they come on the program, but two instances where I would have had direct contact or direct relationship with those clients, umm. So yeah it’s a bit um, it doesn’t happen very often, and it’s something that I’m very, very conscious of.

Laura
Hmm.

Participant
We had a situation here, where there was as a team there was a situation where we were all challenged, but it's not any different as a music therapist as it is too a
counsellor, or pastoral care, or even nurses really.

Laura
Yeah.

Participant
Umm, where there was a family member of an ex staff member, who was referred. And as a team we were treating them. But look I wasn’t involved, in that situation, but that did effect a lot of people but it’s, yeah music therapy’s not unique it’s we negotiate that together as a team.

Laura
Hmm. And so did you, those ones that new, sort of new before hand did you end up working with them?

Participant
Yes, yes I did cause they wanted it. They wanted music therapy. Yeah there was one person I had a past musical relationship with and ahh it was in musical theatre, umm, yeah so. And she was very clear about what she wanted so that made it easier. Umm. And the other person was also really clear about what she wanted and we only had one session.

Laura
And it so it helped to navigate that because they were really clear about what they wanted.

Participant
Yeah, but not often, it’s actually harder as therapist in those situations.

Laura
Yeah it’s harder and as you said it doesn’t happen very often.

Participant
No. But you know boundaries are interesting to, I think they’re pretty clear in a work situation such as this, were we’re pretty clear about what our role is as a service, we come in for a certain time, umm we often don’t speak about… I think probably when I think about boundaries and music therapy I’m thinking of boundaries being umm… they’re probably a lot broader than people realise they are in terms of when they’re asking for music therapy or expecting music therapy services, like I’m thinking of the role that music therapy can have in bereavement, we have scope in our service currently to address the needs of our bereaved family members. But it’s very rarely used I don’t think it’s really known or understood. So the boundaries are only as broad as people’s understanding, do you know what I mean like the scope, the scope that we have to work in is umm, yeah is only as broad as people’s understanding and people understanding is not that great.

Laura
Yeah that’s true.

Participant
It’s quite limited.

Laura
It sounds like in this context you’re quite supported by boundaries that are there anyway. Yeah so you’ve got that going on, and then maybe you don’t get many challenging situations because of that would say?

Participant
… Well I’m trying to think what a challenging situation would be. Well I guess a challenging situation would be if you had clients or families that were very demanding or expecting certain things beyond what can be offered. But I think that’s all fairly clearly state up front so that’s not a particular issue. There are times when, I’m thinking of a circumstance a couple of years ago, there was a male client who I working with and it was his wife who, umm. There was some discussion, look it was only a discussion that they were discussion about perhaps renewing their wedding vows and having a family gathering on a weekend and you know maybe I could come and do the music for that. And look it never eventuated so it really wasn’t an issue but I was thinking what would I do in that circumstance.

And then after that fellow passed away his wife was like “oh definitely make sure you drop in, you know you must drop in”. But I can’t remember exactly what I would of said cause it was a couple of years ago. But I would’ve liked this person to know that you know I care about her a whole lot but unless I’m coming to specially address her bereavement needs I wouldn’t be dropping in to see her. Umm and that you know and I know that that person attended our remembrance service here so that was an opportunity for us to connect us again, and again that was in the context of her remembering and her bereavement. So that was umm, you know that was good because that gave an opportunity to bring that relationship to close. Yeah. So it’s nice if it can be done within the existing structures of the service. When I have had significant involvement with the client. I give the spouse or if there’s significant family members the opportunity to meet with me again in their bereavement.

And I’m just aware that, look I don’t always offer it I just, if there’s a key person that I might just make contact with them on the phone, I might send them a card. Umm. And I might if I’m speaking to them on the phone and depending on how they’re going I might just say would you like me to come and visit and that way just do a bit of an overview of the grief process and umm and sort of a bit of an assessment of what they’re needing and umm. There was one, partner of one client who I saw for the full time of in her bereavement and that’s up the 13 months post the client’s death. Umm and look she was absolutely fine and she understood that was the outer reaches of what we can offer as a service. So you know I haven’t really had any one sort of not really coping with that sort of boundary.

Laura
Yeah that’s good. I mean I’m talking to music therapists from different contexts and there’s different boundary issues that come up in each one.

Participant
Yeah… occasionally I like in terms of just stretching my own hours and I might, if there’s a need to see children after school, I might actually change my work hours to
make that available if there’s say children of say a parent who’s dying and there’s a
good opportunity to do some good work together. And ah it juts depends on, there’s
just some extraordinary parents who are very proactive and are very considerate and
who will go out of their way to make that happen and work. Umm but I find that’s
pretty exceptional that they’re taking that initiative to go that, to that extend. It’s
lovely when it happens, it can be really great work.

So yeah that sort of stretching of my work time to fit their needs. Umm… yeah for the
most that’s been a really valuable thing to do… I guess where there’s other boundary,
I don’t know weather they’re issues but there points of interest or negotiation is
around, sometimes hear you know that there’s a music person in that service ‘’oh
great we’ll have that person”. Now that want me to go and visit, but is it music
therapy, you know they might just want a music resource person, they might just want
a music buddy, or umm, just is it really music therapy.

So umm actually seeing what the therapeutic need is, is there a role for this here.
Yeah, that’s umm so just be, sometimes that’s just being limited the connection to a
couple of session. Just say look I can see music’s really important to you and I can
you really want to have someone to bounce all of your music ideas off, but at this
stage I cant see that. I remember talking about networks of friends or things that can,
other resources that can do that probably more appropriately than I can.

Laura
So sometimes it’s seen as stretching outside of your music therapy practice.

Participant
Yep. That hasn’t happened very often but I can think of one instance where that was
the case.

Laura
Yeah cool. So there were a coupled of things you talked about I guess, ways of
managing boundaries. One was supervision and one was I think you mentioned a sort
of awareness of it. So could you just talk about what role you see supervision in
playing?

Participant
Well I think one of things that I’ve learnt and continue to learn and practice through
supervision, it’s not like you have an end point. But umm, and I guess it does actually
fit nicely with this focus on musical intimacy cause I don’t know how musical
intimacy can be different to personal intimacy, I’m not quite sure, either that’s there’s
music involved in some way or some stage. Is that when there is a strong rapport and
relationships are rich and in my experience, relationships that are rich are reciprocal
so it’s not just giving to the client they’re often giving me a lot as well, and it’s give
and take it’s just flow and that’s what makes the relationship really work.

And umm so in those situations that, so if I’m feeling that, it’s likely, that’s an
indication that the person or the people I’m working with are also feeling that. So just
to use that as a yardstick, as a measure, as an indicator of what’s happening. And then
to be, to take care of that, so that for example if, say there’s a client, if there’s what
you would call a strong relationship and for whatever reason like, so that client for
example and umm, goes to hospital and there’s a long time where I don’t have connection with that. It’s rudely interrupted (laughs).

Laura
Hmm, yeah.

Participant
So umm there’s a kind of severing and there needs to be some kind of attention paid to what that means to me. Umm because if I don’t pay attention to that then I’m not going, I’ve got unfinished business and I’m going to take that to the next client. And umm and it means that I’m more likely to get run down, I’m more likely to burn out, I’m more likely you know all of those things. Some need to attend to it in some way. Now sometimes it’s appropriate to actually get on the, I can think of times when I’ve actually phoned patients in hospitals and said “oh I’m just thinking of you just wondering how you’re going, you know looking forward to when you’re coming home if that’s going to be the case, or is there anything I can do you know it might be sending them a cd in hospital or finishing off that project that we were doing together, or just tying off in some way or connecting their significant other or, just in some way staying present with them.

Umm and letting them know that they’re part of my thoughts, that you know there is I’m still thinking of them, that they haven’t been forgotten that that relationship has been carried forward in some way. And it’s wonderful to have the opportunity to say to clients what, how they affect me, so you know I really enjoy spending time with people, or I really appreciated this certain qualities. Like this one client I’m working with at the moment and I was able to say to him how, what, how admirable his strength is and his determination to fight his illness and, and ah so I was able to say this is the quality that really has made an impression on me. Yeah so that helps, because it feels like that’s not, so the impact that they’ve had on me is one, it doesn’t unexpressed, it doesn’t go unacknowledged that that exchange, I guess there’s some love in that exchange and it’s ok to say that you know this has been a really special time.

This has been really, yeah to and umm, so that doesn’t feel unfinished when those things, when attention is paid. So as a, in the first instance I would prefer to do that directly face-to-face ways. If I can’t do that well the I find indirect ways through a card, or through getting on the, well still can be connection through the phone. Sometimes there’s not the opportunity for that and I need to spend some time you know self-activity for myself, it might be drawing or writing or, umm, even writing a letter that will never be sent. Or planting something in the garden or umm, some small ritual. You know might be lighting a candle, umm, yeah to allow, you know there needs to be a passage for that relationship, you know relationships have a trajectory of their own and that needs to, so that it’s not necessarily cutting it short or ignoring it, don’t ignore it. It’s just finding a place that it can came to, a resting place you know the relationship come to a resting place. Weather or not it’s directly with the person or umm yeah.

Laura
Cause otherwise it will impact you long term is that, you mentioned like burnout and those kinds of things?
Participant
Yeah and I need to allow the space for umm you know for sadness or frustration or a celebration, it’s actually really important you know all of those things. That that, the relationship there’s a feeling quality to it and all of those feelings have a Participant ural course and o allow an expressive, to allow them to find that, to have that Participant ural course otherwise you know they’re draining rather than up… um yeah they become burdensome rather than free and fresh. To make people fresh.

Laura
Yeah that’s interesting, and I guess coming from my point of view looking at boundaries and I don’t know weather it’s specifically boundaries but being aware of when clients impact you in that way and then it sounds like you have great strategies to then have the closure so that it doesn’t impact you over time. It’s probably highlighted in this context in palliative care?

Participant
But with the exchange and there’s like, and I sort of agree with and I sort of disagree with you at the same time cause I’m going yeah impact, and I thin yeah impact I think we’re talking about like in the negative sense of it being burdensome or experiencing the loss, and … there’s that aspect of it. But there’s also, it’s not all, we don’t need to pathologies it like it’s not all negative it’s actually really positive, and so I carry and consciously carry umm many relationships that I’ve had with clients and it’s actually born through musical relationships as well so I have strong associations with certain pieces of music with certain clients that you know are not living any longer. Umm, to me that just adds extra life to the music, it doesn’t detract, it actually adds to the life force of the music it does actually detract at all.

And it’s long term, it can over lots o years and. No I actually see that as a really positive thing so and I see, and it’s interesting this boundary issue in the context of palliative care because as you know, the, it’s an existential issue what boundaries are, life and death what happens after death. You know it’s a whole existential question of where are the boundaries are, and in some sense I have come to… I feel like it’s a place of peace and strength in this work of accepting that kind of with music there is no boundary in the sense that, you and I could you could be my client and we just share some music here and then I go up to the shopping centre and I hear the same song on the radio, where’s the boundary in that?

Or I hop in the car and there’s or I’m remembering the song and it’s going round in my head, or we’ve been singing it and it’s carried within me, you know the songs that go round the head. Often it’s the song that I’ve just created with someone is the song that’s going round in my head, and it will go round in my head for a few days, and it’s not a bad, that’s the nature of music it moves in time and it brings continuity and it’s umm, that’s yeah so it’s not like. I remember having a conversation with some of our staff here a few years ago about boundaries and one of our allied health team members said one of the things that she does is to leave work behind when she goes out somewhere just go to the shopping centre, or go to the library or just a way of cutting of you know from work time.

And I was just saying well just how different for me it is because I just feel like the
music keeps going. So even though I’m not going to, I’m not going home and on the mobile phone and phoning clients up or whatever not in that sort of direct way, their music is with me. And I might take it home and I might be practicing something, and ah, so I think with music boundaries are, I don’t see there’s, I don’t see that there are boundaries with music and I think that’s actually the strength of it. I think that what actually makes it, it goes on, the music goes on, it doesn’t rest it doesn’t stop, it continues on and that’s yeah I don’t see that that’s a problem I see that as a strength.

Laura
Yeah it makes sense when you say it like that; yeah it’s a lovely thing. Music is everywhere, and not full relationship but parts of the work are going to carry on.

Participant
And I think it’s contrasted with the in so many instances where you meet with someone and they’ll have a particular association with a particular grief with a particular song, and they’ll hear that song “oh no I can’t hear that song it just makes me cry, I can’t do that one”. And it’s like as a music therapist I don’t think I can have that, for me I need to be more emotionally resilient, and a song is a song it just has different contexts. You know that’s not a behaviour that I can indulge in. You know I can’t do this work and have that behaviour. Yeah so, and that whole belief system that some people have around “I can never listen to that song, ever, ever again” yeah you know it’s like nup. I just like saying well actually it’s just a phase if you want to work through that you can but they’re usually not open to it when they’re in that experience. … So boundaries to me are negotiated. And to me the challenge with boundaries is the skill in negotiating them. To me it’s an art that I, I’m improving at but it’s nowhere near mastered it.

Laura
Yeah that’s another question I had, which was how, how has your approach to boundaries formed do you think over your practice?

Participant
Yeah, I think umm, I think umm mostly through supervision and mostly through this current work tat I’m doing. That I’ve learnt to make boundaries much more, to articulate them up front in therapy and articulate them early as early as possible and be in the habit of not just thinking about what I’m doing, but actually articulating what I’m thing about so people can just say “oh I think that’s a good idea, no I don’t think that’s a good idea” so they can be part of that thought process. Yeah and the more that it’s, it actually makes it easier, when it’s articulated and it needs to be articulated in any instance, because what you think is music therapy is any instance may not be what I think of as music therapy so we’ve actually got to articulate it.

Laura
So that’s a real strategies you use with them to kind of lay it out when you start?

Participant
Yeah. Having said that as soon as we start bringing in the verbal to navigate, the verbal has a whole bunch of, bring out a whole bunch of, it’s a whole arena in itself it’s a whole thing to navigate and can umm, trigger a whole bunch of defences.
Laura
In the client? Or yourself?

Participant
Well I’m thinking particularly with the client, because I think if there’s a thing off, just with language and look it’s probably once you’re face to face with people and they’ve been open enough to allow you into their space it’s probably not so much an issue, but I’m thinking particularly on the phone and conversations and I’ve had quite a few people referred to music therapy and it might be just the time I speak to the people and they’ve got lots of things on their plate and they might be just in a very sort to do phase of things that they want to get on do things.

And the idea of music is like, it just has no relevance. So it’s wonderful to be able to have those opportunities to be able to open conversations. Umm at the same time conversations sometimes can look it’s the only way through so you’ve got to go there anyway, but I’m just thinking in other contexts where you might actually get to music making earlier. So you have some kind of music experience that becomes then, for example there was one client who umm, who referred herself to music therapy because she had overheard music therapy in a hospital setting. And she just said oh that just sounds nice I want that. So she’s had, she’s been exposed to music therapy; the music of music therapy and that was appealing to her. In this home based setting no one gets that, there’s no exposure in that indirect way. So yeah, so to me there’s opportunities that are missed and that might be found in other settings.

Laura
Yeah that’s good, you’ve definitely covered a lot of stuff it’s great. And I think it’s well what I’ve found with boundaries is that the more you think about it there’s many other levels to go to. But yeah I think we’ve covered most of the area that I wanted to get to but I guess is there anything else that you wanted to ad about these ideas, even if you disagree with them you know your experience is what I’m looking for.

Participant
Umm, probably around boundaries, I think the other thing that, I mean it’s interesting that your doing this research and I think it’s a great topic and interested that it’s the grounded theory approach you know cause you’re going to draw the theory from what’s been shared I understand that’s the way it’s done. And I’m interested in theory and I’m kind of interested in how we articulate that as music therapists and how we are accountable to the way that we practice. I think we have such a broad scope of practice which is it can be strength but it also can be a weakness, I mean there’s the freedom but there also needs to be the responsibility and the accountability and with that comes like we haven’t obviously researched every aspect of music therapy, every opportunity that we have to work is an experiment to some degree and umm, but with that never the less I think I would like us to be more articulate about what theoretical framework we are working from in any particular instance.

Laura
So with boundaries as well is that what you mean?

Participant
Yeah because I think possibly different theoretical orientations have different
boundaries. And ahh you know it’s all very well to be eclectic you know in our theoretical approach but in a particular instance we’re offering a umm, a sort of a very behavioural or medical intervention where if it’s much more psychodynamic. So there different according to, I mean I’m the same therapist, but according to what sort of theoretical orientation I’m working with particular clients and why I would be orientated in that way. And I mean in this setting it’s umm, the theories around grief and bereavement are obviously going to be very important so the rapport is always fundamental to therapy and also attachments really important and you know, yeah but there’s, I just, I feel like yeah with a health, with a more healthier, I guess in the setting that I work in there’s not, I’m not asked to articulate the theory to which I’m working to. And I would actually like to do that as an interdisciplinary team I would like to have that articulated so that with this client I’m working this way and then say if their counsellor is working along side me, what is that theoretical orientation and where are similar and where are we different, and have that much more clearly mapped.

Laura
So would you say you theoretical approach is eclectic or is there a particular one that you?

Participant
Look it’s eclectic, I identify with umm integral theory because it’s eclectic (laughs), but also I have some pillars that you come back too at any particular time. One of them being like I think we talked about, you know you work talking about emotional states and I was talking about state of consciousness and that’s been part of it and umm yeah I find that, I found that really helpful to navigate being a team member in a medical context. That being very useful to help define my identity in terms of, and we talked about being with clients, that being time. And so what is that, and that to my mind is really being attuned to the clients subjective stage and their subjective awareness and umm, being present to that and really navigating the work according to that. And I’m sure, look I don’t think I’m the only health professional that does that but I think it’s navigated differently as a music therapist as to a counsellor or a pastoral carer. And I don’t think there are; look some nurses would be attuned to that quite well. And they would be some of the time and others wouldn’t be. Yeah and I think sort of orientating it in that term in that way that comes from integral theory.

Laura
So it aligns well.

Participant
Yeah.
Alright, well thanks very much for doing this interview. It's great to come out here and meet music therapists. So, I’ve been interviewing some people in the US, and then you’re actually the first one in Europe, so it’ll be exciting to get that perspective. Umm… yeah so I guess first I’d just like to get you to explain a bit about what areas you work in, and your general approach.

OK. I work for a charity, so that means that I do a lot of work, or outreach work. And also I take on private clients within the charity space where we’re located right now. So the majority of my outreach work is in a high secure forensic setting. Working with adults, offenders… not all of them have an offense, but of… 95% have a diagnosis of schizophrenia.

Oh, OK.

I do also work in one school with children with additional support needs, emotional difficulties. And then my small client list here at the base includes people with dementia, adults with learning disabilities, children with autism… yes, that’s it.

Yep.

So it’s kind of varied.

Yeah, yep. And is it… is your main work in the forensic care stuff? Like how many days?

That’s 2 days a week, so it’s a majority of my work right now. But that’s all for the same… I’m employed by the charity full time. And so we provide outreach services. We’re a bodem service, and so where I work is an NHS setting, but I’m not employed by the NHS.

Yep, yep. Cool, cool. Great. And so how long have you been a music therapist?

Ah… 7 and a half years.

Yeah, cool. Nice. Cool. So I’m looking at this idea of, umm… I don’t know if remember reading through the plain language statement and stuff, probably not, but that’s fine.

It was a bit of a struggle, probably, what are we talking about? Yes, I kind of briefly read over it, yeah.

Yeah, so it’s… I’m really looking at… I guess, what I came in looking at is boundaries in music therapy. And then what came out of that is really looking at what happens around the musical interactions, and perhaps how is music therapy different, or how should we be treating boundaries in that respect? So I’d really like to start with, umm… sort of I guess some descriptions of what your musical interactions kind of look like in your work. And you know you can use examples if anything pops up, that’d be great. Yeah,
so, just go for it.

OK. Yeah, I suppose the boundaries are incredibly different in the all the different areas in which I work. Specifically in the high secure forensic area, those boundaries are incredibly different. Umm… what my clients know about me, what I’m able to do in the sessions. So those are very tight. And some of the boundaries are my own, and some are the hospitals. So that’s quite distinct compared to any other work that I’ve done. That’s for my protection and for the patient’s protection, and usually relates to their illness. My work in the school is quite different. There’s maybe a bit more that my clients know about me. Although, in all the other settings all my clients are children, with the exception of 2 of them. So there’s, you know, they kind of know that I’m close to the area. The boundaries of what happens in the session are very different. Again, the setting in which I work will also determine some of the boundaries.

What’s ok in the room, what’s not ok. And sometimes that can take a bit of negotiation with the teaching staff, that… And they’ve begun to understand that umm… standing on a chair, which is totally unacceptable in the classroom, is actually OK in music therapy. So both my teachers and my clients know that, and they understand the distinct differences. And the boundaries here in the base are that private clients come to see me, and umm… it’s different. It’s an interesting thing because our clients come to see us. Sometimes it feels like an isolation, because we may not be connected with any other members of, you know, clinical teams or speech and language therapy. So I mean there’s less of kind of a multi-disciplinary team. So that creates a different set of boundaries, umm… And I suppose we’ve got our own space. So there are kind of liability issues as well, over health and safety and umm… yeah, depending on how vulnerable our clients are. And I would say time boundaries tend to be a bit maybe less strict here. And there’s a bit more of a familiarity in the clinic space than maybe there would be… although it very much depends on the person and maybe what they need.

Yeah, that’s right. Yep, cool.

Big question, but I mean I suppose that’s kind of the general… I think when you asked me I was thinking kind of physical boundaries, boundaries of information, boundaries of what’s ok and not ok in sessions, umm… Confidentiality is really interesting. That just came up in my supervision today, thinking about what’s ok for a music therapist to show. And my supervisor is a psychotherapist, so he doesn’t have the same background, and we were talking about showing work to carers for adults with learning disabilities. And then that’s actually fairly commonplace in this line of work. Within the charity, within some Scottish music therapists that because our clients can’t talk about the work and there’s a kind of sense of accountability I guess, and sometimes we’re trying to demonstrate a reaction that is very significant in music therapy, so the best way to illustrate that is through a recording. And as far as we’re able, we try to get consent from our client to say ‘is this ok if somebody else sees this?’ Which is difficult to know if we’ve got the right answer. So umm… issues of confidentiality are a massive boundary.

Yeah.

Yeah, yeah. There’s lots of different areas, and when you really start to unpick it, it gets very complicated.

Yeah, that’s right. That’s right. Yeah, yeah. Cool. Definitely I’m hearing, like the context changes the boundaries quite a lot.
Yeah, yeah.

So maybe if we go through, I guess we could look at your forensic work and what kind of boundaries are in place there? I mean you’ve sort of mentioned some, but if you can explain a bit more.

Well because it’s a high secure facility, there are different levels of security. There’s a physical security, which includes the gates, the locked doors, umm… I have a set of keys that I have to take with me everywhere. And there’s very distinctive procedures – how many patients can be in the room, how many staff members need to be in the room. I have to… I have a certain level of physical training that I have to have in order to be in the room. So there’s these kind of security measures put in place, which has a big impact on the work. Even the patient’s relationship to different members of staff. The way that they would, for example, they’re within a ward where there are nursing staff within them at all times. And so there’s nursing staff working with a patient for an 8 hour shift.

And the kinds of things they’d talk about would be very different than what happens in my 1 hour or 1 and a half hour therapy session. There’s a bit, maybe more familiarity where there’s… because we’re there to work in a session the boundaries are different. I mean we may not chat about various things. And so I find it very important to not reveal pretty much any personal information about myself. And that’s… But that is also advised. There’s another level of security that’s called kind of psychological security, that we don’t share information with patients. One, for our own safety.

But also two, sometimes it can also have an adverse effect on our patients that, you know, it may fit into their delusional system. And these things kind of happen. There’s also boundaries of information sharing because we have an electronic record keeping system. So every time you have a clinical interaction with a patient, even if you have a significant conversation with a patient it goes into this electronic system. So it’s really, really tricky because while I will give the gist or the feelings of a therapy session or things that I found significant, it’s a clinical record so therefore it’s a legal record. So I can’t be too subjective in, you know, in the sessions. But it’s difficult to walk that line sometimes, between the process and my own thoughts and the facts. And sadly a couple of times I’ve had, what I put in, which I thought was fairly general but still informative, I’ve had it taken out of context and sometimes nursing staff have spoken to patients to say ‘blah, blah, blah. I heard you’ve said this in music therapy, that’s not ok’.

Oh, no.

And aww… just massive issues of, you know, clinical boundaries of what’s ok to say to patients and what’s not. And you know, different members of the team understanding of our… of the way that I work.

Yeah, that’s right.

So it brings up a lot of issues and it’s umm… yeah, just creates a whole set of problems. There’s also… I’m very limited with what I can use in the sessions because I have to take account of all the instruments I use. And every single piece of equipment has to be counted in and out in every therapy session that I use. So… because they could possibly be used as weapons. And so that, there’s also no kinds of media that can be brought into the hospital, so even though I might use an iPad in my work, otherwise I can’t use a little… I have only
recently been able to record sessions. And it’s very difficult because, again things like my client in the school who’s allowed to stand on the chair, that would be very difficult to sell in the state hospital.

Some people just stand on a chair and just evoke something. Because everything’s observed at all times, the rooms in which we work, even though they have doors and some of them have curtains, visibility is a massive issue in the hospital. Things have to remain visible to members of the staff at all times. So there have been times that the clients have kind of been letting themselves go using drums, making a lot of noise. And there have been issues of staff kind of sitting at the window or kind of checking that I’m ok. And at the same time, yes I do need to be aware that for patients with schizophrenia who may be responding to visual stimuli or auditory stimuli, that yeah, we need to make sure there’s a… to maintain a safety for all of us, both psychologically and physically. So there’s only so much that sometimes clients can bring.

That’s right, yeah.

Yeah, it’s an interesting part of the institution. As well umm… it’s very, very easy, and there’s a real fear in the hospital about patients kind of targeting certain members of staff. Either kind of negatively but also kind of separating them out saying “well you understand me, but everyone else, they’re against me”. And that can happen a lot of times with patients who are highly paranoid, that because my approach is the way that it is, there… I’d say there are maybe 2 recognised approaches at the hospital. CBT is probably the main approach used. And I’m one of 3 arts therapists.

There’s… I’m the only music therapist there, there’s a drama therapist and an art therapist. But then the rest of the psychology team also use CBT, but they also started using MBT, which is Metallisation Based Therapy. And that’s pretty new. And that’s been a big fight to have that in. So there’s… It’s a very cognitively based therapeutic system. And to bring in an arts approach, and a person centred approach, and… which is… you asked me to say about, which I didn’t. Umm… yeah it can be… sometimes there’s a little bit of disjointedness between the approach that I take and a purely CBT approach, which is far more cognitive. Umm… I’ll slightly backtrack because I didn’t say about my approach, I was not a problems-trained here in Scotland. So it was a pretty music-centred training.

I’ve since moved away from that a little bit because I have done quite a bit of work in out mental health. And I’ve had to take on a bit more psychodynamic study and counselling skills. So I’ve become… I guess my own boundaries have changed from my training approach. That an approach I find is really useful with people with learning disabilities or children doesn’t necessarily work so well with adults. So that’s changed for me a bit, and taking a lot from counselling and psychotherapy. So however, in comparison to a CBT approach what I offer is often very unknown because you know, I don’t set an agenda, and I don’t… pretty much follow what the patient wants to do. Yeah. But in keeping with the aims and the reason that they were referred. Umm… so that can sometimes be a little bit at odds with the ways that other people work in a hospital.

Yeah, yeah. So how do you find… I mean it sort of… you sort of touched on it a bit, umm… bringing music into a context like that, that is really… sounds very… a lot of
rules and things?

Yes. Yeah, there’s a lot of institutionalisation. And I would say this facility in particular, umm… There are other high secure facilities in the UK, and this one I would say is not as forward thinking as the other ones. This is my opinion, but I think that umm… there’s a lot of emphasis on a CBT approach, but also a lot of… maybe it’s a sense of feeling uncomfortable with whether it’s a therapeutic institution or if it’s a containment institution. Umm… though the hospital itself would promote it’s umm… that it’s a person centred, patient centred care facility. There’s a lot of attitudes that I would fine are not that way at all. And I think it’s a difficult institution to work in for anyone. And you know, I do have a lot of sympathy for all of us staff working. It’s a hard place to be. But ah… yeah, I’ve slightly forgot what you were talking about, but umm…

Just sort of, umm… bringing music into that kind of context.

So that… yeah. I think even just the fact of having music in this place is a big deal. There’s only one of me as well. So I walk around – there’s a big grounds in the hospital and there’s a lot of outdoor space. And to get from different wards you have to walk outside. And so because I have a limited amount of instruments, I have to carry a lot with me. So I have a trolley, I have things that I carry. And on the one hand it’s very interesting for patients. When I walk by it peaks their curiosity because no one else walks around with a guitar bag and umm… I do get all manner of. You know, funny banter, “oh, it’s the guitar lady”, “it’s the guitar teacher”, it’s the… So yeah, I think there’s not a lot of music - well there really isn’t - that happens in the hospital. Umm, patients listen to radios; they listen to personal stereos, that are about it. So in essence I’m kind of the ambassador for music in this place, and I’m there twice a week and I’ve got a full clinical caseload. I haven’t… When I first started I started doing – just so I could get to know some of the patients – I did a music appreciation group. Where we listened to different kind of music and talked about it, and that was really interesting to get to know some of the patients that way.

And then I kind of settled into doing individual and group clinical work that had very specific aims. And umm… I’m thinking now that I need to step back from that a little bit, and though I still want that to be the main area of my work, I want to offer a sort of social music group. And I want to offer, kind of where there’s not as heavy therapeutic aims happening, and that takes a lot of time. But actually where there’s music offered, because there’s lots of patients who do have some skills. That play guitar or piano, or… And because of the restrictions they don’t get access to equipment like that very often. So if a patient has his own guitar, he has to be supervised while playing it.

So if there’s a member of staff available and he makes a request then he can do it. But it takes a lot of effort, and particularly when you have schizophrenia and you’re suffering from low motivation, that’s difficult to happen. So the opportunity to be creative in music is nearly non-existent in the hospital. So I think there’s a lot of scope to develop more of a kind of musical culture in the hospital, and a creative culture. But that will take a lot of support and it’s… yeah, it’s a long way off, but I think you just have to keep trying. And there’s a lot of staff who would like to be a part of that.
So it’s just finding the right people who feel that’s ok. And don’t immediately see the risk of having a guitar in the room. Yeah, so. Yeah. And I think that’s a kind of music side of it, and I think the other part of a music therapy approach is that person-centred, is that patient-led aims. Yeah, it’s… I think it has its place in informing what’s going on for patients, giving them a voice to create their own route to recovery. And, you know, it can add a lot of insight into a patient, particularly for patients who have a learning disability or patients who are struggling to communicate. And a lot of them, even if they don’t have a learning disability are struggling with coming to terms with their illness and indeed their index offence. So there’s a lot there that I think the arts, not just music therapy, but art therapy and drama therapy and dance therapy can offer. Just a different way to look at what’s going on inside. And give the patient ownership of their own recovery process.

Mmm… definitely. Yep. So umm… so I’m looking… the other part of what I’m looking at is this idea of musical intimacy in work. You know, work and how you negotiate boundaries around that. But first I guess I’d like you to just think about if musical intimacy sort of makes sense in your work, and if you can think of, like any examples that it… you know.

Are you looking for my definition of musical intimacy, because it’s not something I’ve really thought about before? In that… using that phrase.

Yeah, it’s not really anything that’s really written about I guess. So it’s sort of what I’m looking at. So some of the examples that other people have talked about have been maybe a moment that they have with the client through the music that’s a bit more profound or something. They feel a stronger communication with the client. Or there’s an emotional reaction or response, or something like that. So it’s… I guess it’s ‘what does the music add, you know, to the experience?’ and …

Yep. I think… ok, I’m with you know. It’s bringing to mind a couple instances. I’ll focus on the forensic work and I’ll also speak about something else that come.

Yeah, I mean whatever comes to mind.

Because it’s so different in forensic work, there’s… intimacy, which is why I’m so interested to be a part of the study is that intimacy is a very difficult word in the hospital because we’re working with people who have committed offences, like murder, like rape or abuse. And there’s a justified fear in intimacy. There’s a justified fear for patients to be intimate, because for some of them they have experienced abuse, or they have abused. Not all of them, but… So intimacy is very difficult for most of the patients, in any kind of way. I receive the second biggest diagnosis, even though it’s unofficial, after schizophrenia would be attachment disorders within the state hospital.

And there are… there are patients who have recognised personality disorders. But I would say that the majority of patients I work with have some kind of attachment issue. Whether it’s being too familiar, or whether it’s, you know, avoiding people. So intimacy in general is very, very difficult for both patients and staff. And I think for some of the staff they survive in that institution – depending what their role is – by never having any intimacy with patients. And then I’m asking patients to come into a therapy session and I see them to be… intimate with themselves, to get to know themselves. What, on the very basic, for some of them what they like. What they don’t like. What they think. What they… and there are other members of staff that do this of course, I’m not alone in this. But I think the process of therapy is a really vulnerable one. And this Participant ure of intimacy for some people, when they’ve been
intimate with someone it’s been abusive, so they often protect against that. And I think the thing about music is it can be very disarming very quickly. And umm… there’s a little bit of resistance sometimes. We generally… if patients don’t… if they’ve been referred to music therapy and they don’t come, they don’t even come to the first session.

So that barrier is a big one. And that’s kind of it. So patients who come are either curios or possibly want opt be there, or really want to be. Some of them may want to be there for reasons that are different than me in that they want to play guitar, or they want to learn to how to play guitar and there’s a bit of explanation that I’m not a teacher. But then I’ve noticed a process for patients who are maybe a bit resistive or curios they may use humour to kind of distance themselves and think that I’m asking them to be quite child-like and that can be difficult. And I guess I find that I take the approach of making it a relaxed atmosphere that it doesn’t matter what you do you know you can do nothing, or you can try some things out, I’m no expert I’m not analysing I’m not judging, lets just have a go. And lets break down some of these anxieties. And when patients do get into it, yeah I have noticed really profound connections sometimes between patients; sometimes with me and sometimes that can feel scary for both patients and myself, you know on the counter-transference.

Sometimes that can feel very nurturing. I’m thinking of certain examples, a patient I worked with had worked with a previous music therapist before and he was in seclusion which meant that he was in his room 23 hours of the day because he had difficulties with impulse control and he would literally hit out at anyone even near him. So he had to stay in his room the whole time, and he requested this for his own safety and everyone else’s. So they had, they would work through the door and then I took over this work and I was working in this way and it was really difficult, but this patient was really committed too, he liked singing songs he liked spending time with people.

And as time progressed he was able to come out of his room for periods of time and that’s been the case for probably two or three years now that we work in the same room together with staff, so that’s an interesting intimacy issue. For staff who have to be there for everyone’s safety, but we’re having a one–to–one therapy session so it’s tricky. And he umm, was interested we started looking at some song writing and he was really resistive to that “oh I can’t do that, I can’t do it, you know you have it” and it took ages and ages for him to get his confidence up. And when he started doing that there was a moment where he had written down all these lyrics outside the therapy session he brought them in and then we started working through a melodies and a bit of a accompaniment.

And when we first sang through the song, there was a moment that we’d done something, there was this kind of recognition between the two of us that “oh gosh” something that you thought you couldn’t do that all of a sudden became this process that I didn’t put it into, that I guess was a deliberate apart. I guess it was a deliberate choice that some of it had to come from me too, checking in with him but we did create this things together and subsequently have written three other songs together.

Yeah

And there was a song in which he made reference, ah it was a love song he liked to write love
songs even though he had not had any experience with relationships. There were some reference, which I thought, may have referenced me and I was curious about that and I brought that up with him. Just saying “I’m just wondering who is this about” and explained to him about these kinds of things that can happen in therapy and he really backed off from that and you know, maybe it was true maybe it wasn’t. But there are those moments that can happen in the creative process that for someone who’d never had a relationship with a woman in a way he was having a relationship with a woman, albeit a therapeutic one. We’re writing songs together, you know any working collaborative situation there is an intimacy there in that process of choosing and denying.

Other experiences in the forensic setting. I think patients realising that they can be quite venerable by using their voices and that is a big, big issue to be able to sing. You know there’s a real culture for a lot of the patients of the hospital so to sing a song would just be ridiculous, nobody does that unless they’ve had a pint in the pub. And a group which I currently run with the drum therapist. Again I think I usually have to take the lead in doing something that looks a bit ridiculous like starting to strum a guitar and um we kind of started the, we call it the soup song writing process, where everyone just adds some ingredients. And I play a chord pattern and sometimes we just drop words in there, sometimes the words are spoken, sometimes the words the phrases are repeated. And then to the pointe sometimes to the point where sometimes they begin to be sung. And it’s a very intimate situation with a group of people both for the facilitators and the patients and you know it kind of happened spontaneously and there was this sense of “what just happened there”. And it was a surprise to myself and my co-therapist as well. And that became something familiar for this group and they became much more able to be playful with each other. In that repeating each other’s phrases you know accompanying, not that this group was able to sing in harmony, but they were able to repeat and create some kind od momentum and almost like a chorus.

And that became a very, very special thing, I think. You know I don’t want to assume for the patients, that they were able to give that to each other and give each other space and give each other a voice and that has been really surprising. I would never have thought. And in a way because of this culture in the hospital of security, of, I suppose caution, I was going to say mistrust but I’ll say caution. For someone outside that group to suddenly open the door would feel incredibly intrusive, it hadn’t happen thank god. None of that happened, but there was a real sense of venerability and that there’s something that we’re building here that is very, very delicate. And you know whatever it meant to each of the patients to be able to do that. So that’s yeah that’s been that’s incredibly venerable for the patients and for myself as well. There was always a moment where I think ok I’m going to start this guys and how are you going to take it? For anyone and that’s my job, to know what to do so that’s quite interesting.

Yeah those two examples are very interesting and you sort of talked about it a bit, but how do you sort of make sure that they’re safe and feel ok and the boundaries are maintained when you’re in that kind of venerable space?

Yeah that’s a really good question. I think because it happened so spontaneously I think the first song-writing example was a very long process of confidence building, because the patient had expressed a desire to write his own songs. So there was a kind of negotiation that ok do you want to undertake this process. So there was confidence building at the start then there was, and then he spontaneously brought the words. So I think umm, you know it was something that was really important to him and we had to negotiate who’s responsibility was
what. So initially I provided a lot of the musical input, just because it wasn’t possible to fell he could do that and I had quite a bit of input and it was, and we kept talking about it.

And so he would definitely defer to me, and so it was, I really had to be quite aware to not take over an go well it should be this way and craft it that way and da da. And make sure he was ok with happy with all the choices. But at the same time not overwhelm him with so many choices. There were some things I just had to say well it could kind of be like this, we could structure it like a beetles song. OS there was something familiar he could turn to. And then We negotiated me taking less and less responsibility, and we’re still negotiating that because there’s a song that were still, this song has taken us a long time, he’s got lots of complex words and he’s just not quite ready to put the music to it yet. Cause he would be quite happy for me to just do all the music and, umm as he says make it sound good. But you know it’s about his process. So that’s been fairly clear.

The group song writing that was very spontaneous and was kind of meant as a verbal group reflection. Which is done in a very safe way where we think about what we’ve done and we just use words, and you know there’s no comment on anything anyone brings. But to make it musical, give it this different dimension, and I guess we don’t, one of the patient sin particular who really took to that process them would kind of sing some of the phrases outside of the therapy session. And he would kind of want to connect with the guys in the group like “hey we wrote this song together, we should be a band’ and so some of his, fed into some of his, well genuine excitement but also some of his grandiose nature of his illness. Yea and we had to then go back to the boundaries of the session and say what’s ok to say outside the session, what’s not. Is a line from a song any different than someone speaking about something in the session. So we had to go back to our group agreement and yeah it just had to be negotiated at the time. But tricky cause I’m not with the patients at all times and it’s up to them to honour that contract I suppose.

**So do you, because it is music that it somehow maybe changes the rules a bit for them? Like for that guy he probably thought it was ok to sing those things?**

Yeah, yeah, in hi enthusiasm and that’s where it came from. It wasn’t to needle anyone cause that would have been, cause that would have been to make fun of them. It was genuinely excited and I think again there’s this kind of nourishment about music that is exciting and is different and catchy and I think there is some quality that I couldn’t possibly put my finger on about and theirs’ a pliable difference between having an exercise where there’s a circle of people who walk into the centre and go, ahh remembering and you know just using words to reflect on the session or hope or you know these kinds of things, there’s a bit of distance in that. But when you start to put melody, when you start to fit into rhythm you start to support alongside and I mean sing, I think there’s something that’s really, really, significant that is using more of the person than just their brain. It’s using their whole body it’s using their energy, you know some people might call it spirit, using more of their internal, I’m not sure what I’m trying to say internal world or, umm, maybe a sense that a part to themselves. Ash, yeah and particularly for patients in this hospital who have maybe for some of them have crafted a life time of not showing their feelings and on umm connecting with people umm that’s yeah, that’s incredibly powerful and can be really profound. It can be unsettling; umm so far it’s been taken fairly positively.
One patient in that group is no longer in the group, umm he never in putted in any song, any words. Umm he would sometime contribute by playing a drum, but sometimes he couldn’t even does that, it was too much for him. So he just, he didn’t, he was part of the group pas an active listener and that seemed fine for the group because they were more robust but for him umm he was highly paranoid and highly paranoid about his own situation that he just couldn’t bring himself out there, so I think yeah it’s good for us to note that this process isn’t always possible for everyone, that there were ways for him to be in the group without having to actively participate.

Yeah cause I think you mentioned before that it can be, not unsafe sometimes but..

I suppose the spontaneity of it, it needs to be continually negotiated and contracted to say what just happened here, umm which we do quite often in this group. Because we do so minty creative things were we don’t know what’s going to happen. That’s what we’re trying to get from this group to be spontaneous and to think and to be creative. We very often check in, what just happened here, umm what did you make of that. What qualities would you attribute to that and they get a chance to discuss it and make it ok and if there are any patients that are experiencing anxiety and are just like “oh, I didn’t like that”. OK that’s perfectly ok and you can kinda just shut that down. So I guess that’s maybe the way that we, manage it, but it’s difficult to know what’s going to happen. And fortunate with this group they’re cognitively able to say that, sometimes they don’t, but they have the capacity to as opposed to someone who doesn’t have language who can’t tell you in words perhaps no that wasn’t ok with, so you’re having to pick up on other signals. So I suppose that makes it a bit easier.

But then again there are some patients who are quite eager to please and will just say, “that was fine”, but it wasn’t for them perhaps.

Yeah, yeah it’s very interesting work. And you said you had some examples from your other contexts?

Yeah I was thinking about, another boy that I worked with. In a school and he ahs emotional and behavioural difficulties and I’m having to really follow him quite a bit because he takes, he uses the music in a kind of musical way. Like making songs or playing drums and doing things like that. But very often he kinda takes the play therapy approach were uses instruments as props or characters in a play so that’s been an experience for me to kind of keep up with that and try to do a bit of extra reading on some play therapy techniques.

He, his a boy who appears very touch form the outset but he’s actually hurting quite a bit inside and feeling very venerable so he’s kind of at odds with this tough exterior. Strongly not unlike the patients who I work with in the hospital, though he’s much, much younger. And he, there’s a sense that he kind of gets, that in this music room he can be whoever he needs to be without judgement, without getting into trouble, he can stand on the chair and he’s not going to get yelled at. And that he kinda needs that space just to let it out, this energy and sometimes negative feelings out. And he really seems to under stand and sometimes we’ve had to negotiate the boundaries for example I have three rules that the children know, that you
can’t hurt yourself, you can hurt me and you can’t hurt the instruments.

And if these things happen then we have to stop the session. And for the most part that’s not a problem. Sometimes things get broken accidentally and this is what happened in the session thata beater was broken accidentally. And he was being a bit rough with it and before I could kind of remind him of the rules it happened. And umm he then took that and said, and he asked me “well it’s broken now, can I have it?” and I said well no you can’t and this belongs to music therapy sessions and even though it’s broken it’s going to stay this way. And actually we still have this broken beater and he can’t take it home with him.

He got really, really angry with me and actually left the session, threw this thing. And but it was a test to see, and this is something that is a big deal for them that, sometimes he can be destructive to his property and then he thinks if it’s broken, then he can have it. So nobody wants it, it’s junk anyway, which is more about him. So when I said that he couldn’t have it he didn’t unite know how to deal with that. And he told me he’s never coming back to music therapy and I was like ok I will still check with you next week and if you still chose that then that’s ok. But I’m going to check in. So the next week before I saw him, the teacher said he was asking to make sure you were going to be here and give him his session today. And that seemed really important that I held that boundary and it felt.. But at the same time it was flexible ok you’ve left the room, you’ve kind of broken two of my rules, but I’m still going to be here for you anyway. And that’s what he really needed to know; it’s never been an issue since.

And so I mean that’s kind of the boundary session. But the intimacy I think, well I guess is that trust. The intimacy there is out with the music making and within the music making. He needs to know that I can stand the rage that he has and he’ll very often tell me play the meanest, most evil music you can play and I’m going to do this and it’s something that I need to be able to match him. And do I get him, I think is what he’s asking me and how am I going to explore this through the music. And he very much uses the music to do that. And then he said, we also use the ipad quite a bit in the session and he there’s a dj app that I use that umm, that he can set all these different settings and he used to control it quite a bit and then he decided he wanted to dance. So he said you can be the dj so that was a big deal for him to give me that control.

You give me some instructions, and sometimes he’ll shout out some instructions to kind of change it a little bit. And so he was dancing one day and he said “you know I just knew, when I was five or six years old and it hit me right here (he was pointing to his chest) right in the heart” and I said what did you know, and he said “music, I just new I needed to dance and I knew I needed some music”. (laughs). This child, I was really touched by that, that he had his own personal relationship with music and I kinda felt like he was letting me into that in order to have this relationship.

And I happen to be part of that. It was maybe, though I knew it what a lot about our relationship, but at the same time he had a very strong sense of what he needed and what he wanted, even if he couldn’t articulate that. And I think it felt really interesting to be let into his world. And I felt that more strongly with him than a lot of other clients that I’ve had. There’s I think a kind of sense that the music therapist is the music. But I think very often we need to think about, no actually, the clients that we work with already have their own music and we’re just being let into that world, so. Yeah it’s quite humbling but quite exciting to feel that, that I’m actually just a conduit for you to get to know you better, which I know as a therapist but it’s nice to experience that sometimes to.

Gosh you really have a lot of resilience and you really have a lot of inner resources and I’m
just here for you now, but you’ll have this to carry with you. So I think that’s something that music has that, doesn’t always need us to facilitate that. And you know that’s why, well I really believe in this approach that it’s. I guess I feel that music is a tool. It’s not everything but it is everything. And it’s something that people have with them, that they have access to. And the relationship of course is important but it’s a small part of that persons life really if you look at their entire lives and hopefully what they get from music therapy something they can internalise and bring into their own world so it’s nice to know that our load is kind of shared by music as well, That it’s not, yeah and it changes. It’s very fluid I think.

**So your load is kind of shared by music so a lot of the work happens in the music? Is that what you're sort of saying?**

I think it’s a resource just the way that a therapist is a resource for a person while they’re attending therapy.

**Yeah ok.**

I think it’s something, it’s, it’s similar to the way that people can express and contain themselves though art. They have access to that anytime different too umm when that therapist isn’t there at 2 in the morning when things are not so great, or you know for a child who’s having a melt down or having a terrible day they have access to something that you know, I can’t be there all the times and they need to. I guess it’s just another way to have inner resources when I think about it and … yeah it’s something, it’s like it’s own relationship I think, your relationship with music. And sometimes it’s a painful relationship sometimes it’s a, but it had this amazing containing ability umm and it’s something that you don’t need to articulate or understand so I think there is an element of that an arts based approach.

**Yeah**

That kind of goes hand in hand with the therapeutic thinking. Yeah but it’s interesting to think about I do think about it in that way, but with your emphasis on intimacy, yeah, it’s good to kind of un pack some of these things.

**It sounded like an interesting example with him, like he was almost showing you his boundaries and letting you in a bit more through what he was doing in the music. Different interactions with the ipad, or the dj or the sticks or playing angry**

Yeah, yeah I think very much that he uses me, and not in a manipulative way, he uses me how he needs me, and he’s really clear about that. Even if I’m not clear about that I kind of get it afterwards and oh right this is what it’s about. You know he is very much leading the session and umm you know what you need and it’s just about me, sometimes reminding you of the
boundaries but sometimes just letting you go for it and finding that space because for him it is
difficult for him to regulate his emotions, it’s difficult for him to understand his emotions. But
he seems to find a way to have moments where he can get that, but he needs lots of space to
do so and in a classroom setting that isn’t always possible.

I do have a couple more sessions. One of the questions was about how you think your
approach or awareness of boundaries has developed over your career as a music
therapist. Big question (laughs)

(Laughs) yeah I guess am more aware of maybe making them more explicit in therapy
sessions, and again easier if the client is somewhat more cognitively able. But then again
there’s ways to mould boundaries for clients who aren’t. I guess I do, I remember it being,
when I was training boundaries was kind of a jargon buzz word and I didn’t quite understand
what they meant and it was, it felt like a slightly judgemental word that oh a therapist must
maintain there boundaries. And it felt like a real obligation and I wasn’t entirely sure you
know I mean some boundaries were explained to us you know you start at the same time and
blah blah, you know mechanical things.

But I didn’t quite get the concept of boundaries and it is really multilayered there’s so many, I
guess that that’s been my biggest development of just understanding having the experience of
having my boundaries tested, having my boundaries totally broken, ah you know exploring
how they have to change in the setting, sometimes minute to minute, yeah I mean there’s
boundaries of time, there’s boundaries kind of how we talked about at first. The best
explanation I heard which was probably much later in my career than I would have liked it,
maybe a year or two ago. I heard a counsellor explain boundaries as this is where you and I,
this is where I end and you begin. This is what’s ok and this is what’s not ok. And I thought
oh yes that’s a really good way to explain it to children that there’s not a judgement, there is a
judgement but there isn’t. I think because if it’s done in a warm and sensitive way, and it’s
constantly negotiated, which is another thing I’ve realised in my career is that it does have to
be continually have to be considered and negotiated and umm make it more explicit. I think
that’s where I’ve been more confident. Rather than implied and thinking that we’re on the
same page and maybe we’re not. Umm and recognising that actually being able to step back
from when there’s been an overstep on either side and go what just happened there and go ash
ok that wasn’t ok.

Yeah it would great. I would really like to learn from examples so do you have any
examples that come to mind around boundaries?

Hmm, I suppose one of them was the information in electronic notes. That I realised that
perhaps I needed to change the way that I worded things, that was one of them. But also to
have to come back from that both to have to then do both the clean up work with both the
staff member and with the patient and that was a bit of work. But not to get so angry about
that I couldn’t work on it that then became work, you know to make it a professional issue
rather than to just go “oh my god I can’t believe that I just can’t even deal with this”. That to
take, to have the initial emotion and then be able to take out of that and then be constructive
about it. So that’s been useful to know to have that flexibility of boundaries that you, it
would, it’s not that we couldn’t come back from that situation.

And then it became really useful for me I think hopefully useful for the staff ember and the patient. I mean other kinds of boundaries umm, another one that comes to mind is I suppose physical attacks. I had a client here at this base who she was a private client that had a learning disability and there was some discussion of whatever she had autism or schizophrenia. So there was already some questions as to what was going on at this point because it was difficult to ascertain her behaviour was such that she could not communicate, she communicated, oh she communicated which I’ll get too. You know she didn’t have language; she didn’t have an understanding she communicated through her behaviours. And she had been working with another therapist for a long time and when that therapist left and I took on the work. And so there was quite a long while of getting to know each other and I very much felt the first therapist presence and I wondered if that ending had been negotiated well enough because it just seemed to kind of carry over and I had this sense of “who are you and why are you in my music therapy session”.

And so that was difficult and things were ok for a while and I was very different, I have a very different approach to that therapist and I think, I think it might have been two or three years qualified at this point and this client would occasionally, she could be unpredictable and then she kinda started to just nip my arm. And she would kind of give me a little pinch just with the skin part of her fingers and you know I would no and then kind of move on. And then I started becoming more wary of her. And then she started using her nails and we would sit together at the piano and it became an issue where she would I could almost tell she was revering up to like a playful, a painful playful and I my reaction was to kind of panic and rather than stop things. I think I kinda thought, maybe this is part of the work, not that it was ok to be pinched but that ok this is challenging behaviour and she’s trying to communicate something to me and I’m not quite sure what it is. But then I really began to dread it and I began to dread sessions with her and you know I spoke with her care team now.

And looking back now I don’t feel that I was well enough supported. There was kind of a expectation and that well this is what she does, and there was a slight sense of, some members of the care team were slightly sympathetic I kinda felt that they were saying well gosh now you get it cause we get it all the time. So and umm and then it kind of became an issue because it was a learned behaviour that she would attempt to pinch me and umm because I didn’t feel that I could ask I actually started to kind of learn some self defence techniques to kind of push her away. And then this became the work. And I think looking back now I really needed to have stopped it much much sooner. And eventually it became the reason why we stopped the session completely. Because it became a kind of over stimulation for her.

She would look forward to my reaction and because any kind of reaction because she started in the car over she start to make the motion and kind of “ahh”. Like she, almost like she was looking forward to pinching me. I actually have a scar on arm from one time that she pinched me because she broke the skin and I think that was the one that just kind of did it. And I think that was the one that just kind of did it, I though this is just not working, this is not a working relationship anymore. This is not ok and I think at that time I though this is the work of challenging behaviour, this is the work of working with people with learning disabilities. And actually probably being more accommodating than I should have.

Clearly being more accommodating than I should have. And I think what she was trying to communicate to mews you’re not her, get out of my therapy session. And kind of in a way over analysing the situation, what could this mean, what could this mean. What is this part of the work. And actually it’s not ok to be pinched and she does need to know that even if she’s struggling to communicate something it’s not ok to pinch people. So yeah I think that was a
big, big learning curve and that to not be, what’s the term, when you kind of make allowances for people because they have a disability. And that’s really what was happening. And I think that what the team there were obviously their own issues in what they were experiencing and what they were willing to kind of project onto me. And so yeah that was a very difficult and painful learning experience. Yeah so one of many boundary issues, it’s a fairly negative example.

I suppose one other example when boundaries go well umm… I suppose you know having more experience and thinking about the start of work rather than having a thought that I’m not sure how long this therapy going on or I’m not sure what this process is I’ll just let it unfold. Umm while that’s true in the therapy session, there needs to be some kind of expectation out with organising that, communication with a client with they’re family with they’re carers. An I think that’s been with experience as well to go actually we need to be really boundaries about how we set this up and I think maybe here in Scotland music therapy is not an it’s fairly well established but I mean, we’re maybe a fifty year old professional and there’s a lot that we’re trying to, so we’re still really relatively young in either education and healthcare and I think there’s kind of a sense that we can and will do everything. There’s a sense that we’re still building our professional and it’s kind of a naive view. It has been my experience in some cases and that we’re still building our understanding of how to run a therapeutic service because flexibility is what we do in sessions, it doesn’t always mean that’s what we have to do outside of sessions so I think being more pro active assessment period, say we may end up working for six months but to start out we’re going to work together for our sessions and then I will have time to think about what we’re going do. SO I mean I think negotiation and contracting from the get go all that outside stuff when we’re going to meet and you know sometimes it’s ok to cancel because you have a meeting sometimes it’s ok to cancel because you’re on leave. But there are other things that you have there’s another life that you have as a therapist. And making these things explicit through actually contracts which are written and signed. And you know reassessing you know I think is really important. And I think what I’m really referring here is the work here at our base. Because it’s private work and it’s there aren’t the kind of structures put on it, like a school has a timetable, we fit within that timetable so that there’s a bit of structure that’s provided. The same might be true for maybe some freelance people as well, that you know you have to do it all. You have to do it all, you have to structure your own boundaries, when you’re open when you’re not open. You know do you kind of make up the time, what happens when people cancel. And we do have a cancelation policy. So these kens of things protect everyone and I think we’re also thinking about the quality of that. Because the nature of our clients very often they have health related issues and they get ill the last minute, but we’ve had to implement a 24 cancelation policy because the therapist is putting their time into that time saved for that person. And that can be very difficult for some carers to manage. To say he had a seizure, he has them unpredictably we couldn’t come. Be that as it may I’m really sorry this is the time and it’s hard to stick to those boundaries but if you don’t stick to them with that person then what about the person who just kind of cancels because they forgot and you’re left holding that space.

So that’s, that’s be reiterated to me through experience and its not to be money grubbing it’s to honour the space that the therapist is holding for that person. So year I think that’s a kind of organisational boundary that’s developed and yeah just a big, and that’s been a really positive
thing that’s happened.

Yeah, it seems like it really helps you in establishing the boundaries and certain things that you know you can almost fall back on, it’s there.

Yeah, exactly. That is when these inevitable situations come up you can say well actually this is what is says in our policy and you signed it so therefore you agreed to it and it takes the heat off you to have to negotiate it in that minute. So I think that can be really useful. It doesn’t mean that you’re unsympathetic to what’s happened but there’s and acknowledgement there. There’s a respect there and that’s really important to be able to hold as a therapist and again not feel that you need to be all things to all people.

Yeah it sounds similar to some of the other ways you talk about boundaries of sort of bringing it up at the start, setting the boundaries, establishing all this stuff. Bringing it to the front rather than waiting for to happen.

Yeah, yeah, yeah. And that’s been really useful for me as well just to organise my own mind and go oh I don’t think will ever happen but you never know and inevitably it does.

One question I had, you kind of touched on it before, it was around I guess when you were introduced to boundaries I think in you’re training you felt that it was, I forget what work you used

I think implied; it was a jargon word that didn’t feel was fully explained.

Yeah from what I understand from the reading that I’ve done is that we use a lot of theories from other fields on boundaries and they can come across as quite sort of strict and that sort of thing So I wanted to get music therapists opinions about how those kinds of boundaries fit into your practice?

Yeah I suppose I think it’s good to think about them and look at other fields I suppose psychoanalysts have different boundaries than gestalt therapist and I don’t claim to know about what any particular approach does. Blue from my experience of my own supervisors and other professionals I suppose you take the theory and then you apply what’s useful. I’m trying to think of even back to a nordoff and robbins training, what their boundaries were… yeah I mean they did come from I suppose, maybe it wasn’t even categorised as boundaries, or maybe what’s the word I’m looking for, accountability. You know they were very good about recording, not only audio recording detailed clinical notes cause they were developing this approach they had a sense that we need to keep these children safe.

So we’re going to be really systematic about how we’re, cause they we’re experimenting at the time, they were experimenting with no one had done it before. But I think they kept things
safe by writing everything down and to the second detail, you know every second was
detailed and but I think that methodical approach to go what is owing on here and to keep
checking in here and ok lets keep checking in on that to see if there’s a development or if
there’s something that we should do differently. So I think there was already that sense that
constantly noted things and constantly being aware of what’s happening in the moment. I
would say that was a big part of our training. And safety is really important as great as it is to
offer this kind of catharsis or evoke something or to offer something it’s really important to
know when to stop. I suppose in the nordof and robbins approach in they’re work with
children they always framed each therapy session with a hello and goodbye song.

And that was kind of what I understood boundaries at the time that ok, for especially for
people who don’t have language who don’t have an understanding there needs to be
something that is made clear. This happens every time, this happens every time at the end.
And umm is they get a sense of trust and that this is the boundary of the session. And I thin of
other things you know there are times when I hear form other colleagues of other professions
“oh I would never do that beastie blah blah blah” and it’s interesting, “I would never, I would
always” those kinds of statements and they’re interesting to listen to but to actually get the
reasons behind I think are more useful. To say I would never, for someone who works with
people with personality disorders in the community, I would never tell that person where I
lived because they might come find me and call me up at 2 in the morning.

Whereas there’s some clients of mine at this base who do have my, not personal, but my
work mobile because they need to text me to let me know that they’re going to be late. That’s
perfectly appropriate, we’ve negotiated that, that that’s ok and it saves a lot of sometimes not
showing up. So I think it always has to fit within the situation that you’re in. Weather it’s a
setting, weather it’s a a certain client population. But I would say most music therapist I know
have kind of the three golden rules of you can’t hurt yourself, you can’t hurt me and you can’t
hurt the instruments. But then again I could see how that could be negotiated as well if a
person who has been through a trauma and is getting something out, and is working through
that trauma through destruction and maybe that is perfect for that person. I think as long as it
is negotiated in that way that again this is ok, this is not.

And I think it’s always good to gather theories but to hear the reasons behind it, you know
why this exists in certain approach. Usually because of experience and theories behind this
approach and as I was explaining to my supervisor, he didn’t look at me in horror but he was
interested in the “oh gosh videoing a session”. And I said that is really, really, common
because if these reasons and you know we sing, are patients, the carers of our patient sing
consent forms that you know this is ok and you know they’re, and generally I wouldn’t ever
show someone an entire session, I would pick the clips, I would be in control and I would
make sure that that was ok with the client. So there’s that element of boundary keeping there,
that you’re not going to get the whole thing, you’re going to get element and I’m going to
explain and then I’m to destroy it. Really important.

Yeah it’s very interesting. Well I think we’ve covered everything that I wanted to. I
think we got to everything that I wanted to. Yeah I felt like I’ve got a good picture of
your work and how you approach boundaries. So only thing is if there is anything you
feel you’ve left out?

I guess I’ve just dropped you in the middle because I work in one way of working. You know
you said I was the first person you’re speaking to in Europe, it will be interesting to see how
other people work, and I suppose because I work for a charity that offers a pathetic service you know we have our own the charity has it’s own, the charity has their own ethics and policies and procedures, so I abide by those plus my professional registration through the state registration through the state registration that has it’s own code of ethics implicit with that. But then I very much have to respond to the services in which I work were it may be different for someone who either worked freelance or someone who works for the NHS, that is there only setting or if they work for NHS organisations, or a local authority so yeah it’s a way of working, I wouldn’t dare to speak to the community of music therapists. But yeah it will be interesting to see you know how things compare in different areas.

Yeah that’s right so I’ve done some in the US and Canada, then here and then going to other parts of Europe as well so it should be quite a diverse range.

Yeah I’m really interested to see your results of your research. And I have to say I’m from the US but I no nothing about how music therapists work in the US at all I mean I kind of have a slight inkling there seems to be emphasis on songs knowing hundreds and hundreds of songs. Yeah I don’t cause I trained here and been here for ten years so I don’t know anything about it.

I think the only thing that I understand is that a lot of is kind of behavioural, except for the kind of the east coast which is more psychodynamic, music centred, which is kind of what I got from talking to people there.

Yeah that’s interesting I suppose it’s very much dependent on the way music therapy is funded and the that it works, in the health system.
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Yeah so I’d love to start with getting a bit of an idea about where you work and with what populations

Well that has changed considerably in the last two years. Presently I’m doing a lot of work with seniors and there’s one boy in town here who is high functioning autism and I’m doing a lot of work with him. And prior to that I had a number of other contracts outside of town seniors but I told them they couldn’t afford me and they said oh yes how much. So I told them so they beat it, then after, after six, nine months they realised we can’t afford this. Cause one of them was over two hours drive. And it’s different if you’re going to be someplace for the whole day, you can cut down the hourly rate. But if yore going to there for an hour.

Yeah if it takes you two hours to get there, that is a whole day almost. Yeah great so is that your kind of private practice?

Yeah I work for myself basically on a contact basis, I have in the past I’ve worked a lot with developmental disabilities, That was a forte I found that I had in when I was in music therapy I had been planning on specialising in geriatric care cause it’s such a growth industry. However I found out some of my practice. And then I found in my internship that I have an ability to work with people with special needs this was the people that I worked with in New York they all had developmental disabilities and there many some dual and some triple diagnosis.

Yeah so you found that was kind of your area where you suited?

Yes. And that’s when I worked in texes that’s where I worked I was a music therapist down there and took over as director of music therapy at that facility.

Great. So mainly developmental disabilities and older adults, you two main areas?

Yes.

And were you trained in the nordoff robbins area did you say?

Yes especially the internship. It was during university I realised there was a name for that I had been doing for years. Like I took my first church as organist and choirmaster when I was seventeen. And you’re very, very often just filling in, while you’re waiting for maybe the choir to get there or for them to finish the offering. And I found out there was a word for that, it’s called improvisation (laughs). And it gave ma an ability to do that. Or you get somebody, well you know somebody with improvisation, you get somebody doing the movement and you just pick up on that.

So it fitted you style of playing. And how long have you been a music therapist?

I finished my degree in 96 and did my internship in 97. Yeah I was interesting when I went back to school for music therapy I was 42. The other kids in my class were young enough to be my kids.
There’s often a range I find, well that’s what I’ve found in Australia.

Yeah like my first degree was a degree in psychology sociology and I was planning to move onto theology, but that didn’t work out. And that’s what enabled me to do the music therapy quickly enough cause a lot of those course counted towards real degrees. And then I in my music therapy I was naughty and rather than five courses per semester I was taking six and my counsellor said you know you can’t do. And I said well I’m starting late and he said just keep your marks where they are (laughs). And the even more I pushed myself the higher I went. I like a challenge. I wasn’t supposed to be able to do any of that, when I was twenty I fell fifty feet onto a cement floor.

Yeah you mentioned, I can’t imagine. Well you’ve definitely done a lot since then.

It wasn’t my time.

Well great. So I don’t know if you remember my topic but I’m looking at this idea of musical intimacy in music therapy practice and then how music therapist navigate boundaries in their overall practice, but then also this kind of musical intimacy, Firstly I’d like to just ask wether musical intimacy as a term makes sense in your practice, I mean do things come to mind?

Yes like when I think of like a lot of the work, sure I was going to high school in the late 60’s and the 70’s and the Beatles were in their hey day and I didn’t like the beatles. I was the organise and pianist throughout high school and I was playing music from the 20’s, 30’s, 40’s, and 50,’s I love that music. Ad when I’m working with seniors and so on and I start asking questions you’re working on memory and this type of thing and where might you have heard that and they start to think of things they haven’t thought about for fifty sixty years. And for some of them I’ve seen it bring tears, and I said I can stop that, and he said no no no it’s beautifully thank you. That it what I think of as intimacy the musical intimacy there, or the emotion inherent in the music for what people are experiencing.

Because it brings up memories and makes it that kind of experience for them

Yeah and often you need that key, you have to ask the question. Like all the brain damage I had from that accident there’s s lot of memory from before that I don’t have it just has to find the right key to unlock that compartment.

So do you think that music for your client acts as bit of a key for unlocking things?

Oh yes, oh yes. And As you’ve seen for the people who can’t move and so no and you get something going on very rhythmic especially who they know and that foot starts tapping or that finger stats tapping. Or if they want to hear that sound they’ve got to press the button. And with your stroke victims how often have you seen a person who can’t speak to you but they can sing. It’s a stepping-stone to being able to sing again.
Yeah so this idea of musical intimacy it’s really the emotional things that come out of the music that you’ve seen and then its kind of a is it something that happens a lot? Is it part of a lot of sessions, is there a build up or how does it come about?

I work to; it depends on what reaction you’re getting from the people and sometimes I push a little. You start where they are and just push a little bit cause I want to get them involved in this rather than just sitting there like a painting on the wall, listening to everything we’re saying but it’s not involved.

**So you’re job sometimes is to just nudge it a long a bit and.**

Yep just stretch it a little bit. And that’s where the work in my inter-ship was so good. We didn’t do a lot of written notes and so on, there was a lot of video and you looked at video from the beginning and it was just phenomenal, the changes you could see in people.

**What kind of things could you see?**

Well I think of one person like she was, ah, almost violent but you could, you could calm her down with the music you would get involved and calmed down and bring that back up in a controlled manner and she would start singing with me. And she wasn’t able to verbalise but she could vocalise and we would sing to get. Another fall that I worked with he was deaf, blind and mute. And he and I played the piano together. He lay his arm up on the wood above the keyboard and then he would work with his left hand playing the piano, and that was exceptional.

**What do you think that was like for him, what do you think it gave him?**

Well something, well I don’t know if other sessions he’d had before I was only there for eight months, but it gave him an opportunity to express or maybe he would start playing and I would be harmonising with that, complimenting what he was doing. Another fellow, I’m thinking this was when I was in Texas, it was a private client. He like myself had had an accident right after high school. He was paralysed in his right hand, side of his body. And he wanted to play the piano and they wanted the music therapist. Well his insurance would not pay for me doing it because I didn’t have my mtbc, my Canadian credentials. But the parents having talked with me and knowing my history, they said we don’t care we want Brian his been there and so they pain me privately.

And I needed up leaving Texas seven years later I found them another music therapist who’s still working with him. But he got to the point, we were working on his left hand, playing melodies and so and we would be working on scales. And this was, he was able to start using that. He started working on alterParticipant e scales and patterns and he was able to get that right hand doing things and he was, he was just thrilled to start using that again. But it’s just the way the brain is wired as we now know it’s not all left brain and right brain it’s music covers it all and it’s so enables. Even when I was in school I referee it to horses. Like one horse it can pull too much. But it you put two or three horses together they can pull three or four times as much
cause they’re working together. Yeah I sometimes relate back to the farm.

Yeah that sounds like a nice example working with him and getting him to be able

Yeah that was I still, we still email, I’ve been home for eight and a half years. Yeah I wonder what’s going to happen to him, cause his parents are getting to the age were they’re looking for a facility for him. Yeah cause they’re very particular they don’t want him warehoused, they want a stimulating environment.

Yeah very interesting. So what kind of other things are happening in your musical interactions with your clients, you sort of mentioned emotional things happen and maybe it sounded like communication as well. The gentleman that was deaf, blind and.

Yeah.

What other things happen in your musical interactions with your clients?

Well we get doing things like; I incorporate so much in so many of my sessions. Like Friday mornings is when I’m in stony creek in that nursing home and we’re doing tone time. And we’ll maybe play a song and we’re not doing, we’re not doing chording I’m working on their attention to task, task ate tin and so on. So they never know who’s going to be pointed to next so they’re kept awake and we maybe finish a song and I’ll ask them about that and I’ll ask them about that or maybe about the geography of the history regarding that and it incorporates so much and this is, it maintains so much of that cognitive function. Then periodically I’ve had some people who I’ve worked with who have been involved with music all their life and it’s been a main portion of their life. And there is a special connection between them and I. Now again I just bring in classical music for them especially. And I’ll say, “you know Donna, it’s good thing you can’t see my finger position”. Cause she ended up having her act, and ten years ago she had a stroke and now she’s in a wheelchair.

So sometimes with the musician or people who have had a lot of music in their life, it’s a stronger connection world you say?

I think so, I think so. Because yeah I think it’s a stronger connection because they understand the harmonics of it the theory of it. You know when you start talking about a 1,4,5 or a 13th and they’re going, and most people are going “what?””. But they still understand that and then like I talked about the tone chimes and I’m forever teasing the ladies there and so on and would we say flirting with them? Cause they get such a kick out of it, you know when I’m talking about when you get to be my age. And they say “oh you’re just young’ and I say yes “ tell my grandchildren that”. You know we’re forever kibitzing back and fourth like that, and they like that.

So it’s kind of a, how would you describe that a healthy banter or something?

Well yes and it’s almost a personal intimacy and like when I flirt around “oh give me a little kiss, will yah un?”. Or when I get into November and I’m getting into all the Vera Lynn songs. And they know all those songs and you start bringing a bit of a
cockney accent into it (laughs). And a number of our people are from there or were in Great Britain during the war and so on so it’s so real to them. She entertained, they’d seen her she’d entertained them the troops. Then we start talking about people like Bob Hope and Bing Crosby and so on.

So you think the music and having those discussions about their music and then having the banter that all contributes to a kind of personal intimacy? Do you think the music contributes to that?

Yes and… I don’t see all the charts and so on. At least not at this place. But in other places I’ve been able those where medications levels where the more they’re involved in music therapy. I wished I’d had places like my internship site were we were seeing people two or three times a week. Weekly is stretching it a bit. And I’ve had one choir here and we started meeting weekly and then it got to be twice very two weeks and so on and this just gives more entertained than therapy. And hopefully the work that I do is entertaining but I don’t come to entertain. I come to help you achieve something.

Yeah that’s right. I’ll just got back to the, you mentioned what musical intimacy might mean for you, which was perhaps bringing up those memories and the emotional experiences, I’m just wondering when, maybe you can think of a client or someone, but when those experiences come up, I’m just wondering how you navigate through that. I think you did say that they became emotional and you asked do you want me to stop.

Well say something were something were somebody has some tears in their eyes and you actually don’t know weather they’re tears of joy or whatever so you keep an eye on that person, if it looks like it’s getting too much, you can bring it to a quick close or you can navigate into another song. To bring them back out of that. Again I’m a great one for doing melodies. Sort of like an ababa. But ahh like when you would ask a second ago about musical intimacy and I stated thinking about something that was so personal for me.

When I had that accident, that brain damage and busted this arm in fifteen places. They said I would never play the piano and the pipe organ again. I wasn’t suppose to start with and. So I wore a cast for a year an a half and I was able to, I had a couple of fingers there, nice playing the organ because I’ve got two feet as well. But like I’ve done presentations on this with the (removed for confidentiality) and the (removed for confidentiality), and I wasn’t actually taking music therapy but my need to play music again enabled me to regain a lot of those function and ahh the, now you’re got me on the word, neuroplasticity, where other areas have taken over functions from damaged areas in the brain. And I did a lot of study on that and I’d really love t o get with e neurologist or scientist and be a subject and, but I know my own musical intimacy I needed to be able play music. And that’s an important part of it. Sort of an important part of my family. My mother had a radio program at seven in Stratford. Her brother played the piano for her, he did arrangements for the orchestra, you don’t really know these names. But my sister passed away in July she got her degree in voice, my sister Donna got her degree in voice and her arct in piano. Linda’s son now has his masters in voice he’s taken over all his mothers’ clients and her church. Two nieces got their degrees in music and another nephew, like there’s a bit of music in the family. A cousin got his doctorate in the pipe organ. But he doesn’t play at all. He works with
computers. Such genius but. That got you totally off track there.

Yeah though it makes you think I guess having that personal experience of having music help you through that time and it makes me think of that other client, helping him to regain the use of his hands. It’s like they’re similar in a way.

That’s why the mother wanted me. And they said the insurance company we don’t care we’ll pay him.

So for him, having someone that had gone through it and used music in that way, I can imagine that would have been. Well how do you think that was for him?

Well when I was going to be leaving there they knew long before I was going to start bringing that to an end and oh I got big hugs from that whole family when my last day there. But we’re still in contact and so that was, there was a lot of intimacy there just what the music had been able to do for D.

Yeah it sounds special

Yep it was. And it be difficult to do now, I was able to, they were in the north end of Houston I was south west of Houston but for the past four and a half years I haven’t been able to drive. The seizures came back. We work with it (laughs)

Yeah that’s right. That’s great there some lovely examples it’s great to get a picture of your work. So the other part of what I’m looking into is boundaries in music therapy. So the reading that I’ve done there’s some certain ideas that we’ve taken from other fields on boundaries. So I’m really looking to see if they fit with what music therapists are doing. So it would be start with if you could talk about how you think about boundaries, what you think it includes for you in your work.

Well one thing I think of is, well actually one fellow especially I don’t work with him now he’s working with a speech language pathologist but, ahh… this wasn’t musical intimacy. But different times I had to caution him, this isn’t, I had to keep that separation he wanted to be touching or so on. There’s a young fellow that I’m working with now and every now and again he’ll go to put his arm around me as we’re sitting at the piano. And I said no. So I’ll have him stand over there. And he does noting, we use music as singing. And then when we’re working on the piano, this is a boy with autism, who would never use his thumbs and he’s now doing scales and contrary motion scales. And I’m tickled both his parents are doctors and I just keep saying send more people (laughs), tell more people.

So for him some of the boundaries is negotiating the physical space I guess?

Yes, well it was for both of them with this second boy he’s nine and he’s never had this opportunity to… shall we say express himself through music, we’re now using those thumbs. And he had to learn doing scales and so on cause he always thought that C is 1 2 3 4 5 and then see then you go the D scale and he says. Having to teach that no we’ve got ten fingers but we’ve got 88 notes there isn’t just five spots for that
number. Cause that can be, we’ve gotten through that and he’s doing very very well.

And the other boy he was going through adolescence and he was very good at playing ball. But I don’t know he had fragilaxe syndrome I don’t know if you know of that.

**No I don’t.**

I’d have to go back and go through it all again. But ahh he, well going through adolescence can be rough for everybody. And so we had too, and his was all singing so he sat on a chair and I sat on piano bench so that there was more physical space between. Now I forget what your question was?

**Well it was around boundaries and you’re talking about the physical boundaries**

Well that was physical boundaries. That’s what came to mind first, those two where I actually put a boundary between us. Umm and in musical boundaries, well one girl that I worked with in one of my practice during my degree she had had she had been abused verbally and so on. And you didn’t go into, you tried to refrain from very, shall we say stressful, heavy music and so on and it got to the point now and again and it got to the point now and again through iso principle meeting them where they are. It would start there and you’d bring it back down the piano. But one of the excellent ways of talking to her was not even talking. We’d lay a big bass drum and we’d, that’s how we talked through drumming. And sometimes back when she was getting up set it got a little louder, but no that was. That’s one musical boundary that I would think of. I’ve had other people that, lets say I would never take 80’s 90’s music into a seniors home, cause I don’t find it music.

**Yep and it wouldn’t be appropriate for that setting anyway.**

Yeah well sometimes I look around and sometimes the staff has something on the radio or the TV and I say, excuse me that equipment isn’t here for you. You know I say it to myself. That equipment isn’t here for your entertainment.

**So in that experience with the girl and you ended up playing the drum and doing lots of improvisation. You said there music that you wouldn’t go to, was some of it take it to an unsafe area for her, is that how you would describe?**

Yeah it would get that way. Umm if it would sound like it was getting too violent because she had put up some physical violence and verbal abuse shouting and yelling and screaming and so fourth. And so you just didn’t go there, you try to. And if she was somewhat worked up you tried to bring that down.

Another girl the only time I’ve ever seen it. Ahh music was basically just, she just could not tolerate music, and I don’t know I’ve never seen it before. But it was just not something you did. And we I used to use a term for it, just totally atypical response And just trying to do an assessment and as soon as anything started weather it was being recorded or played or even sung to they just. It was just gone. That was a long time ago in that degree. Contrary indicated, it was contrary indicated. They kept, quiet, removed as possible. Even the television.
Yeah I do, it’s nice to hear that example with the girl with the drum it’s sort of, what I’m really interested in hearing what people have learnt form those experiences so I guess we can learn as a profession that there is sometimes with these musical interactions and maybe it can be unsafe for someone. And it sounds like you were very aware of that and it would sort of go there and you would use the music to bring it back.

Yeah. Well it’s like another one like I’m not a great fan of country and wester music, actually I don’t like it. It’s got two chords sometimes the fourth, a four (laughs). And but some of my people really like it so I end up bringing in some Hank Williams and this and that, and they go (smile). Actually there was a lot of really wonderful music in the 50’s it’s back before most people had tv’s and evenings and sundry’s were still spent around the piano in the front parlour and so on. And families were more together. Especially out n the country because it’s not as if you could walk down the street to Jimmy’s place.

There’s not much else.

Umm another boundary like with all the immigration both here in Canada and I’m quite sure in Australia as well we’ve got a lot of people coming in from other religion, other areas, Asian, Indian and so on. And so much of the founding of our country was on a Christian basis, and you have to, you can’t be bringing that out and it’s hard for us on our western bass instruments to be playing in the scale of the Indian site, where we’ve got 11 notes they’ve got 33. Oh in Texas who got he had his degree in Indian music. He played the sita and had another friend who played the tabla.

And another friend, several wooden flutes and they would come out to the state school and they were phenomenal. That was another job I did there I took over the cultural arts program because a lot of our people couldn’t leave the state facility because of behaviours of physical ability. So we had concerts come o there. And when I took it over there were three a year and when I left there was one every three weeks. Oh I had groups out form Houston grand opera, Houston ballet, and oh that’s one thing about leaving that area. Cause I lived 25 miles from Houston, cause I had so many contacts in the cultural arts community in Houston.

On September 11 2001 I was chairman of the Texas state schools music festival and we were hosting it in Houston. And that’s the ay of the bombings. An we were setting up and there were all these TV’s in the lobby and I’m getting phone calls on the cell phone saying are we going ahead, and I said yes. Cause that music festival and for people who lived in state facilities was there opportunities that was a bigger day than Christmas. That were there opportunity and show the world what they could do. And I said yes we’re going ahead. And it has nothing to do with boundaries and so it’s just another anecdote.

And it’s interesting though that idea of music performance giving these people a real opportunity. I mean that could be a type of musical intimacy as well, you’re helping have this opportunity to say who they are, do you agree with me?

Yeah basically. You know this is what I can do. They’re standing up in front of 300 people in that room. And say Icon do this in their choir or even a sign choir. And it
was interesting leading a sign choir you had to sign back wards cause they would do what you were doing. When you’re working with people, with as they say in the united state with mental retardation into the acute and ahh, so the person leading the group would have to do all the signs backwards. I think it was an adaptive sign it wasn’t an American sign. (Signs a song). I don’t know where that sing language came from.

Another thing that I’d done there, I had never done it before; you might find this interesting to try if you have the materials. Brass handbells are very heavy and a lot of people can’t handle them. But Laurie the other music therapist in my department she would be the brass handbells playing the melodies and I would have another group very here doing the recording with the tone chimes. And the two fit so well together. It has nothing to do with this (laughs).

I might just go back to something you touched on just before was that you talked about working with other cultures. And I was just wondering if you had had much experience with that and with culture music is so embedded as you were talking about. So I wonder how you handle that or if you have worked with people from other cultures?

I haven’t worked with a lot. There are some, several, like one man especially he knew English and so on but his senility has got to the point where he has reverted back to his home in India. But he still recognises classical music so like he’s in bed 99% of the time so I always take the keyboard in and I play for him and he appreciates it. When I talk to him he can reply in English. But when I come in the door he doesn’t say oh hi Brian, so you have to remind him that he’s got English.

Another thing is that with western music I often go off into pentatonic like you, you can tell when something is a true negro spiritual if it’s a pentatonic, cause that was there tonality when they were brought to north America as slaves. So if you can play it on the black notes, it is pentatonic. But if you end up having to slip that 6 in there.

So sometimes when I’m working with the tone chimes and of course the people on the ends and the people with the black notes aren’t playing as often. So I’ll end up doing stuff just in pentatonic. Well that’s the nice thing about the pentatonic “Well everybody with a black note play it now” and it sounds wonderful. But no, it would be interesting to be in certain areas, lets say Vancouver, with a very high percentage of oriental people, or in Toronto there’s a huge Indian community in Toronto. I think it’s outside of India I think it’s the largest.

So I was just wondering

So the work that I do, until they cannot be taken care of at home a lot of our immigrant people are cared for in the home. As long as possible, much more so than the Anglo Saxon. I think that’s maybe why we see less of them in that area.

Yeah I guess there is that cultural difference of multigenerations in the home.

Yep. It’s like one song we used to sing in high school choir was and I can still sing in Hebrew. And now and again I meet a Jewish person and we do that together.
Well are there any other areas of boundaries that you think about?

It’s not really a boundary it’s more or a preference. I don’t like plastic instruments, I like wooden instruments.

Yeah fair enough. How about in the therapeutic relationship how much would you share of yourself to build the therapeutic relationship Some of the ideas on boundaries they talk about not really sharing much about yourself because you’re the therapist, but I’m interested in weather that actually works in real practice.

Well I talk about some things in my life, something’s that happened in my life cause it helps them relate to something that’s happened. If something comes up and I can relate to it and they could maybe relate to my relation to that, I’ll bring it up. But not everybody, it’s not an open book.

So but when it might be useful to help?

Yep. Especially when you’re; getting to know people and there possibly might be something there to church they might, “oh that’s interesting”. I now I’ve mentioned I’ve figured skated pretty well from the time I’ve been able to walk. I went out for my first day of hockey and we sat on the bench and I said to mum that day I going home I don’t want to go back. Cause when we went figure skating we were out on the ice for two hours. When we went our for hockey we were just warming the bench. No I always had a real butch life. Figure skated all high school.

Well that’s really good I think I’ve covered everything that I wanted. So thank you very much.
Interview twenty

So may be I could get you for the recording to just explain a bit about the areas you work in?

Sure. I work in long-term care. Umm so it’s mostly seniors who have a diagnosis of dementia. Or are frail or some other; we do have some younger residents who have you know multiple sclerosis and neurological different sort of brain injuries, those types of things. And then um we have a continuing care program as well, so those are people that are more medically complex. Umm and so they may be feeding some different complex equipment that they require just further nursing care. Umm some of them would have a cognitive impairment but most of them are a little bit more cognitively intact. Umm within those programs we have rehabilitation, which I do a very little bit of work with and then our palliative care program.

Umm and our palliative care program is, sort of a little bit of a longer-term palliative program. We do have a, a home-style hospice in our cities. So people that are very end of life typically go there. And people that come here are, again maybe a little bit more medically complex with their end of life issues and um but they just maybe need a little bit of a longer stay so our palliative program is six months or less. Umm for their prognosis. And then we have our adult day programs and persons of age range from ah young adult with ah usually with a brain injury, all the way through the alder adults with a variety of cognitive and mental health challenges, and then a specific aphasia program who have speech challenges. So yeah that’s most of our areas.

Yeah that’s good. And how long have you been a music therapist?

I graduated in 2001 so I did my internship at a similar centre in (Toronto) umm and I did certain cognition care and palliative care there. And then ash I dabbled in private practice, actually out east and then I did a little bit of everything. And then I’ve been here for over ten years. So what is that about 13, 14 years?

Yeah something like that. Umm cool so I’m really looking at this idea of musical intimacy, and weather that’s something that makes sense in practice. Umm and then kind of looking in that the kind of boundary issues that might come up within that. Um so if you could just have a think about your work and maybe think about if there are examples of musical intimacy, if that makes sense for you, um it can be just describing the musical interactions and maybe what comes out of that. Umm yeah so, if you can think of some?

Yeah sure, some examples. I can think of a few like really different examples. So certainly in palliative care work, just umm the intimacy of often being alone in the room while someone's in bed and maybe not, you they’re not fully dressed often. Yeah just anyone coming into your bedroom is a very intimate experience. And then umm, just using your voice in that very intimate space. Often there’s other things going on outside of the room, most of our, in palliative, most of our clients do have private rooms which is really nice, but certainly there’s been times when I’m been in shared rooms and it’s very, very odd to have this very intimate thing happening and then there’s just this, like the rest of the world is going on as normal out side of those curtains or whatever.
Umm so just doing I do mostly singing and play guitar in those, in those session and I certainly sometimes I’m less conscious of it, if it’s a person who participated actively, who’s kind of there’s a lot of give and take and back and forth it feels a little less intimate because we’re both contributing. Umm, I guess it’s still very intimate, it’s just more playful, or it feels safer when we’re both contributing. For me it feels more intimate, and I guess in that case too they’re a little less vulnerable because they’re more able to contribute they have a little bit more, you know they can tell me to go. But when I’m working with someone who’s very end of life who may be drifting in and out of consciousness they’re very vulnerable and can’t always tell me what they need or want or don’t want me anymore. Yeah so I’m very conscious of that in those moments.

And some people you can tell are not 100% sure that this is what they want. They’re trying it out and in those times it does feel particularly intimate because they’re not sure. And ash, and so they’re you know maybe this is not an experience that they’ve had before in their life and maybe I just feel that more, and I just feel that in those cases maybe I’m having to put more of myself out there to make them feel safe and comfortable. So I guess that’s how I, I feel it in that context.

With people who are maybe not as verbal but are very comfortable making music together, then you have more complexities in the musical interaction that happens. And there’s that sort of magical indescribable thing that happens when you realise you are actually communicating through the music and I’ve had, I remember a women who was very would be moderate, I guess moderate stages of dementia. Who had a few words left but a lot of them didn’t make sense. And so I would bring her, vying her to the music room, she was very musical herself. And I’d put a drum in front of her and I’d be playing the piano and the two of us would be going back and forth, and she was absolutely able to connect, we were absolutely able to connect. And I remember her just her face would light up; she would be just feeling absolute joy. And I remember when then music would stop, and she would say, she couldn’t find the words, but she was telling me that that was kind of that was kind of that magical experience for her and clearly she had felt this connection that was I’m guessing something that she didn’t experience very much at that time because she wasn’t able to communicate very well with people.

So after every improvisation it was, she would just have this joy on her face that this had happened between us and certainly in those moments, yeah you do realise that something very intimate has happened because clearly we connected in ways that she certainly didn’t connect with other people at that time.

And I know in myself when my, office, we have a secure unit. So it’s people who have more progressed dementia but who are still physically quite able so they are at risk for wandering and exit seeking so often I will work with those people for years. And often they’re not verbal the whole time I know them. And when I, when it comes to end of life with those folks and I remand distinctly and actually and this woman didn’t even speak English. So I remember going to see her when she was dying and I was so sad, because, she and I had never had a meaningful conversation like we had never connected in that way because she didn’t speak English, she was very confused but all of our connections happened in music. And I felt whenever my residents in that area are dying that I’ve worked with for years it’s just this profound sadness that I
felt because it is that heart of heart connection. Whereas most of my other clients it’s verbal and there’s more safety there. But with those clients with everything that we’ve done together has happened, you know any connection we’ve had has happened in the music. Or through touch I mean we use lots of touch with more advance d dementia. And certainly I feel it more than so you know it’s happened but it’s very hard to describe, so yeah.

I think that, I’m trying to think in my sort of younger. I think the intimacy with my younger folks with brain injury it doesn’t usually, well it certainly happens through singing. I think with them it’s just how much they open up about the challenges that they’re dealing with I have a really interesting group that I’m working with right now down there were I have four younger men. And they s desperately, you know they all have their various challenges related to their brain injury and they so desperately want to be better than they are right now. A couple of them in particular their injury is newer. That they’re willing to put anything out there and just anything they, they’re so vulnerable despite the fact that these are young men who you know kind of have to manly to each other but kind of aren’t in a way which I don’t ever see men interact in the way that these guys do.

And actually I’ve seen that in one of our other, one of our other, like the same program just another day of the week. Where these participants in music therapy put so much out there, you know I’ve done a lot of song writing. So the things that they tell me through that process are not things that men in our society typically share and put out there. And it’s you just really feel this need to be understood, that’s what I really find comes out a lot is this need to be understood. Because it’s often a invisible disability and it’s that “I just need people to understand why I’m the way I am and that this isn’t who I, not that they don’t want to be but they’re coming to terms with this is who they are right now. So with a lot of those ABI folks the intimacy happens through the verbal interactions and what they tell me.

Yep for like is that the verbal interactions, is that through the song writing as well?

Yeah, through the song writing process. Yeah because, ahh I mean the group I have right now they’re wiling to just tell me anything because they really need, umm they really want the help with yeah it’s mostly been through song writing process. Yeah with the Acquired brain injury it’s been a lot through the song writing process that these things come up. Because they’re not things that I think they were ever even aware of before and are topics are often very, we don’t start out with you know alright we’re going to write a song about your deepest darkest feelings, like that is not, that is not how they start. You know we’ll talk about different options for our topics for brain injury an more, the biggest topic that comes up is understanding. Like they want people to understand brain injury. So our songs become a way for them to educate others about what they’re dealing with.

Umm so that sounds like a pretty safe you know, umm not very risky topic but then what comes out through the brainstorming process of what people need to understand actually involves them sharing some pretty intimate details of their life.

And having it that it’s going towards a song as well?
Hmm, yeah. I had one gentleman and actually he I had worked with him in our abi program for a long time on and off and then he actually did get a cancer and ended up in our palliative program. And he wrote a song about his life and he ended up choosing to only share it with one person. And I was there in the rom while he shared this with his friend, and wow to witness that in and of is self, cause he was you know quite cognitively impaired he had a lot o really unusual delusions and then she was. I don’t even know how the family got to know her, but they had sort of taken her under their wing a little bit and then. So I think they were more, I don’t know how he felt about her, she would of thought of him as a brother I think. And then he I don’t know weather he thought there was more than a friendship there or not but umm anyways yeah to sit with these two people while he shared this very.

So the song was about?

It was about his life and things that maybe he had never really told people before and he really needed her to hear that song before he died. And he really needed her to hear that song before he died and yeah and then I got to sit there while that happened which was incredibly emotional. And then you could just tell how honoured she was that he chose her as the person to hear that song so. Well then I got to write it with him to which obviously I, but I didn’t realise until he said no he only wanted to share it with one person. Cause you know I’m reading the lyrics they we’re tremendously, I’ve definitely write songs with clients that were a little more umm deep, but this is also a person with a brain injury so very concrete thinker, it’s hard, you know that depth is a little bit harder to assess with them. So yeah, so those types of interactions are pretty moving.

Yeah that’s a pretty initiate when you’re helping someone express something to one particular person and then being there in that moment when they actually do.

Yeah. And this is I just thought of another completely different example and it’s been with supervising students and interns because sometimes they have similar experiences. So I’m supervising them through how do you facilitate, cause most recently I had a student do ahh similar kind of a similar song writing process between a husband and wife. And I actually I think the wife was non-verbal. So the song, the husband was the only one that was able to meaningfully contribute to the song. So she helped him write hoe words for her, the song was a conversation or it was them telling each other how they felt about one another. So him telling how he felt about her, which he had no problem doing. But then to help her, to help my student facilitate him coming up with what his wife would have said about him, does that make sense?

And this was a younger student and then on a personal level she and just gone through a break up, which she did tell me, which I’m glad she, you know it wasn’t, it’s not something that usually comes up in supervision, but I’m glad it did because I think it was relevant. Because I kept hearing I would listen to the recordings of the sessions, and she was filling in a lot of space and you know to say to her especially when I know she is vulnerable as well, to say you are, you ‘re taking up a little too much space because this is obviously really hard for him, this was not a man that could say anything much nice about himself he had a lot of guilt about the fact that his wife was
here. That sometimes he goes on trips an he leaves her. He carries around ton of guilt as a caregiver and to say, you know you got to tone it down and let him have his space and process this because it’s not an easy thing. And to say that because I know she was working so hard and she was trying so hard to just say you gotta ease off and give them space.

So that was one and then another challenging, I’ve had a few really, really not great students over the years. And to have to say things to them. I had to tell one person that I really fully believed that this was not the career for them they were not in the right place. That was horrible, the most horrible professional experience of my life to but I full, I believed it so strongly I had to tell this person. And I certainly said you know if you want to explore this further what another supervisor but it’s not going to happen here, it’s just not, I don’t think this is the right fit for you, to have to. And it happened after many, many conversations. To have to tell that to somebody was pretty horrible and also they were just so, just so vulnerable. Yeah so there was another intimate experience that wasn’t actually music therapy proper but certainly very memorable for me.

Yeah. There was a couple of things in that you touched in that whole bit there, one thing that you mentioned was that it was maybe. Musical intimacy is perhaps safer, when it’s lighter and there’s a bit more conversation from both sides and maybe when it’s less talking and more musical, I’m not sure if you’re saying it was unsafe, but may be you could just explain a bit more what you mean?

Yeah.. it probably is a bit more intimate when there’s just the music and there’s nothing for us to hide behind. And it’s not our brains, I mean yes it’s our brains but it’s not that cognitive thinking brain that we’re thinking on, it’s in that emotional place that the music is really happening. So yeah there’s not the thinking the really, yeah it’s sort of that part, if the music is really coming form inside of you it’s coming from your heart them umm we’re both more vulnerable and we both have as much to hide behind. So um definitely there is that intimacy there that you can’t, unless, I joke with when I’m doing presentations and that there’s this like, especially, if, you know that you can get an intimate feeling in a group even.

And I joke that it’s the campfire feeling. Like when you’re, particularly if it’s dark you’re camping and you’ve got a group of people sitting around a fire, like fire I think somehow makes us more wistful or thoughtful or reflective so we’re all in that emotional space and you know it’s safe and people are sitting around singing, there’s the campfire feeling. And I think even non-musicians can even relate to that. You know trained musicians have experienced a musical connection with someone so when you explain it them they’re like of yeah, yeah, totally they get it. But to try and explain it to non-musicians, because yeah we can when we’re educating about music therapy we can, we can use all the brain research and all of those things but then there’s that peace that happens that science, that I don’t think science can easily research and that’s it’s probably the intimacy which you’re trying to research which is good.

Yeah it’s just that thing that you just feel when, especially well singing, you know if you’re singing harmony with someone, because that’s part of you, your voice is you,
you’re not hiding behind and instrument so if your voice is connecting and blending with someone else’s voice, that’s the deep down part of you connecting with someone else’s deep down part.

And so a trained musician can do that and the harmony and singing in a choir or whatever where you have those amazing experiences that happen. But for the non-musician I don’t know that the experience has to be as profound as beautiful harmony, because there’s closeness, even just singing in unison in a small group, in a small supportive group. Um they’re just going to feel, it’s more easy to get the campfire feeling when you have that safety happening already and that’s the nice, you know this room as much as I wish it had windows it’s great when it’s just a small but when you get a big group in here with wheel chairs and such it feels a bit crowded. But I think it also feels cozy and safe for people. And I do have people comment, cause it is a lot of work to bring a lot of residents to this room cause it’s a big building But people come in and they co (sigh) and there’s an aesthetic experience about being in a space that they know they’re safe and that know one can hear them through the curtain and they’re able to participate more.

So I think we do have, we do have to have the safety of weather it’s the therapeutic relationship, weather it’s the space that we’re working in. You know whoever, different, safety is going to come from different places for different people, but we have to have that there in order to facilitate and that intimacy to occur.

And yeah for every client that’s a little different. For the trained musicians while they can really challenging clients it’s much easier to get them to that intimate musical space I think than non-musicians who haven’t had that experience before in their life. Or have rarely had it.

So it’s setting up the safety and all those things so you can go deeper into those musical intimacy?

Yeah and that might be where in palliative even though usually I’m singing songs I don’t do a lot of improvisation work, umm it’s probably because I don’t have that safety and that might be why something as simple as singing ‘you are my sunshine’ can be an incredibly intimate experiences. Yeah we don’t have as much safety there. Yu know you’re not in the, you’re not in as controlled environment you probably don’t have as long a relationship. You know when I’m working with people for years and years it’s way easier to go right into that. But for some of these people I’m meeting them in the most vulnerable time in their life and I might only meet them twice, maybe even once. So maybe that’s why even something as simple as singing a structured song can feel so intimate cause the safety is not, where we typically would love for it to be.

Yeah I guess that sort of leads into the boundaries area, I mean we sort of touched it with the you make sure you set up the kind of safety first that maybe it’s the room, the relationship. But umm I’m wondering say in the palliative care setting how do you sort of manage the boundaries if it, maybe goes straight into the deep work by singing one song?

Hmm yeah, how do I do that? I mean I certainly check in with the client I mean at the
end of, even sitting silence for some people. I mean I can tell, well usually, well if
they’re well enough they’ll fill it in right away if they’re able to. But for some people
I do try to give that space after the music just to sort of get gage of how they are, and
then just to verbally you know how was that, I’m always checking in all through the
session. You know is it ok if I do one more? Just that very incremental step by step.
Often in palliative care how I get my foot in the door is literally can I sing one song
for you? And then after that one song then we might negotiate that informed consent
piece a little bit but I find, if I come in identifying myself as a musk therapist and here
are the things that I’m going to do for you and here are the risks and benefits, they’re
just going to shut it down and say no.

And for some people especially I think often the people that have had musical
experience in their life, sometimes they just look at me and they just they can’t even
say no, just they can’t go there, usually it’s the family that says no at that point cause
they just no that they, there’s one things holding them together and if I start singing
that thing is going to be gone and they aren’t ready to fall apart. If I have a
relationship with the person I can it’s ok to fall apart, but if I just met the person I can;
really I can’t say that, the safety’s not there yet. So yeah so I think checking in
constantly assessing how are they doing, are they ok, are they ok, are they ok?

I had a woman recently who’s well she’s physically very frail too but physically
she’s, you know she can sit up and is in a wheelchair and um but is non-verbal at this
time for the most part. She does come to the music room and so I start singing and she
cry’s and cry’s and cry’s when I sing and I couldn’t I mean I ended up I got
permission from her to call her power of attorney to umm sort of gauge what’s going
on with that. Whether is this ok cause I’m trying to process it with someone who’s
non-verbal. So where, she can inconsistently answer yes or no. But I cause I said to
her its ok to cry but I want to make sure you’re ok with crying. I don’t want to bring
you here every week and make you cry if you don’t feel like coming here and crying.

So oh my goodness, so very, I mean I would do a little bit of a song a if she started
with the really, you know I’d just stop and say do you want me to continue? And it
got to where yeah she didn’t want me to continue we now despite the fact that she
really has very little use of her hands, we’re doing instruments instead and that’s what
she’s chosen. We’ve been able to; I’ve gotten to know her communication well
enough now that she can tell me. Um but for her no she didn’t want to sit there and
cry.

But oh my gosh being the person to sit there and yeah like I didn’t know, I mean it did
feel incredibly intimate but I didn’t know if it was ok or not for her. So I guess how I
man overed that boundary was first of all to try to talk to the family to see and they
weren’t really able to identify why that was happening, and I was like well was it the
music I chose. But there’s seems to be no rhyme or reason to the music, like the
music, I think it’s just where the it is that intimacy that she can’t handle at this point
cognitively we don’t know where she is cause we can’t really test that properly.

So certainly testing, testing, testing as much as I can with her to make sure that I’m
not crossing the boundary with her and the now we’ve found a place and now she
loves coming. And we’ve stuck with the instruments and for her that’s safer. And
which is interesting because oh my gosh it’s really hard for her to participate. Like
she can barely hold a mallet, like she wants to play instruments but she can barely hold a mallet. So really like she’s taking more risk by playing instruments and a lot of the music is improvised so theoretically from a music therapy perspective what we’re doing no is more intimate than me singing songs for her. But there; was just something about the use of voice, something about me, you know cause there is a nurturing thing that happens when you are singing for someone. Whether that’s something that she just can’t handle at this point I’m not sure but certainly I had to re negotiate the boundaries with her because I’m looking at a woman who’s physically so frail and I’m thinking I’m not sure what’s she going to be able to do in music so I’m thinking singing is. And she does still have a voice she just can’t form words. Does that answer that question?

Yeah. I mean that sort of ties into that thing of safety with the music and you mentioned with that other example I think you were talking about when you introduce music therapy and maybe the family doesn’t want to kind of fall apart at that point. An then this woman here you play some songs and she kind of does have that emotionally experience. SO what do you think it is about the music or is it the music accessing something that creates that kind of emotionally experience?

I think it’s the emotions in the music that does it. I think it’s the umm, yeah that it’s out, like it’s out heart connecting really, I’m sounding really corny. That it’s not our thinking, umm, what’s the word; yeah I can’t find the word. But sort of our more, but yeah that sort of more high-level analytical brain and it’s very much that emotionally limbic system stuff that’s at work at that point. And you can’t ahh you can’t protect yourself as easily from that. You know it’s like trauma theory like where we know like when there’s trigger we can stop it and that’s like in a very different way, what’s kind of in action in those moments. So then as music therapist we have to, it’s such a complex thing to do because we want to make that there is that hear to heart emotional thing connection happening but at the same time are brains have to be analysing and saying ok, is this ok, is this ok for this person. And at what level. Than can they handle.

You know with some clients, you know there’ eye contact. With some clients I’m very careful I mean I may know the words by memory to that song, but I can tell they cannot handle me looking at them during that interaction so I’m looking at my lyrics. Because I feel like that’s what, there’s so many things that you may not I think a lot of us are doing it consciously but probably that we’re not even doing consciously. The eye contact was one that I didn't realise I was doing in my first few years of working. But it was just that feeling that this person can’t handle me looking at them so I need to have, I need to have my lyrics out, or I need to really look at those chords to make sure I’m getting them right because I can tell they can’t handle umm the eye contact that’s happening.

Or the silence after the song, you know this is a person that can’t handle silence and so much of this is not, we’re going with out gut on it we’re hopefully we’re good enough with people that we can you know just be in that moment just be so aware of it in the moment that we can manoeuvre it well but sometimes it’s a conscious thought of, or it might even be the question after the song, or maybe you don’t ask a question.
It’s so many little things that you’re putting in that it’s the right level of intimacy for this person and for some people, yeah they are gazing, you feel like they’re looking into your soul and they can handle, there are people that can handle that level of intimacy. And maybe they’re looking right at you and you’re making eye contact and sing together and it’s pretty powerful and pretty intense but there are some clients that absolute that wouldn’t be safe it wouldn’t be ethical it wouldn’t be right because they’re not remotely ok with it. So I think for a lot of those boundaries that were putting in we are not even doing consciously. And then some things we are. Yeah the little things like looking at my fingers when I’m playing guitar that’s also changing the level of intimacy in the room.

Yeah so how do you think about boundaries in general in music therapy practice, what does it include for you?

I always try to think of it’s always about what the clients needs Aare, that’s how I try and think of it. You know codes of ethics are black and whit pieces of paper but they don’t tell us exactly what to do and that’s good thing because with some, you know what I, even with self disclosure with is a really simply and easy one to talk about is with my older folks who have lived by and large healthy lives I share stuff about my personal life that I wouldn’t you know, yeah like and it’s, and why am I doing that in that case, it’s in a lot of cases they need to feel needed. They were parents they were grandparents, well they still are, umm they had jobs they had purpose umm they want to care for people a lot of them. Umm you know not that I tell them really significant things but just even letting them know little bits and pieces about my life can allow them to care about me.

Umm I don’t want them worrying about me if I’, you know even if I’m going on a trip I don’t always tell them ok well I’m going well wherever because if there was a bus crash or a plane crash or something I don’t; want them think what if karie’s on that plane. Umm but for them I let them care about me because I think that’s something that they need as people who have lived lives where they cared about people;.

Whereas with my younger folks who haven’t necessarily had those life experiences or I mean you know what, cause then at that point I have to way out ok maybe I want to give them that opportunity to care about me on that personal level. But then I have to weigh out ok but the risks are, what are the risks and the benefits when I tell them that. The other risk is my guy who’s about the same age as me who E probably never going to be married, who’s probably never going to travel, who S probably never going to have kids, who’s probably never going to drive a car, like things that are just an everyday part of my life, and are just an experience for a sort of typical functioning adults he’s never going to have those experience. If I have those as central to our conversation and our interactions, well I’m putting something between us because, or I’m at risk of something between us, because he knows that’s probably never going to happen to him.

So I’d rather leave those things out, they don’t have a place that is again, when I risk benefit analysis in the moment it’s not worth putting that potential space in between us that doesn’t need to be there, so you know weighing out, yeah something like self-disclosure you’ve got to think about. So that’s how I think of boundaries, oh sorry,
well yeah like boundaries and ethic is what’s in the clients best interest and what’s in the best interest of the therapeutic relationship.

And yeah that’s just an example and I thin it applies across the board with ethics and boundaries is ahh what’s going to, what’s going to move the therapeutic relationship to the most helpful spot for the client.

So you mentioned so self-disclosure, there are obviously other areas of boundaries I mean people talk about gifts or touch, so is it s similar process, kind of weighing up?

Absolute. It’s always thinking about, what’s gonna, I mean certainly there’s umm, yeah there’s certainly things that are black and whit issues, there’s certainly things that we never do umm but then there’s something things that, like one example was a gift that a client gave me. And this was a gentleman who didn’t have much in his life he was never a wealthy man I mean he was ok but he was never wealthy. Umm he would give me a Christmas card each year and he would slip money into the Christmas card. We’re aloud to, the rule here is ten dollars or less value, well for even that man ten dollars would have been a lot to give to anyone. And I think he would put 40 or 50 dollars into this envelope which is way more than I can accept.

Umm he was also from a different culture originally umm and I mean I didn’t know the significance of giving gifts in his culture I still don’t know for sure. But I know that when I said to him I’m not able to keep this money it was awful, he was so angry at me. Umm and I felt that it was harming the therapeutic relationship he didn’t want anything to do with me so I had to find a different way to handle that situation so what we ended up doing was taking the money and purchasing a music book for the music therapy program. And he said well that book is yours and I said well, we were able to negotiate it as well I’m not leaving anytime soon, so finding that creative, because if I had not accepted that money if I had given it back to him, we wouldn’t have I don’t know we may have been able to repair the relationship but it would have taken time and it would have taken away form the other benefits of the relationship so I think that’s how boundaries always set for me and looking at the bigger picture and then sometimes with boundaries yeah I feel… so umm, yeah like for me boundaries are often very fluid and negotiable because it needs to be about what the clients needs are. Even with something like gifts which are suppose to be a black and white one ten dollars or less, but not in that case it would have caused harm to the relationship and the process if I had not found a way to accept that gift.

So we did a little work around and umm yeah pretty much anything you can think of for me it’s going to be what’s best for the client and for their goals. I remember a very lively discussion when I was in my masters program, umm one of my classmates who interestingly didn’t end up finishing, I did my masters in social work actually. So she didn’t end up finishing the program because she was a very, she was black and white but kind of on the rubble end of things So she said, so this was a diversity marginalisation course, she well if a client said something racist to me that would be it, I couldn’t work with them. And I get it, I get where she’s coming from I mean yeah I’m thinking of my gentleman with brain injuries and I see that kind of behaviour in them. Umm and I just also when I look what maybe that is about for them, I mean they are very marginalised individuals themselves so maybe sometimes putting
somebody else down is a way of making them feel, not quite as I mean certainly it’s not the way I suggest functioning. But I think we have to look at where, sorry yeah I’ve got my young guys with a brain injury but then I’ve got my elderly guys who sometimes also make pretty inappropriate remarks.

My brain injury guys I’m more likely to handle that head on with them even though you know I get where it’s coming from and I can certainly ah you know, I don’t necessarily think they’re bad people deep down, it’s a self protective thing often. But at the same time my younger brain injury clients are often living out in the community so I feel like I have to help them with that you know with handling that a little bit better, because if they were to say that comment somewhere else it could end very badly for them. I mean I do have to look, is social interaction part of the goal areas for what we’re doing? Umm so yeah in that case I have to look at the circumstances of the client and confront them on that issue.

Whereas my elderly folks who you know make those comments, I have, I will make a general we try not use those words here. Like I’ll shut it down but not in nearly a confrontational way. Whereas my ABI guy I might actually stop them and say ok we need to talk about that because if were told that elsewhere how do you think that’s going to go. Whereas my elderly who makes the same comment he’s not out trying to function in a job anything like that umm so while I can hopefully regain some safety in the room for some people by making a smaller comment I’m not going to confront it nearly as confrontationally because really it’s not part of the goals. Where functioning out in the community or in a job is not part of the job for music therapy for an elderly person who may be near the end of their life.

So yeah always thinking about the goals and what’s needed for the therapeutic relationship.

Yeah cool, cause I’m looking at boundaries and it’s really good to learn form people’s mistakes, and you’ve talked just then about some kind of challenging boundary situations. Have there been any other ones that you can think of?

I think ah, I remember one mistake that I made and it wasn’t actually, it was a music choice like a song choice, where I had like a split second I don’t know if I forgot or I thought you know I’m getting a feeling that this guy would be ok with this song. And he was a very philosophical thoughtful guy, I don’t know if philosophical isn’t the right words, cause he was not, he was struck atheist umm so yeah, we had really interesting conversation. And often we did familiar music that he would, that were his kind of favourites but every so often I would just choose something that was completely unfamiliar to him. Just because he was a guy that liked new and different experience, he’d travelled the world he was very like for the most part open minded, except with religion.

Anyways I chose a song that talked about an angle in it and as soon as I started it I knew it was the wrong choice and it was not a short song and I didn’t know what to do. And I could tell he shutting down umm because we had talked about his spirituality and basically the fact that there wasn’t any. And I don’t know if I forgot or I thought or I miss assessed this song. Because I’m not aesthetic, I don’t identify
myself as an atheist but I’m not a religious person so I kind of felt like we, and there’s the boundary thing. I identified myself too much with him, like I was definitely like yeah; he and I are a lot alike. And I like this song so he’ll like like this sit. So there’s a use of self thing. And I did I probably identified too much with him. I thought we thought the same way or felt the same way and then I picked completely the wrong song and he shut down and that was the end of the session. I mean he let me come back but it was the wrong choice and that was that.

So that was one example where I made a mistake. Umm but yeah actually in the music, certainly I make mistakes all the time in the music with the level of boundaries. Now for me wether it’s actually an intimacy issue and cognitive impairment, that’s the problem it’s actually really hard for me to assess because it’s a structure freedom issue often in music. So how much structure verse improvisation to use in the music. Um for my clients here so many of them probably 85% have a cognitive impairment of some kind and the structure is typically allows them to be successful; in the music. If I’m too free and too improvised in my musical boundaries, umm they’re lost. So weather its and intimacy thing I don’t always know, sometimes it’s literally like “I don’t where I fit I don’t know what my job is in the music”. Yeah so I know that I make mistakes all the time with the level of freedom verses structure because sometimes clients just ait and stare at me and don’t participate.

But I don’t know always what that is, why that is. But I’m sure there’s been times where I made choices that were just to safe enough for the client. Yeah usually it would be some sort of a more free improvisation. A vocal improvisation I’ve tried that a couple of times and I don’t; do that very much any more, like encouraging them to vocally improvise I’ve leaner that at least in the populations that I’m working with here.

Ahh one to one, actually the one exception I would say would be and there’s this sort of magical level of dementia that I find. Where there still physically pretty able so they can sing, but the inhibitions have significantly have decreased. Where and they’ll do it one to one. I’ve never been successful doing group vocal improvisation with anyone here. And it’s always been women I’ve never had men that were willing or able to do vocal improvisation. But you know I’ve had maybe three or four women and it's form our adult day program the most, the dementia based one So they would be by and large at a mild to moderate stage of dementia. So word finding difficulties have started but they’re still physically able to sing and interact.

But I’ve had may be three or four women over the past how ever many years that I’ve been able to do vocal improvisation with and we are truly like, there’s that intimate thing happening in the music where we’re singing and harming and going back and fourth but it’s rare and it’s also fleeting with that population I think cognitively they can’t stay on attention, you know they can’t attend as well. So they were short improvisations were happening. But at the same time there’s that even once the music ends, you know it’s happened we both realised that really neat magical things has happened for lack of a better word.

I always love it when form the day program I sense it, like I’ve got one of those ones the ones that are at that certain level of dementia where the inhibitions are gone but the physical or the really profound cognitive changes haven’t set in yet. So yeah so
there’s so I’ve had it with them so I think cognition wise I don’t get a lot of opportunity with that, with people that able to freely vocally improvise.

Yeah I mean I think it would be a pretty vulnerable thing for a client to do if they haven’t sung before.

Exactly.

Cool well I think we’ve covered most o the areas that I wanted to, unless there’s anything else that you wanted to add about musically intimacy boundaries anything around that?

No, it’s certainly something that I’ve thought about it before but I really appreciate now having had really talked about it because I think it’s something now that I will think about more consciously because even just talking about that example of eye contact at he bedside and looking at lyrics and those kinds of things I’ve never consciously, or at least. I have done it consciously cause obviously I have to open up that book. I know somewhere in me I’m making that conscious choice but I ’ve never really thought of it in terms it’s too make the intimacy less or to make the boundaries a little bit safer I’ve not thought of it in those terms before. But now that I’ve talked about it I’m like oh yeah that S totally what I’m doing.

So it’s yeah I appreciate the opportunity to of consciously thought about it because I might now think more about it.

And I think that’s come out with the other interview is that it’s often and intuitive thing and people don’t really talk about it they just kind of do it.

Yeah. Well in the hope that we, and this is where our training programs need to do a good job of ensuring we’ve got the light people doing this job because if you make the wrong choice in safety and boundaries and intimacy it’s not going to work. Like this filed requires, you know music therapy just by very Participant ure of the simplest thing, which I always, I always think of singing you are my sunshine can be the most.. I mean I go no autopilot sometimes, I get through, I’m like I don’t know what verse I’m I on like because I do it so many times a week and sometimes there’s not intimacy is it the most fun lively complete safe no risk whatsoever experience to probably I’ve had the most profound experience with that song because I think it goes, for some people, when you are at the end of your life where you need people to take care of you to them think back to when your mum rocked you singing that song, that’s pretty profound.

So it’s knowing where on that spectrum cause there’s the two ends, um where are you on that spectrum with even just that one intervention which but the other piece is if you’re going to be good at this job you have to be able to run the spectrum. Or I guess you can potentially choose there are some populations that are less intimate arguably than others. Or I guess other types of work. So you know rehabilitation like physically rehabilitation like physical rehab and that is going to be musically less intimate.

So maybe you choose a population that you aren’t going there but we have to have
that self-awareness and are on comfort to know. Cause if you are working in palliative acre being the one big example, if you can; take your clients to that intimate space then you probably don’t have any business being there because for some they really need it. Or if you don’t have the self-awareness to know you’re in that intimate space then you shouldn’t be going there either. So you need to have that self awareness and self understanding and umm be as much as I said I haven’t thought about it consciously I know I am aware of it on some level but we need to make sure our new, you the new music therapists were bringing up we have to make sure we’re assessing that we can go there. And move them indirections or in move them in the direction that are going to be more appropriate for clients in the future and for them as therapists too. So yeah it’s a tricky topic for sure.

That songs a great example, I’m just thinking back to my work and all these examples. It can be just so surface level.
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